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Understanding Racial Differences in Emergency Room Visits for Patients with Lupus

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Abstract:

OBJECTIVES: Systemic Lupus Erythematosus (SLE) is a chronic rheumatic disease affecting multiple organ systems. This study explores the association between Emergency Room visit (ER) rates among different racial groups using the patient reported data from the FORWARD Lupus Registry (FLR), which is an open enrollment registry with biannual follow-up surveys.

METHODS: A retrospective analysis was conducted on data from participants with physician-confirmed SLE, who completed at least two surveys from 2014-2019. SLE severity was defined by SLAQ scores, with higher scores indicating greater disease activity. For each patient, their first questionnaire is considered their baseline observation and data for ER was taken from their second observation. ER visit status was recorded as a binary variable indicating whether an ER visit occurred within the past six months (Yes/No). Logistic regression model included covariates such as education, sex, age, comorbidity index, race, SLAQ score, and current heart, lung, or kidney conditions.

RESULTS: Among 407 included patients (78.4% white, 12.8% black, 8.9% other; 94% female), 22% visited the ER in the past six months. Logistic regression indicated that black patients were significantly more likely to visit the ER in the past six months compared to white patients ($p = 0.0147$). Additionally, the SLE activity score (SLAQ score) emerged as a strong predictor of an ER visit ($p < 0.001$). Odds ratios from the logistic regression showed that black patients were 2.36 times more likely, and patients of other racial groups were 1.35 times more likely to visit the ER compared to white patients. The ROC curve demonstrates fair discriminatory power between the two classes, with an AUC of 0.757.

CONCLUSIONS: Even controlling for education, comorbidities index and other demographic factors, there appears to be notable differences in ER visit rates across black and white groups, suggesting potential disparities that warrant further investigation.

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Subtopic 2: +Prevalence, Incidence, & Disease Risk Factors

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