

# Racial differences in medication use

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Older adults experience a number of medication-related problems, including under treatment, suboptimal drugs, suboptimal dosing, and non-adherence, which can have negative effects on their quality of life. Now new research, from the UNC Eshelman School of Pharmacy at the University of North Carolina at Chapel Hill shows that blacks have more medication-related problems than whites, and non-adherence to medical regimens is a particular issue for this group. Dr. Mary Roth and colleagues' study of the racial disparities in the quality of medication use appears this week in the *Journal of General Internal Medicine*.

Older adults are likely to have a number of co-existing chronic diseases, visit more than one doctor, and use multiple drugs, which puts them at greater risk of developing medication-related problems. As a consequence, their health status and quality of life can be compromised. For the first time, Dr. Roth and her team's paper looks at the overall quality of medication use in individuals rather than focusing on certain medication-related problems or diseases. Their work also assesses the effect of race on the overall quality of medication use, another new dimension.

A total of 200 (100 white and 100 black) adults 60 years of age and older were recruited through the Department of Aging and two senior housing complexes in North Carolina. They were interviewed three times in their own homes, once at the start of the study, after six months and a year. Roth and colleagues measured quality of medication use in two ways: a clinical pharmacist's judgment and using Assessing Care of Vulnerable Elders quality indicators. This paper presents findings from

the pharmacist assessment of quality only.

The researchers found that, on the whole, whites used more medications than blacks, had a greater number of chronic [medical](#) conditions and used more physicians. Nearly a third of blacks (28 percent) could not purchase their medication due to cost compared with only 12 percent of whites. Whites (58 percent) were more likely to have adequate health literacy skills than blacks (29 percent).

Each participant had at least one medication-related problem. The most common problems for both whites and blacks were under treatment (83 percent vs. 87 percent), suboptimal drug use (59 percent vs. 66 percent), suboptimal dosing (48 percent vs. 56 percent) and non-adherence (42 percent vs. 68 percent). The difference between whites and blacks was particularly noteworthy for non-adherence to medications, with smaller differences noted for inadequate medication monitoring. Interestingly, although blacks were prescribed fewer medications than whites, they had significantly more problems than whites. The authors note that this study supports previous findings that elderly blacks have higher rates of nonadherence to medications than whites, but beyond this, suggests that medication-related problems, in general, are prevalent and persist in both races.

The authors conclude: "Strategies to better measure the quality of medication use in older adults are needed, and efforts to improve the quality of medication use in older adults must account for potential differences in both the number and types of problems affecting whites and blacks."

More information: Roth MT et al (2009). [Racial disparities](#) in the quality of medication use in older adults: baseline findings from a longitudinal study. [Journal of General Internal Medicine](#).  
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