

Higher rates of chemical sedation among black psychiatric patients in emergency department point to inequities

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Black patients presenting at Emergency Departments (EDs) across the country with psychiatric complaints are 63% more likely to be

chemically sedated than their white counterparts. But researchers also found that, at hospitals that serve a high proportion Black patients, white patients were more likely to be chemically sedated for psychiatric complaints when compared to hospitals that predominantly serve white patients. The findings were published in *Annals of Epidemiology* by researchers at the Perelman School of Medicine at the University of Pennsylvania.

"When a hospital has fewer resources, they often don't have the staff or time to deescalate a patient in distress, and can have to resort to chemical sedation more quickly than a hospital with ample staff and resources," said senior author Ari Friedman, MD, Ph.D., an assistant professor of Emergency Medicine, and Medical Ethics and Health Policy, at Penn Medicine. "A visit to the [emergency department](#) is traumatic on its own, and we want to avoid further distressing a patient to the point where he or she needs to be restrained or sedated, so feedback provided by analyses like this one illuminate issues that we can use to advocate for more resources in order to provide more equitable care."

Researchers analyzed data from 2008–2018 through the National Hospital Ambulatory Medical Survey (NHAMCS) database to examine the association of race and the administration of chemical sedation (an antipsychotic or ketamine) in ED visits for [psychiatric disorders](#), defined as any visit where the stated reason for the visit was "symptoms referable to psychological and [mental disorders](#)." Chemical sedation may be used to calm and help protect patients from harming themselves or others, and previous research on [racial differences](#) in the care of agitated patients in the ED setting suggests that there may be disparities in treatment.

Of the 76.2 million total ED visits evaluated, 5.7% of Black patients presenting with a psychiatric disorder received chemical sedation, while 3.6% of white patients presenting the same conditions received chemical sedation. However, when researchers accounted for whether the hospital

at which patients received care was high proportion Black or high proportion [white patients](#), they found that patient race no longer impacted the likelihood of being chemically sedated. That is, the data suggests that at a hospital whose ED saw more Black patients, White patients were also more likely to be sedated chemically.

While the NHAMCS data did not include the reasons why patients were chemically sedated, researchers underscored the important themes that these disparities bring to light.

"Structural factors, like redlining or systemic disinvestment in majority-Black neighborhoods, can result in segregated healthcare systems, which has rippling effects on practice patterns, from funding to staffing levels, which in turn impacts the care patients receive," said lead author Utsha Khatri, MD, a former fellow in the National Clinician Scholars Program at Penn Medicine and now an assistant professor of Emergency Medicine at the Icahn School of Medicine at Mount Sinai. "Healthcare providers should be monitoring metrics like these closely in order to guide physicians into more equitable practices."

More information: Utsha G. Khatri et al, Racial disparities in the management of emergency department patients presenting with psychiatric disorders, *Annals of Epidemiology* (2022). [DOI: 10.1016/j.annepidem.2022.02.003](https://doi.org/10.1016/j.annepidem.2022.02.003)

Provided by Perelman School of Medicine at the University of Pennsylvania

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