

Blacks Less Likely to Persist in Antihypertensive Tx

BY ROBERT FINN
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ATLANTA — African Americans are less likely than members of other races to persist in combination antihypertensive therapy, according to a retrospective analysis of medical and pharmacy claims for Medicaid patients in Maryland.

After adjustment for age, gender, and comorbidities, African Americans were 21% more likely to discontinue their therapy

than were members of other races. This relationship was significant when the patients were using a fixed-dose combination in a single pill and also when they were using a free combination regimen with two concurrent pills, according to a poster presentation by Fadia T. Shaya, Ph.D., at a meeting sponsored by the International Society on Hypertension in Blacks.

After adjustment for all other covariates, several other factors proved to be significant predictors of nonpersistent behavior. Pa-

tients under age 40 years were 26% more likely to discontinue than were older patients, and those with a higher comorbidity index were 4% more likely to do so.

On the other hand, patients on a fixed-dose combination regimen were 18% less likely to discontinue than were patients taking a combination of two pills, wrote Dr. Shaya of the University of Maryland, Baltimore, at the meeting, cosponsored by the American Society of Hypertension.

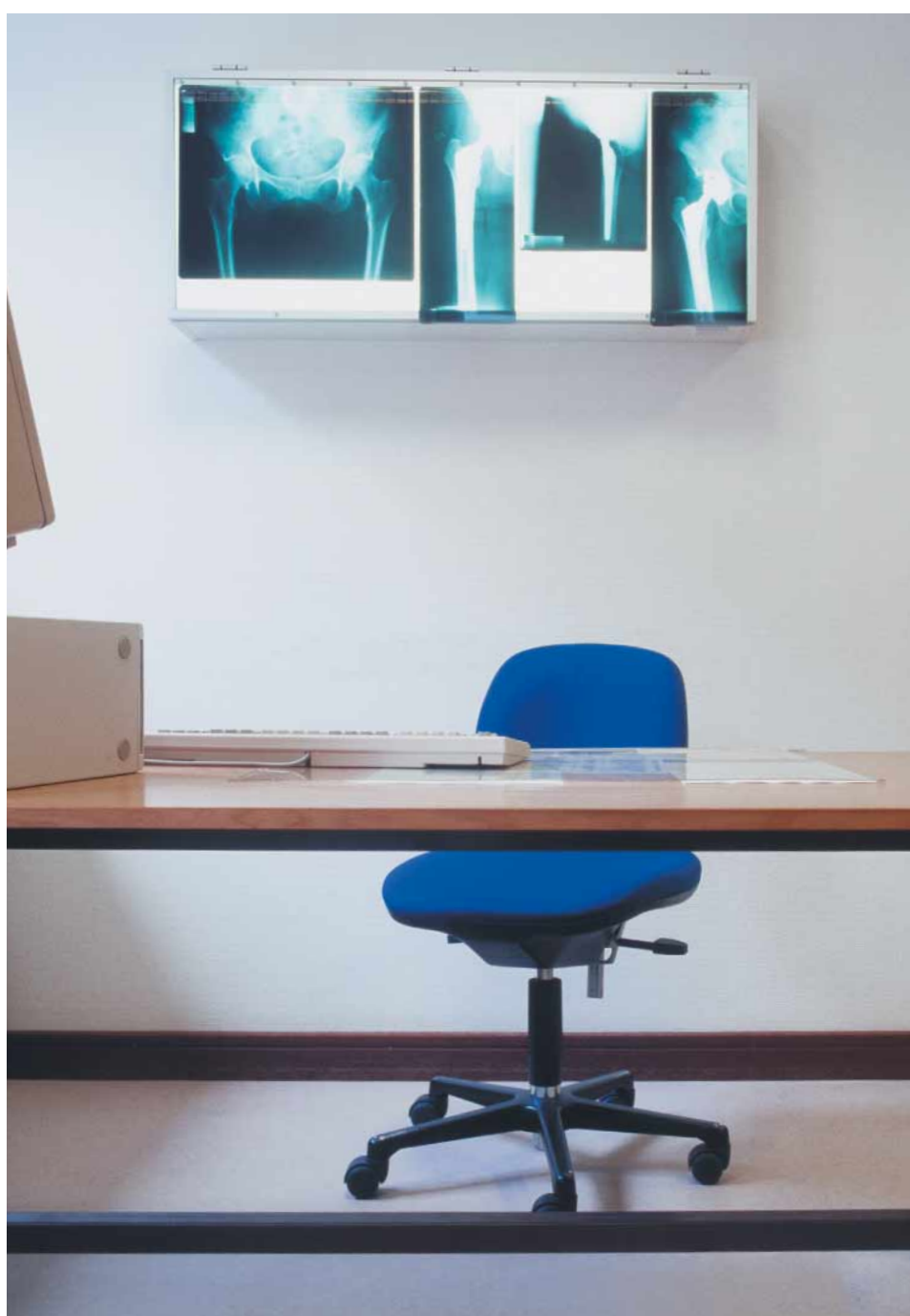
The analysis involved all Medicaid pa-

tients in Maryland who were prescribed the combination of an ACE inhibitor and a calcium channel blocker or an ACE inhibitor and a hydrochlorothiazide diuretic during 2002-2004.

Of the 1,701 total patients, 17.5% were persistent in their use of the medication and 82.5% discontinued. Of the 1,137 African Americans, 15.5% were persistent, compared with 21.2% of the 448 whites and 23.3% of the 116 members of other races. ■

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