

Heart disease medications underused among Hispanic/Latino populations with PAD

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Recommended medications for peripheral artery disease and coronary artery disease are underused among Hispanic and Latino people, according to new research published today in the *Journal of the American Heart Association*.

Peripheral artery [disease](#), or PAD, causes the arteries, which flow away from the heart, to narrow due to the buildup of plaque, and previous research suggests approximately 8.5 million Americans have PAD. The most common symptom of PAD is pain or tiredness in the legs while walking that goes away with rest. In addition to decreased well-being, PAD can lead to serious complications including leg amputation and other cardiovascular diseases, such as narrowing of the heart's [arteries](#), heart failure or stroke.

The American College of Cardiology/American Heart Association 2005 Practice Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic) recommends antiplatelet therapy (low dose aspirin or a blood thinner such as clopidogrel) and cholesterol-lowering statin therapy for PAD patients, as prescribed by a physician. However, limited access to health care among various racial/ethnic groups often results in poorer outcomes for many chronic health conditions including peripheral artery disease. Previous research has shown that the recommended medications are underused among people with peripheral artery disease, in general; however, little information is available about their use among Hispanic and Latino populations.

"Heightened attention and more efforts to improve treatment are needed in the care of PAD patients to prevent future cardiovascular events and leg amputation," said lead author Simin Hua, M.H.Sc., an associate researcher in the department of epidemiology and population health at Albert Einstein College of Medicine in New York City. "These efforts might include improving [health care](#) access, educating patients and advocating that physicians offer guideline-adherent treatment. This is especially important because many Hispanic/Latino individuals in the U.S. face issues such as lack of health insurance and high burden of cardiovascular risk factors."

Study participants included 1,244 self-identified Hispanic or Latino adults, between 18-74 years old, in Chicago, Miami, San Diego and in the Bronx borough of New York City. The average age of those with peripheral artery disease was 53; the average age for those with coronary artery disease was 56; and 59% of participants with peripheral artery disease and 42% of those with coronary artery disease were female. Participants had a previous peripheral artery disease diagnosis by a physician in the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) from 2008-2011. HCHS/SOL is an ongoing, community-based, prospective study to estimate the burden of cardiovascular disease and other chronic diseases and to identify the associated risk factors among the U.S. Hispanic/Latino populations from six backgrounds, including Dominican, Cuban, Central American, Mexican, Puerto Rican and South American.

During an in-person interview and health examination conducted in English and Spanish, the majority of participants (826) self-reported a [peripheral artery disease](#) diagnosis from a doctor, with the remaining participants (418) self-reporting a diagnosis of coronary artery disease alone. Other data collected included highest level of education, socioeconomic status, place of birth (in the U.S. or not), preferred language, health insurance coverage, number of doctor visits in the past

year and cardiovascular risk factors (current smoking, hypertension, Type 2 diabetes, high cholesterol and obesity). Participants were instructed to bring to the appointment the medications they had taken within the past month. Based on this information, the investigators calculated the percentage of participants taking medication to lower [blood pressure](#) or cholesterol and to prevent blood clots.

Researchers found:

- Overall, among patients with PAD: 26% took medications to lower cholesterol and 31% took medications to prevent blood clots;
- Yet, among patients with coronary artery disease alone: 42% took medications to lower cholesterol and 47% took medications to prevent blood clots.
- Among the 521 patients with both PAD and high blood pressure, 57% were taking medications to reduce their blood pressure; while 68% of the 315 patients with high blood pressure and coronary artery disease took medications to lower their blood pressure.
- Compared to other participant subgroups, Hispanics of Mexican background reported the lowest usage of all three classes of cardiovascular medications in the study and were the least likely to have health insurance.

"The need for medications did not seem to receive the same level of attention for patients with PAD compared to those with [coronary artery disease](#), even though both patient groups can benefit from these cardiovascular medications," Hua said.

Researchers noted several limitations could have affected the study's results. For example, the study did not include any participants who did not self-identify as Hispanic or Latino for comparison. It also did not

include information about any [medication](#) usage over time, or whether participants were not prescribed medications or were not taking their prescribed medications. In addition, study participants could have inaccurately self-reported their PAD diagnosis.

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