

LGB adults may be less likely to take statins to prevent heart disease

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Lesbian, gay and bisexual (LGB) adults who may benefit from cholesterol-lowering medicine to prevent cardiovascular disease are less likely than non-LGB adults to take them, according to new research published today in the *Journal of the American Heart Association*, an open access journal of the American Heart Association.

According to an American Heart Association scientific statement, LGB adults have higher <u>cardiovascular disease</u> risk than non-LGB adults, in part because they are more likely to smoke, drink alcohol, use drugs and be obese. There is strong evidence that cholesterol-lowering medicines called statins help prevent cardiovascular disease in adults who do not yet have cardiovascular disease but have risk factors like high cholesterol or diabetes. When prescribed for someone not yet diagnosed with heart disease, this is referred to as primary prevention for cardiovascular disease. Statins also benefit people who already have cardiovascular disease; for these adults, statins are taken for secondary prevention.

"Our study was the first to estimate the prevalence of <u>statin</u> use among the LGB population," said study author Yi Guo, Ph.D., M.S.P.H., assistant professor of Health Outcomes and Biomedical Informatics at the University of Florida College of Medicine in Gainesville, Fla. "We compared the rate of statin use among LGB and non-LGB individuals using Facebook-delivered online surveys and observed that the LGB respondents had significantly lower rates of statin use for primary cardiovascular disease prevention compared to the non-LGB respondents, yet that was not the case in secondary prevention."



Guo and colleagues conducted an online survey between September and December 2019 using a paid advertising Facebook campaign. Targeting adult Facebook users in the U.S. with interests in LGB keywords, such as "gay pride," the researchers developed a series of ads linking to the survey. The survey asked about sexual orientation, gender identity, statin use, health status, chronic conditions, smoking status and more.

Their analysis of 1,531 Facebook respondents ages 40 years and older revealed:

More than 12% identified as LGB.

Nearly a third of all respondents were taking statins.

Less than 21% of LGB adults were taking statins for primary prevention compared to nearly 44% of non-LGB adults.

There was no notable difference in statin use between the LGB and non-LGB groups for secondary prevention."There could be many reasons for the difference we observed," Guo said. "LGB individuals may not go to the doctor as often, which leads to lower chances of being recommended statins for cardiovascular disease prevention."

He adds that the LGB population may also be less aware of their cardiovascular disease risk and the protective effect of statins. "We were surprised to see such a big difference in <u>primary prevention</u>, with less than half of the rate as the non-LGB population. This highlights the urgent need for tailored interventions and campaigns that promote the awareness of statin use and cardiovascular health in the LGB population."

"Health care providers should address their own biases and understand the complexities of LGB patients, making sure to provide guideline-



directed recommendations in a culturally competent way," said study coauthor Jiang Bian, Ph.D., associate professor of Health Outcomes and Biomedical Informatics at the University of Florida College of Medicine.

"What we have found is very much in line with the American Heart Association's statement for LBGTQ adults," Bian said. "First, more research is needed to better understand the cardiovascular <u>disease</u> health risks and outcomes in the LGB population. Second, educational programs are needed to educate health professionals on these unique health risks and outcomes in the LGB population and the appropriate way to communicate with LGB people."

Among the study's limitations are that using Facebook as a source may not accurately represent the LGB population as a whole, and the health information was self-reported. "However, since no studies have reported the prevalence of statin use in the sexual- and gender-minority population, our study provides important initial data and validates the need for additional research," Guo said. "We need detailed studies to help us understand LGB statin use with clinical data from the real-word, such as those in electronic health records (EHRs) or administrative claims."

More information: Yi Guo et al, Statin Use for Atherosclerotic Cardiovascular Disease Prevention Among Sexual Minority Adults, *Journal of the American Heart Association* (2020). DOI: 10.1161/JAHA.120.018233

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