

How Do Rates of Atypical Antipsychotic Medications Use Differ by Race When Considering Patients' Gender, Age and Health Insurance?

Variations by race in the use of atypical antipsychotic medications (atypical APMs) have been documented in recent studies. Analyses of differences by race in a national sample of patients treated in psychiatry provide an overview to help inform this important clinical and service topic. Possible explanations may relate to physician education, metabolic differences, varying signs of illness, insurance plan/payment source and other factors.

As the use of atypical APMs entered into wider use, data collected in 1997-1999 indicate the rate of use by male African Americans was significantly lower than the rate of use by male Caucasians (Figure 1). No differences by race in atypical APM use were observed among women. By age group, findings indicate young adult African Americans (ages 18-34, male or female) utilized atypical APMs at rates significantly lower than young adult Caucasians (Figure 2).

Figure 1. Differences by Race in Rates Of Receiving Atypical APM

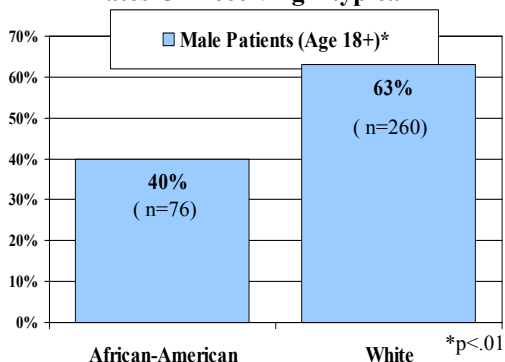
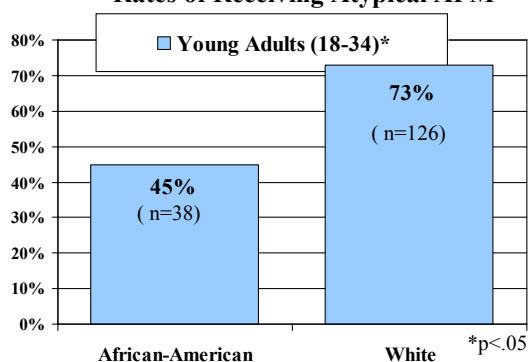
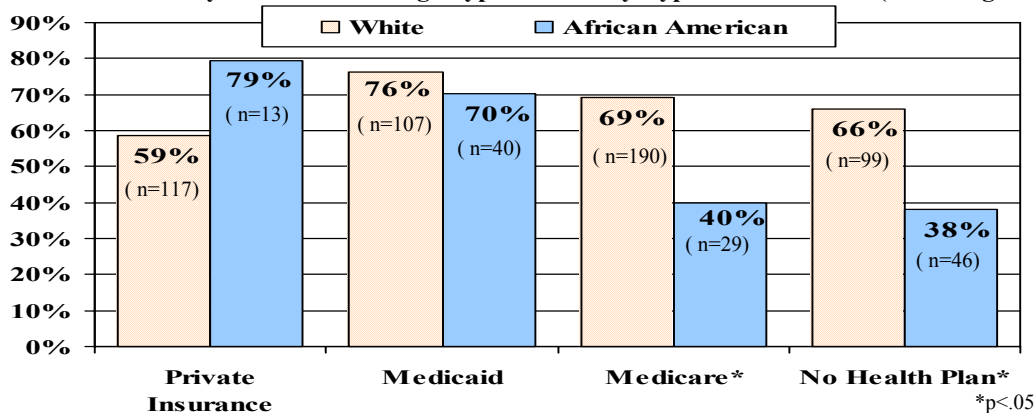


Figure 2. Differences by Race in Rates of Receiving Atypical APM



Private insurance, Medicare and Medicaid were the most common sources of payment used by patients for their treatment. Statistically significant differences in use of atypical APMs were found by race among patients without a health payment plan, and for those with Medicare. In both groups African Americans' use of atypical APMs was at significantly lower rates. No racial differences were observed among Medicaid patients. Although African Americans with private insurance had higher rates of atypical APM use compared to white patients with private insurance, the differences were not statistically significant, which may be due to the limited sample sizes for these subgroups (Figure 3).

Figure 3. Differences by Race in Receiving Atypical APM by Type of Health Plan (Adults age 18+)



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Study Aims: To examine variations in use of atypical antipsychotic medications (atypical APMs) by race among specific groups of patients including males, young adults, and patients with various types of health insurance plans, in a national sample of adult patients treated by psychiatrists.

Methods: Psychiatrists participating in the American Psychiatric Institute for Research and Education's (APIRE) Practice Research Network (PRN) provided demographic and clinical data on 2,694 adult patients seen in 1997 and 1999. The sample for these analyses was limited to 574 Caucasian and 126 African American patients who were prescribed any APM (typical or atypical). Weighted bivariate Wald chi-square tests assessed differences by race in the use of atypical APMs among patients by gender, age group and type of health insurance.

Key Findings: Differences by race in use of newer psychopharmacologic treatments were observed. An overall increase in the use of atypical APMs was reported from 1997 to 1999, although differences by race observed in 1997 remained in 1999. Specific to young adults and males, these findings were of particular interest. In 1997-99, 40% of male African Americans received atypical APMs compared to 63% of male Caucasians ($p < .01$). Regarding young adults, African American patients utilized atypical APMs at significantly lower rates than Caucasians (45% compared to 73%, $p < .05$). Among patients without health insurance or on Medicare, African Americans compared with Caucasians showed statistically significantly lower rates of atypical APM use. However for patients with private insurance or with Medicaid, there were no statistically significant differences by race (Figure 3).

Limitations and Implications for Policy and Further Study: As results were by physician report, the study may be limited by the single respondent source of data. Additionally, the limited sample sizes did not allow full examination of African American subgroups such as those covered by private insurance, however, the results were consistent with reports in prior literature (1,2). The variations by race in the provision of new generation psychopharmacologic treatments observed in this study suggest further exploration of reasons for the differences is warranted. African Americans who are young adults or male appeared to be less likely to receive the newer antipsychotic medications. The variability in payment source/insurance type also appears to be related to differential use of atypical APMs. Further study on population characteristics, physician characteristics and health insurance and health plan characteristics (e.g., formulary restrictions) are needed to better understand and address barriers to best practices.

Examining use of atypical APMs for patients with different health payment plans showed statistically significant differences by race were present for patients with no health plan and for those with Medicare. Although 79% of privately insured African Americans, and 59% of privately insured Caucasian patients were prescribed an atypical APM (Figure 3), this difference was not statistically significant, which may be due to the small sample sizes for this subgroup analysis. Rates of atypical APM use were similar among African American (76%) and Caucasian patients (70%) with Medicaid. The differential use of atypical APMs may be related to variability in payment source/insurance type. Further study of population characteristics, physician characteristics and insurance status are needed to better understand and address barriers to best practices.

1Mark TL, Dirani R, Slade E, Russo PA: Access to new medications to treat schizophrenia. *Journal of Behavioral Health Services and Research* 2002; 29:15-29

2U.S. Department of Health and Human Services. *Mental Health: Culture, Race and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General*. 2001. Rockville, MD, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services

Data Source: The 1997 and 1999 American Psychiatric Practice Research Network (PRN) Study of Psychiatric Patients and Treatments (SPPT). Results are preliminary and not for citation. In 1999, 615 of 784 (78%) PRN members completed the SPPT, and in 1997, 417 of 531 (79%) members completed the study. The patients sampled included patients with psychiatric and substance use disorders. The combined dataset consists of detailed patient data on 2,694 adult patients.

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