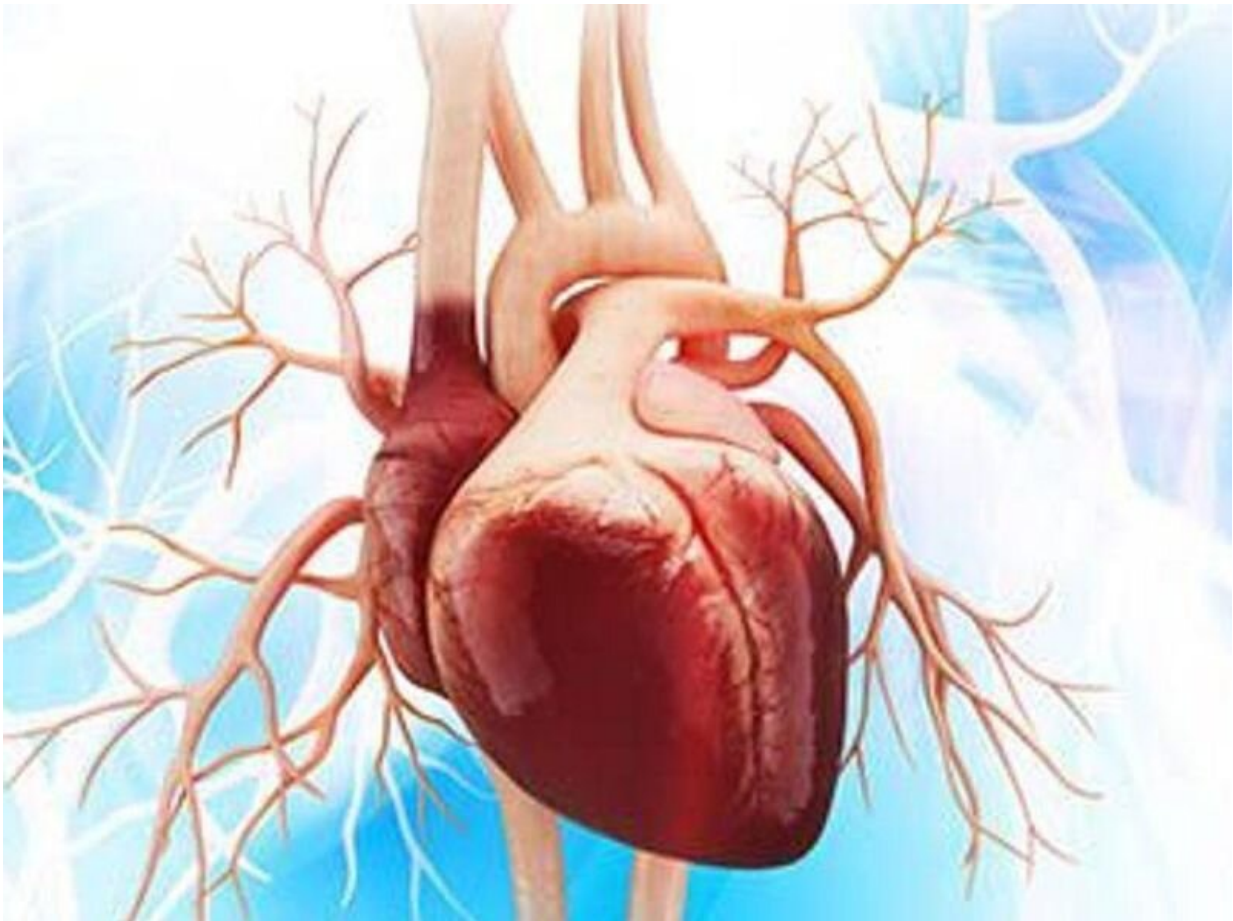


Racial/ethnic disparities seen in anticoagulant initiation for atrial fibrillation

August 11 2021



(HealthDay)—Race/ethnicity is independently associated with initiating

any anticoagulant therapy and direct-acting oral anticoagulant use among anticoagulant initiators for Veterans Health Administration (VA) patients with incident atrial fibrillation, according to a study published online July 28 in *JAMA Network Open*.

Utibe R. Essien, M.D., M.P.H., from the VA Pittsburgh Healthcare System, and colleagues compared initiation of anticoagulant therapy (warfarin or direct-acting oral anticoagulants, apixaban, dabigatran, edoxaban, or rivaroxaban) by race/ethnicity for patients in the VA system with atrial fibrillation. The analysis included 111,666 patients with incident atrial fibrillation (2014 through 2018).

The researchers found that 62.3 percent of patients initiated any anticoagulant therapy, varying 10.5 percentage points by race/ethnicity. Among those initiating anticoagulants, overall, 65.2 percent used direct-acting [oral anticoagulants](#), with 7.2 percentage points of variance by race/ethnicity. The odds of initiating any [anticoagulant therapy](#) were significantly lower for Asian (adjusted odds ratio [aOR], 0.82) and Black (aOR, 0.90) patients compared with White patients. The adjusted odds of direct-acting oral anticoagulant initiation were significantly lower for Hispanic (aOR, 0.79), American Indian/Alaska Native (aOR, 0.75), and Black (aOR, 0.74) patients initiating anticoagulants versus White [patients](#).

"In the Veterans Health Administration system, a national, integrated health system with improved access to medications through a uniform national drug formulary, racial and ethnic disparities appear to persist in [atrial fibrillation](#) management," the authors.

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