Disparate Utilization of Urine Drug Screen Nationwide in the Evaluation of Acute Chest Pain

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Background

Urine drug screens have low utility in most emergency department (ED) presentations. Previous analyses have shown disparities in clinician ordering of diagnostic testing from the ED. Given that drug use can confound ED presentations for chest pain, we hypothesized that urine drug screen utilization would vary across race/ethnicity as well as sex.

Methods

This was a retrospective observation analysis of the 2011 to 2018 National Hospital Ambulatory Medical Care Survey. We identified urine drug screen utilization. Survey weights and complex sample design features were implemented to provide nationally representative estimates. All analyses were performed in R (4.0.2).

Results

We identified \_\_\_ unweighted adult visits from 2011 to 2018 with a reason for visit chest pain, representing \_\_\_ weighted visits in the 8-year timeframe nationwide. The rate of urine drug screen utilization in this patient population was \_\_ [95% confidence interval \_\_ to \_\_]. White females had a rate of urine drug screen of \*\*\*, with the UDS higher for black females \*\*\*, white males \*\*\*, and black males \*\*\*. In a multivariable binary logistic regression model, \_\_\_ and \_\_\_ were associated with increased odds of UDS. If black males exhibited the same rate of UDS as white females, there would \_\_\_ fewer nationwide UDS performed on black males presenting to EDs with chest pain.

Conclusion

Given the poor test characteristics of UDS and the significant disparities in utilization by race and sex, clinicians should consider abandoning this as a tool for the evaluation of acute chest pain.

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