

Black, Latino people with epilepsy less likely to be prescribed newer drugs

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Among people with epilepsy, Black, Latino and Native Hawaiian and Other Pacific Islander people are less likely to be prescribed newer drugs than white people, which can be a marker of the quality of care,

according to a study published in the January 11, 2023, online issue of *Neurology Clinical Practice*.

"While finding the right medication is often a trial-and-error process that is based on the individual, studies have shown that use of newer medications improves outcomes, and some newer medications have fewer side effects," said study author Wyatt Bensken, Ph.D., of Case Western Reserve University in Cleveland, Ohio. "These results show that a sizeable proportion of people may not be on an optimal treatment regimen, and the differences appear to reflect clear racial and ethnic inequities in care."

The researchers also found that people who saw a [neurologist](#) for their care were more likely to be prescribed the newer drugs than those who did not see a neurologist.

For the study, researchers looked at Medicaid data for adults who filled at least two prescriptions for epilepsy drugs from 2010 to 2014 in 15 states. Among the 78,534 people with epilepsy, 17,729 were Black people, 9,376 were Latino people and 1,154 were Native Hawaiian and Other Pacific Islander people.

A total of 26% were on first-generation drugs such as carbamazepine, phenytoin and valproic acid. Another 65% were on second-generation drugs such as lamotrigine, gabapentin, levetiracetam and zonisamide. And 9% were on third-generation drugs such as lacosamide and perampanel.

Overall, 66% of [white people](#) were prescribed second-generation drugs, compared to 64% of Black and Latino people and 56% of Native Hawaiian and Other Pacific Islander people. For the third-generation drugs the numbers were 11% for white people, 10% for Latino and Native Hawaiian and Other Pacific Islander people and 6% for Black

people.

When researchers adjusted for other factors that could affect which drug people were prescribed, such as having other [health conditions](#) or injuries and how severe their epilepsy was, they found that Black people had 29% lower odds to be prescribed newer drugs than white people, Native Hawaiian and Other Pacific Islander people had 23% less odds and Latino people had 7% lower odds.

People who saw a neurologist for their care had more than three times the odds of being prescribed newer drugs than people who did not see a neurologist.

People who were taking only second-generation drugs were more likely to take all their medication as prescribed.

"While further study is needed to understand these differences and the mechanisms behind them, these critical gaps in care may represent disparities that can be addressed and that warrant greater attention," Bensken said. "Changes that could be made include increasing referrals to neurologists and exploring whether a newer drug may be as effective as an older drug but with fewer side effects, which could increase the likelihood that people take all their doses."

A key limitation of the study was that people with epilepsy were identified as those who filled at least two prescriptions for [epilepsy drugs](#), which excluded people with [epilepsy](#) who were untreated. Assessing who remains untreated may uncover even greater inequities in care.

Provided by American Academy of Neurology

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