

Research participation associated with greater adherence to medications for dementia, fewer racial disparities

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New research conducted by investigators from the Alzheimer's Disease Research Center at Mount Sinai has revealed that while older participants with Alzheimer's dementia who were followed in research studies were more likely to receive approved medications for their dementia than those not enrolled in research studies, Black and Latino

participants had lower rates of medication uptake and persistent use than White participants. These results, published February 25 in *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, point to substantial racial/ethnic treatment disparities that remain in controlled settings of longitudinal research where participants have access to dementia experts, suggesting wider disparities likely exist in the broader community.

Underserved and underrepresented populations are disproportionately affected in the growing number of older adults living with Alzheimer's disease and other dementias in the United States. Despite being a primary objective of the Alzheimer's disease research community, racial and ethnic disparities remain. Participants have been followed since 2005 in National Institute on Aging-funded Alzheimer's Disease Centers located throughout the United States with careful clinical diagnosis. Previous reports have shown that in this select group of individuals who have access to dementia experts, disparities exist in the use of approved anti-dementia medications when participants enroll in the study.

To extend understanding of racial/ethnic differences in anti-dementia medication treatment, the Mount Sinai research team analyzed 3,276 participants aged 65 or older who had a primary diagnosis of Alzheimer's disease and who were initially untreated with any anti-[dementia](#) medications at baseline. Their analysis found that among those who were not receiving treatment when they began the study, 48 percent received some approved treatment of either AChEIs or memantine during approximately 5 years of follow-up. The investigation also highlights the fact that this increased access and exposure to approved treatments was not the same for all participants. Notably, while more than 50 percent of White participants who were initially untreated received treatment during follow-up, only 36.6 percent of Black and 46.5 percent of Latino individuals did. Furthermore, persistence of treatment (i.e. being treated at >50 percent of the post follow up visits)

was also lower in the Black and Latino populations.

"More than 40 percent of our research participants are from diverse communities and the fact that participation in research is associated with better access to approved medications is an important message," says Mary Sano, Ph.D., senior author of the paper and Director of the Alzheimer's Disease Research Center at Mount Sinai, one of the first centers in the country dedicated to Alzheimer's research. "We need to be sure that education and information get to all participants so they can discuss with their doctors, ensuring optimal care and treatment."

Study investigators point out that researchers are not likely to be prescribers, but they may impart information to research participants to make them aware of treatment options. Additionally, participants may have exposure to knowledgeable research staff and other study participants who may share information about the disease, its management and treatment. There are also opportunities for education through lectures and newsletters that may be helpful for patients and their caregivers.

"It is important to realize that every encounter a staff member has with a research participant is an opportunity to tell them not only what we are trying to learn, but what we already know and how it might apply to them," said Carolyn Zhu, Ph.D., lead author of the paper and Professor of Geriatrics and Palliative Medicine at Icahn Mount Sinai.

"Even when individuals from historically underrepresented groups participate in research, we may still see inequitable treatment. How do we instill trust in communities to participate in research if this is still the case?" said Carl V. Hill, Ph.D., MPH, Alzheimer's Association chief diversity, equity and inclusion officer. "This study underscores the findings from the Alzheimer's Association's 2021 Facts and Figures Special Report and the need to fund and support more research that

examines health equity. The Association and its partners are committed to this effort."

More information: Carolyn W. Zhu et al, Racial/ethnic disparities in initiation and persistent use of anti-dementia medications, *Alzheimer's & Dementia* (2022). [DOI: 10.1002/alz.12623](https://doi.org/10.1002/alz.12623)

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