

# Disparities in direct oral anticoagulant initiation have declined in recent years: Study

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Historical disparities in initiation of direct oral anticoagulants (DOACs) for atrial fibrillation have lessened for Black and Hispanic patients, according to a study [published](#) online May 6 in *JAMA Network Open*.

Kamika R. Reynolds, Ph.D., from the Institute for Health, Health Care Policy and Aging Research at Rutgers University in New Brunswick, New Jersey, and colleagues investigated disparities in the initiation of DOACs compared to warfarin by race, ethnicity, and social vulnerability. The analysis included a 50 percent sample of Medicare fee-for-service data (2010 through 2019) to identify 950,698 anticoagulation initiations among U.S. adults (aged 65 years and older) with [atrial fibrillation](#).

The researchers found that during the 10-year study period, DOAC use increased for all demographic groups. Compared with White patients, Black and Hispanic patients were less likely to initiate DOAC use. During the study period, disparities in DOAC initiation among Black patients attenuated and became nonsignificant by 2019 compared with the early years.

"This study highlights the evolution of management of atrial fibrillation, underscoring historical imbalances that have shown signs of abatement," the authors write. "Identifying the factors behind these early disparities is crucial for ensuring equitable access to novel therapies as they emerge for Black and Hispanic populations."

**More information:** Kamika R. Reynolds et al, Racial and Ethnic Disparities in Initiation of Direct Oral Anticoagulants Among Medicare Beneficiaries, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.9465](https://doi.org/10.1001/jamanetworkopen.2024.9465)

Brian C. Boursiquot et al, Advancing Pharmaco-equity in Atrial Fibrillation—The Case for Direct Oral Anticoagulants, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.9403](https://doi.org/10.1001/jamanetworkopen.2024.9403)

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