

Racial disparities seen in use of oral anticoagulants for A-fib

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(HealthDay)—Black patients with atrial fibrillation are less likely to

receive direct-acting oral anticoagulants (DOACs) compared with white patients, even after controlling for clinical and sociodemographic features, according to a study published in the December issue of *JAMA Cardiology*.

Utibe R. Essien, M.D., M.P.H., from Massachusetts General Hospital in Boston, and colleagues analyzed data from the Outcomes Registry for Better Informed Treatment of Atrial Fibrillation II (ORBIT-AF II), a prospective, U.S.-based registry of outpatients with nontransient atrial fibrillation aged 21 years and older (12,417 patients; February 2013 to July 2016). The authors sought to evaluate racial/ethnic differences in the use of oral anticoagulants in patients with atrial fibrillation.

The registry included 88.6 percent white [individuals](#), 5.2 percent black, and 5.4 percent Hispanic. The researchers found that black individuals were less likely to receive any oral anticoagulant than white individuals (adjusted odds ratio [aOR], 0.75; 95 percent confidence interval [CI], 0.56 to 0.99) and were less likely to receive DOACs if an anticoagulant was prescribed (aOR, 0.63; 95 percent CI, 0.49 to 0.83), even after adjusting for clinical features. When controlling for socioeconomic factors, oral anticoagulant use was not significantly different in black individuals (aOR, 0.78; 95 percent CI, 0.59 to 1.04); however, among patients using oral anticoagulants, DOAC use remained significantly lower in black individuals (aOR, 0.73; 95 percent CI, 0.55 to 0.95). The median time in the therapeutic range for patients receiving warfarin was lower in black individuals and Hispanic individuals versus white individuals (P

"Identifying modifiable causes of these disparities could improve the quality of care in [atrial fibrillation](#)," the authors write.

Several authors disclosed financial ties to [pharmaceutical companies](#), including Janssen, which funds the ORBIT-AF II registry.

More information: [Abstract/Full Text](#)

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