

Ethnic inequalities in incidence, survival and mortality from abdominal aortic aneurysm in New Zealand

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Summary: This retrospective analysis quantified ethnic differences in incidence, survival and mortality from abdominal aortic aneurysm in New Zealand from 1996 to 2007. Māori were 8.3 years younger at first admission than European/other ethnicities (non-Māori, non-Pacific, non-Asian). Mortality rates were higher in Māori with a relative risk of 1.30 (95% Cl 1.06 to 1.60) for men and 2.66 (95% Cl 2.13 to 3.31) for women. One-year cumulative relative survival was significantly lower in Māori than European/other ethnicities for both men (60% vs 73%; p<0.0001)) and women (56% vs 67%; p<0.0001). Māori were also much less likely to have their aneurysm repaired electively (39.6% vs 61.1%; p<0.00001). The authors concluded that these ethnic inequalities provide 'additional support for screening on equity grounds.'

Comment: Ultrasound screening for abdominal aortic aneurysm has been shown to be effective at reducing mortality in randomised controlled trials; as a result some countries already offer population-based (i.e. male) screening programs. The higher incidence and mortality rates in Māori add an equity dimension to the development of a screening program in Aotearoa. However, further work is required to ensure adequate recruitment into such a program and to improve surgical outcomes for Māori women.

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