

Study finds sexual minority communities disproportionately engage in behaviors to reduce medication costs

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Individuals from sexual minority populations, including members of the lesbian, gay, bisexual and queer communities, are more likely than heterosexual individuals to engage in behaviors to reduce medication

costs such as using alternative therapies, skipping medication doses or delaying prescription refills, according to study published in *JAMA*.

Researchers with Vanderbilt University's Department of Medicine, Health, and Society and Vanderbilt University Medical Center's Department of Health Policy used data from the 2015-2018 National Health Interview Survey (NHIS) to examine specific health behaviors related to medication cost-saving strategies. The NHIS is the principal source of information on the health of the civilian population of the United States and is a program of the National Center for Health Statistics.

When compared with heterosexual individuals, adults from sexual minority groups were more likely to:

- Reduce medication cost by using alternative therapies (8.2% vs. 4.2%).
- Skip medication doses (8.0% vs. 5.8%).
- Take less medication (8.4% vs. 6%).
- Delay prescription refills (11.9% vs. 7.5%)
- Ask a clinician for a lower-cost medication (21.9% vs. 19.2%)

"These findings demonstrate a huge problem given that LGBTQ+ patients are disproportionately affected by chronic disease," said Vanderbilt University School of Medicine student and investigator Rishub Das. "The results also highlight an opportunity to improve health outcomes for a marginalized population. If we can help patients from sexual minority backgrounds access medications, we may be able to make steps toward achieving health equity."

The findings are concerning because sexual minority populations are disproportionately affected by conditions such as mood disorders, HIV and cardiovascular disease, many of which require medical therapy.

Poor knowledge about sexual minority issues among prescribers, the difficulty these individuals report facing when navigating the health care system and disparate social and financial supports may also contribute to increased medication cost-saving behaviors among sexual minority adults.

"This study used comprehensive controls and covariates to isolate the relationship between identifying as a sexual minority and the studied [health](#) behaviors," Das said. "In other words, there is something beyond [insurance coverage](#) in the way the [health care system](#) and structures of society treat sexual minority patients that creates the disparities we identified.

"As [medication costs](#) rise, I hope this type of research will encourage providers and policy makers to consider the [social determinants](#) that might affect a patient's ability to adhere to treatment plans."

Gilbert Gonzales, Ph.D., assistant professor at the Department of Medicine, Health, and Society, the Program for Public Policy Studies, and the Department of Health Policy, co-authored the study.

More information: Rishub K. Das et al, Self-reported Behaviors Regarding Medications to Save Money Among Sexual Minority Adults in the US, 2015-2018, *JAMA* (2021). [DOI: 10.1001/jama.2021.20335](https://doi.org/10.1001/jama.2021.20335)

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