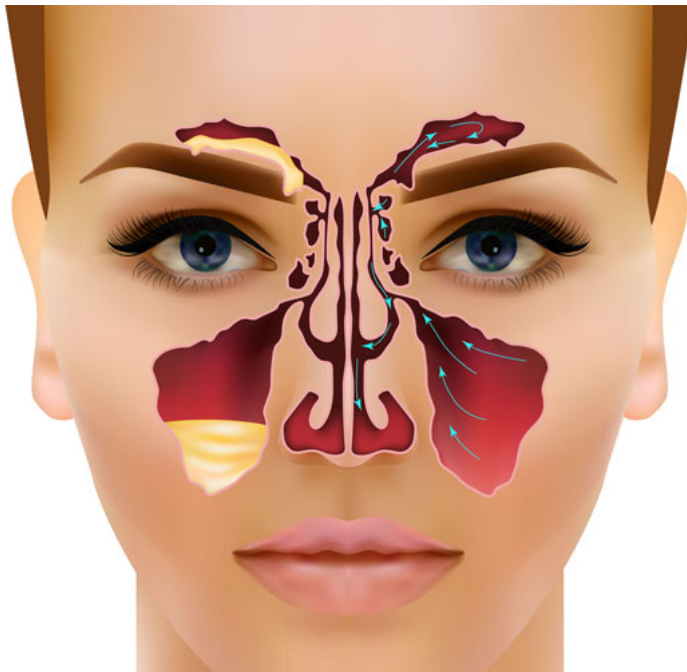


Chronic Rhinosinusitis Affects Hispanic Patients Worse and for Longer Compared to Non-Hispanics

Hispanics in South Florida who experience symptoms of chronic rhinosinusitis (CRS) do so for a longer time before they see a specialist than do non-Hispanics. CRS is a chronic disease characterized by more than 12 weeks of swelling in the sinuses, leading to the development of thick nasal mucus, post-nasal drip, congestion, and smell loss. Hispanics also are more likely to present with severe disease, new evidence reveals.



“We take care of a large Hispanic and Latino population. One of the things we have noticed is a lot of these patients were presenting with very severe disease

that is more likely to fail medical therapy or required more complex surgeries,” said Corinna G. Levine, M.D., M.P.H., an

assistant professor of rhinology and skull base surgery at the University of Miami Miller School of Medicine.

Dr. Levine and colleagues started to wonder if their clinical observations would hold up in a formal study. To learn the answer, they compared 38 Hispanic and 56 non-Hispanic people with CRS.

“And we did find a true difference,” Dr. Levine said. The findings of the prospective cohort study were published in July 2021 in the journal *Laryngoscope*.

Although not the first research to assess health disparities in CRS, the current study is the largest to prospectively compare duration and severity specifically between Hispanic and non-Hispanic populations. Prior study populations included only a small percentage of Hispanic patients – typically less than 5% – leaving many questions unanswered.

Why Differences Exist

“This is also the first study to look at why those differences might exist,” said Dr. Levine, who is also an otolaryngologist (ear, nose and throat or ENT physician) at the University of Miami Health System.

Levine and colleagues studied consecutive adults who underwent endoscopic sinus surgery for CRS between June 2019 and February 2020. They looked at race, ethnicity, income, symptom duration, insurance status, and more. Each participant had a preoperative endoscopic exam and CT scan.

Participants completed the 22-item Sinonasal Outcomes Test (SNOT-22) before and at least 10 weeks after surgery. This

symptom questionnaire showed that the CRS disease burden was both clinically and statistically significantly worse in the South Florida Hispanic patients: their mean SNOT-22 score was 55 compared to 37 for the non-Hispanic group. A higher SNOT-22 score indicates worse disease burden).

The investigators also gauged severity of CRS disease through presence of sinonasal polyps, new bone growth, number of sinuses operated on, and sinus tissue eosinophilia, a marker of inflammation. Many of these factors suggested worse disease among the Hispanic patients.

Hispanics Have CRS Longer

The Hispanic patients also reported having CRS symptoms for significantly longer. For example, 54% described symptoms lasting longer than three years of symptoms versus 33% of non-Hispanic patients.

There are likely multiple reasons for the longer duration of CRS among Hispanic patients, Dr. Levine said. “Most likely it’s because chronic sinusitis can present in many ways, sometimes overlapping with allergies, a respiratory infection, or headaches.” For this reason, a definitive diagnosis can be challenging for primary care providers.

“Another reason could be access to care,” she added. Self-advocacy and an ability to successfully navigate the U.S. health care system among Hispanic patients born outside the U.S. could be additional factors.

Whatever the cause, 60% of Hispanic patients reported more than three primary care visits without symptom improvement compared to 44% of the non-Hispanic group.

Diagnosing CRS Earlier

For physicians treating these patients, “if you have a patient who is complaining on ongoing congestion or postnasal drip, and who has not really improved with regular treatment, then it’s not unreasonable to do some additional workup” to diagnose CRS earlier, Dr. Levine said.

Another option is referral to an ENT specialist, she added. “Once we are treating them, it’s easier to get them back to a point where they will have a better quality of life. Because we are giving them the tools with which to manage a chronic condition, we can also help them maintain their quality of life over time.”

More research is warranted to understand further the role of ethnicity on CRS disease presentation and outcomes. Developing strategies to target disparities and improve care equity is the ultimate goal, the researchers note.

Dr. Levine credits her collaborators on the study for their help and support, including her clinical partner, Roy Casiano, M.D., professor and vice chair of otolaryngology and director of rhinology. “I would also like to thank the Clinical and Translational Science Institute at UM and the Triological Society for funding this research,” she said.

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