

Racial disparities in treatment account for 20 percent of differences in BP control

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(HealthDay)—Racial and ethnic inequities in treatment intensification

may be associated with more than 20 percent of observed racial or ethnic disparities in blood pressure (BP) control, according to a study published online Dec. 8 in *JAMA Cardiology*.

Valy Fontil, M.D., from University of California in San Francisco, and colleagues evaluated to what extent variation in health care processes (e.g., treatment intensification, scheduled follow-up interval, and missed visits) explains [racial disparities](#) in BP control. The analysis included 16,114 adults (ages 20 years and older) with hypertension and elevated BP seen for at least one clinic visit at one of 11 safety-net clinics between Jan. 1, 2015, and Nov. 15, 2017.

The researchers found that Black patients had lower treatment intensification scores and missed more visits compared with patients from all other races and ethnicities, while Asian patients had higher treatment intensification scores and fewer missed visits. Compared with other races and ethnicities, Black patients were less likely (odds ratio, 0.82) and Asian patients were more likely (odds ratio, 1.13) to achieve BP control. Treatment intensification accounted for 21 percent of the total difference in BP control among Black patients, while missed visits accounted for 14 percent. For Asian patients, treatment intensification accounted for 26 percent of the difference in BP control, and missed appointments accounted for 13 percent.

"Ensuring more equitable provision of treatment intensification could be a beneficial health care strategy to reduce racial and ethnic disparities in BP control," the authors write.

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