

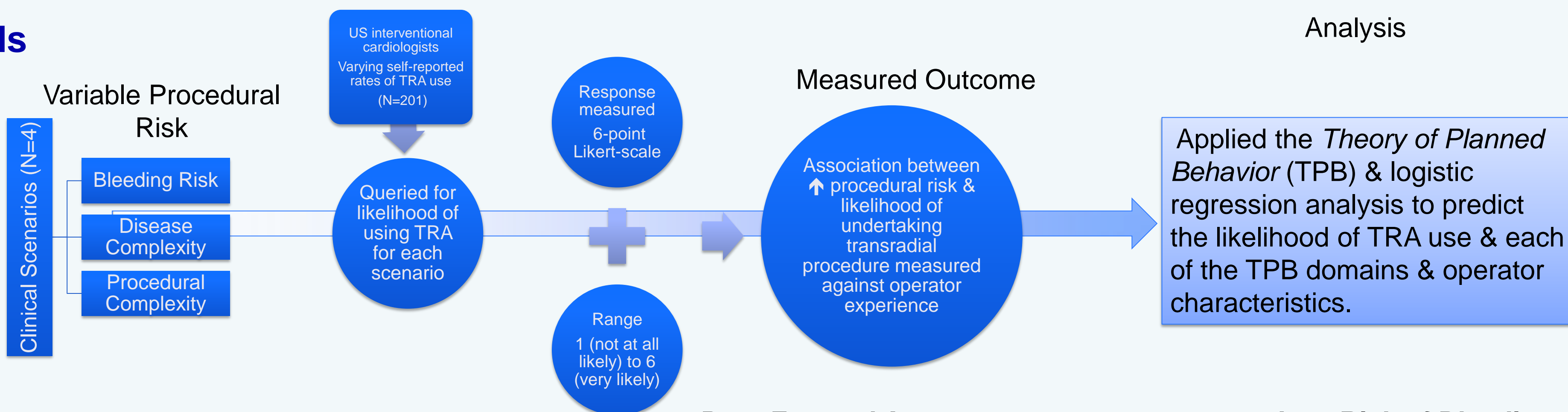


Prospective Assessment of the *Risk Paradox* in the Use of Radial Access for Cardiac Catheterization

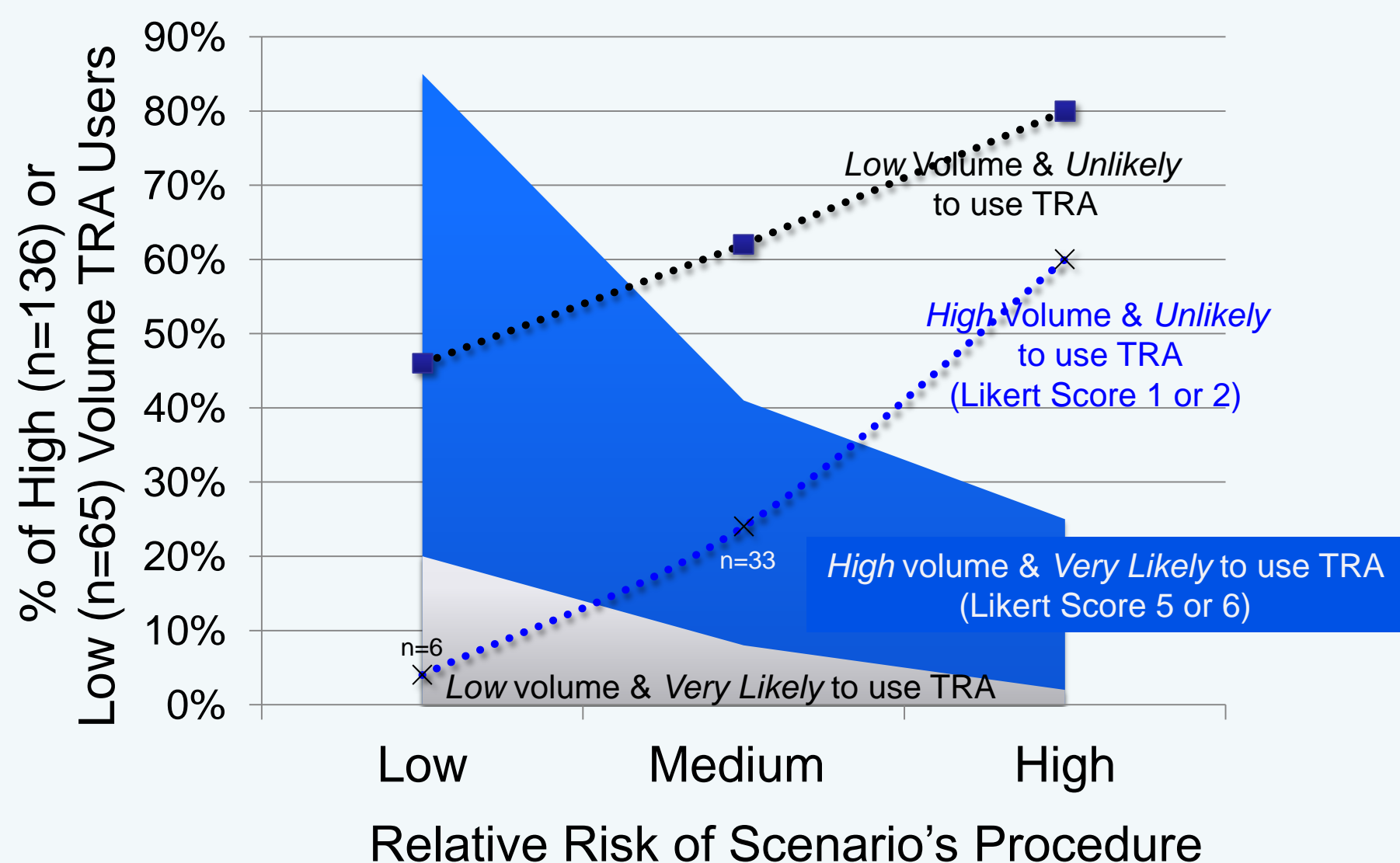
Ian C Gilchrist⁽¹⁾, Sunil V Rao⁽²⁾, Caroline O Robinson⁽³⁾, Samir B Pancholy⁽⁴⁾, P Holder Nevins⁽³⁾, Charles K Kearns⁽⁵⁾
 (1) Pennsylvania State University, Hershey, PA, (2) The Duke Clinical Research Institute, Durham, NC, (3) CE Outcomes, LLC, Birmingham, AL,
 (4) The Wright Center for Graduate Medical Education, Scranton, PA, (6) Medscape, LLC, New York, NY

Introduction Radial access for cardiac catheterization (TRA) is associated with ↓ access site bleeding, vascular complications, & reduced mortality. Yet, uptake of TRA in the US has been limited, and prior studies have demonstrated a *risk treatment* paradox wherein the patients at highest risk for bleeding are least likely to undergo TRA. The reasons for this risk treatment paradox are unclear.

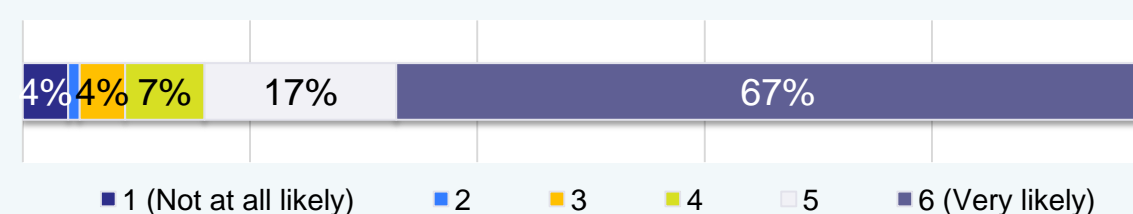
Methods



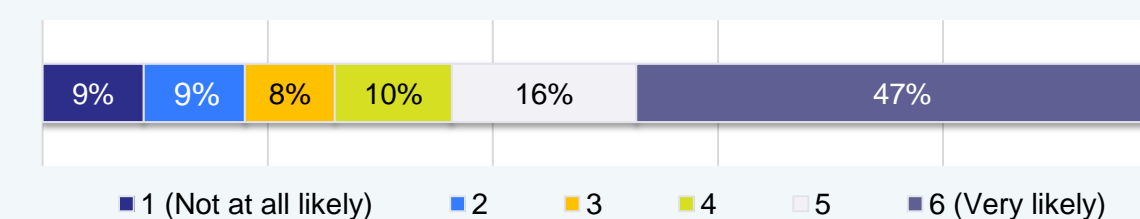
Results



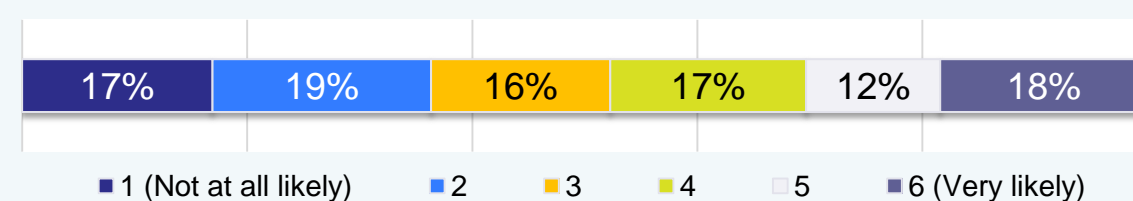
Poor Femoral Access



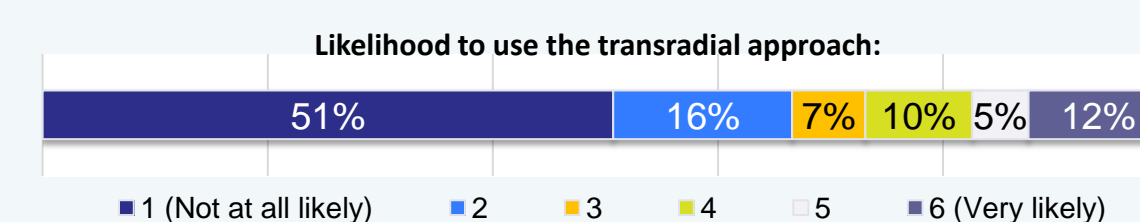
Low Risk of Bleeding



Medium Risk of Bleeding



High Risk of Bleeding



Most significant predictor of TRA use across all vignettes was the attitude domain: beliefs about TRA outcomes. Scenarios representing ↑ing risk for bleeding & vascular complications showed a reverse gradation of utilization of TRA seen in both the low & high volume operators. Both groups showed a greater likelihood of using TRA in patients at lowest risk for bleeding.

Conclusions

The risk-treatment paradox in the use of TRA is related to the perception of its benefit. More education on the benefits of bleeding avoidance strategies like TRA may lead to wider application of TRA to patients most likely to benefit.