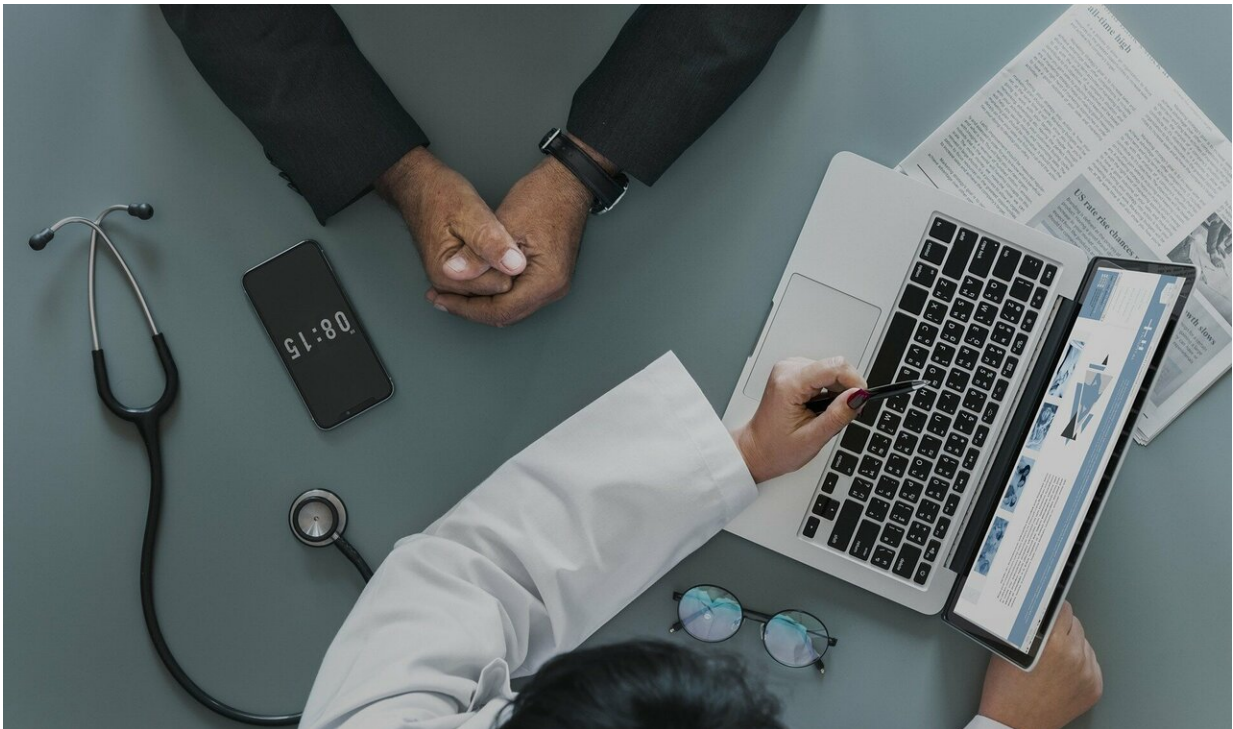


Black patients with RA less likely to receive biologics, more likely to get glucocorticoids

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A new study reveals that Black patients with rheumatoid arthritis (RA) were less likely to be prescribed a biologic treatment and more likely to use glucocorticoids, which carry a risk of serious long-term side effects. This study highlights ongoing racial disparities in the care of patients with rheumatic disease. Details of the study was shared at ACR

Convergence, the ACR's annual meeting (RA is the most common type of autoimmune arthritis. It is caused when the immune system (the body's defense system) is not working properly. RA may cause pain and swelling in the joints as well as affect multiple organ systems such as the lung and eye. RA is treated with disease modifying anti rheumatic drugs, including biologics, to help stop joint pain and swelling, and also prevent joint damage. "

Racial disparities in access to care and effective treatment regimens are poorly understood in the RA population, but past research shows that non-white RA patients have a lower frequency of biologic use versus [white patients](#), even when accounting for comparable disease activity and access to treatment. This new study looked at racial disparities in RA treatment and emergency department use in patients with RA at a single, tertiary academic center in Pennsylvania.

"With the explosion of effective therapies for [rheumatoid arthritis](#), it is particularly important to make sure that we are treating patients in the best way possible," says the study's co-author, Michael George, MD, MSCE, Assistant Professor of Medicine at the Hospital of the University of Pennsylvania. "Variability in practice, and disparities in treatment, suggest that there is room for significant improvement. We hope that this study will add to the existing literature about disparities in rheumatoid arthritis care-understanding why they exist and finding ways to address them are key to improving the health of patients with RA."

The study used electronic health record data from 1,831 patients with RA from 2010 to 2018. Patients had at least two RA diagnoses from a rheumatology outpatient encounter and at least one prescription of a disease-modifying antirheumatic drug (DMARD) during the follow-up period, or from their first to their last clinic visit. The researchers also measured patient demographic information, medication use and comorbidities at the baseline visit and at any point during the follow-up

period.

The researchers then compared the differences in patient characteristics and visits between Black and white patients. Of the 1,831 patients in the study, 82% were female, 35% were Black, 54% were white and the mean age was 55. The average follow-up period for all patients was 6.97 years. Black patients were more likely to be older, have a higher body-mass index (BMI), were former or current smokers and had higher rates of cardiovascular disease and diabetes.

The researchers found racial disparities in how RA was treated with prednisone and conventional synthetic DMARD treatments used significantly more often in Black patients than whites: 79.3% of Black patients used prednisone compared to 69.1% of whites, and 96.7% of Black patients used a conventional DMARD compared to 93.5% of whites.

Additionally, white patients in the study were significantly more likely to use a biologic, a more advanced, expensive, and effective treatment for controlling RA disease activity and preventing joint damage. According to the data, 74% of whites and 67% of Blacks were prescribed a biologic drug. Black patients also had significantly more visits to the hospital emergency department (ED) over the eight-year period.

"This project supports prior work showing reduced use of biologics and a greater use of prednisone in patients who were Black—which could potentially mean worse outcomes or increased steroid side effects in this group," says Dr. George. "A key next step that many are working on is understanding the key drivers of these disparities—understanding why they exist (e.g., access to medications, insurance, patient-provider communication, health beliefs, etc.) is important so we know how to address these disparities."

More information: [acrabstracts.org/abstract/char...nd-location-of-care/](https://acrabstracts.org/abstract/characteristics-and-location-of-care/)

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