

75th AAN ANNUAL MEETING ABSTRACT

Media Contacts:

Renee Tessman, rtessman@aan.com, (612) 928-6137

Natalie Conrad, nconrad@aan.com, (612) 928-6164

EMBARGOED FOR RELEASE UNTIL 4 P.M. ET, SUNDAY, FEBRUARY 26, 2023

Abstract Title: Health Disparities in Medication Use for the Treatment of Dementia in the Outpatient Setting

Press Release Title: Black People Less Likely to Receive Dementia-Related Medications

Authors: Alice Hawkins¹, Estevana Isaac^{1,2}, Parul Agarwal¹, Nathalie Jette¹, Georges Naasan^{1,2}

¹Department of Neurology, Mount Sinai, Icahn School of Medicine, New York, NY, ²The Barbara and Maurice Deane Center for Wellness and Cognitive Health, Mount Sinai, New York, NY

Objective: To investigate disparities along racial/ethnic lines regarding the use of medications employed in the outpatient management of dementia.

Background: The benefits of medications used in the treatment of dementia, such as cholinesterase inhibitors, SSRIs, and antipsychotics, are not equally distributed in society, and there is evidence for disparities in their utilization in nursing homes and hospitals. However, there remains limited data on disparities in their use in the outpatient setting.

Design/Methods: In this retrospective study, information on demographics (including self-reported race/ethnicity), outpatient medications, and referrals to specialists was collected on all patients with a diagnosis of dementia seen at Mount Sinai, a multicenter academic healthcare institution. Frequencies for the utilization of five medication classes (cholinesterase inhibitors, NMDA-antagonists, SSRIs, antipsychotics, and benzodiazepines) were compared among patients with different race/ethnicity using Chi-square and logistic regression, controlling for age, sex, primary language, marital status, and insurance type.

Results: In managing cognition, Black patients living with dementia were receiving cognitive enhancers less frequently in comparison to White patients living with dementia (20.4% vs. 30% for cholinesterase inhibitors, 9.9% vs. 16.7% for NMDA-antagonists). Additionally, Black patients living with dementia less frequently received medications for behavioral and psychological management in comparison to White patients living with dementia (23.9% vs. 39.9% for SSRIs, 18% vs. 21.7% for antipsychotics, and 17.5% vs. 36.8% for benzodiazepines; $p < 0.001$). A logistic regression controlling for confounders showed that Black patients received all medications significantly less frequently than White patients, despite receiving more referrals to specialists than white patients. Black patients who received neurology consults received cholinesterase inhibitors and NMDA antagonists comparably to White patients.

Conclusions: Racial disparities exist in the utilization patterns of all dementia-related medications, with Black patients receiving these medications less frequently than White patients in the outpatient setting. Referrals to specialists such as neurologists may decrease these disparities. More research is needed to understand the root cause of such disparities and design programs to eliminate them.

Study Support: 2022 AAN Resident Research Scholarship