

Black people less likely to receive dementia-related medications

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Black people are receiving medications for dementia less often than white people, according to a preliminary study released today, February 26, 2023, that will be presented at the American Academy of

Neurology's 75th Annual Meeting being held in person in Boston and live online from April 22-27, 2023.

"Previous research has shown that due to [racial disparities](#), people with dementia do not always receive the same access to medications that may be beneficial in nursing homes and hospitals," said Alice Hawkins, MD, of Mount Sinai in New York, New York, and a member of the American Academy of Neurology. "However, there is limited data for the use of dementia medications that people take at home. Our study found disparities in this area as well. We hope our findings lead to a better understanding of these disparities so that steps can be taken to eliminate this health inequity."

The study involved 25,930 people. Of this group, 3,655 were Black and 12,885 were white. Researchers collected information on the participants including asking them about race and outpatient medications.

Researchers looked at how often participants received one or more of five medication classes typically prescribed for dementia. Cholinesterase inhibitors prevent the breakdown of a chemical messenger in the brain called acetylcholine, which is important for memory and thought. People with dementia may also use N-methyl-D-aspartate (NMDA) antagonists, which can help cognitive function. Both drug classes help facilitate communication between nerve cells. Selective serotonin reuptake inhibitors (SSRIs) are common antidepressants, antipsychotics treat psychosis and benzodiazepines can be used to treat anxiety and agitation.

Researchers found that Black people with [dementia](#) received all five medication types less often than white people.

For cholinesterase inhibitors, 20% of Black people received a prescription compared to 30% of white people. For NMDA antagonists,

the numbers were 10% for Black people and 17% for white people. For SSRIs, the numbers were 24% and 40%. For antipsychotics, the numbers were 18% and 22%. For benzodiazepines, the numbers were 18% and 37%.

The differences remained after researchers controlled for factors such as age, sex, and insurance type.

"Black people who saw a neurologist were receiving cholinesterase inhibitors and NMDA antagonists at rates more comparable to white people," said Hawkins. "Therefore, referrals to specialists such as neurologists may decrease the disparities for these prescriptions."

A limitation of the study was that the data relied on what was present in participants' medical records. Another limitation is that data on the actual prescription behavior of physicians could not be reliably collected. Therefore, Hawkins said it remains unclear how much of the observed [disparity](#) is due to physicians prescribing fewer medications to Black people versus other patient-related factors, such as inability to afford medications.

Hawkins noted, "More research is needed to understand the root cause of such disparities and design programs to eliminate them."

Provided by American Academy of Neurology

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