

Study looks at race-ethnicity-gender disparities in statin use

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For several race-ethnicity-gender groups, statin use disparities are not

explained by measurable differences in medical appropriateness of therapy, access to health care, or socioeconomic status, according to a study published online July 25 in the *Annals of Internal Medicine*.

David A. Frank, M.P.H., from the University of Pittsburgh School of Public Health, and colleagues estimated disparities in statin use by race-ethnicity-gender and determined whether these are explained by medical appropriateness of therapy and structural factors in a cross-sectional analysis of data from the National Health and Nutrition Examination Survey from 2015 to 2020.

The researchers found that a lower prevalence of statin use was identified for primary prevention in non-Hispanic Black men and non-Mexican Hispanic women, and it was not explained by measurable differences in disease severity or structural factors (adjusted prevalence ratios [aPRs], 0.73 and 0.74, respectively).

A lower prevalence of statin use was identified for secondary prevention among non-Hispanic Black men, other/multiracial men, Mexican American women, non-Mexican Hispanic women, non-Hispanic White women, and non-Hispanic Black women (aPRs, 0.81, 0.58, 0.36, 0.57, 0.69, and 0.75, respectively), which was not explained by measurable differences in disease severity or structural factors.

"Because these statin use disparities may contribute to [disparities](#) in overall cardiovascular morbidity and mortality, they highlight the importance of societal interventions to health delivery systems to reduce inequity in care delivery and treatment," the authors write.

More information: David A. Frank et al, Disparities in Guideline-Recommended Statin Use for Prevention of Atherosclerotic Cardiovascular Disease by Race, Ethnicity, and Gender, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-0720](https://doi.org/10.7326/M23-0720)

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