

Attitudes and Adherence to Inflammatory Bowel Disease (IBD) Medications in a Racially and Ethnically Diverse Population

Poster B0381

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Background

Racial/ethnic disparities in care reflect broader barriers to chronic disease management access that can impact outcomes in inflammatory bowel disease (IBD). Although limited studies have been conducted in health care provider organizations, data suggest significant disparities between white non-Hispanic (W/NH) and Black/Indigenous/People of Color or Hispanics (BIPOC/H)^{1, 2}.

Data are limited by lack of information on IBD-related medication attitudes and adherence. Acceptance of disease-modifying agents for IBD may vary by demographics, potentially contributing to poorer outcomes and more severe disease in patients from historically marginalized communities. For this reason, BIPOC/H may be at risk for potential delays in timely initiation of treatment and medication adherence/persistence which may contribute to higher rates of negative outcomes.³

Materials and Methods

A survey was created with input from a Patient Engagement Research Council (PERC) which was comprised of racially and ethnically diverse patients with IBD. The online survey was sent via Ochsner Health's "MyChart" portal to adult patients actively receiving care for IBD at Ochsner Health between Aug 2019 and Dec 2021. The survey was approved by the institutional review board (IRB) and responses were anonymous. Surveys were anonymous.

Data collected included demographics, patient perceived access to care via a survey adapted from the Consumer Assessment of Healthcare Providers and Systems and Barriers to Care survey⁴ and health-related quality of life (HRQOL) via the Short Inflammatory Bowel Disease Questionnaire.

The survey included the Medication Adherence Rating Scale-4⁵ (MARS-4), and the Beliefs about Medicines Questionnaire (BMQ)⁶. Analyses compared W/NH and BIPOC/H via X² and student t-tests.

Results

171 responded to the survey, 40% of which were BIPOC/H. BIPOC/H patients were younger and were more often insured by Medicaid. Groups were otherwise similar. (Table 1)

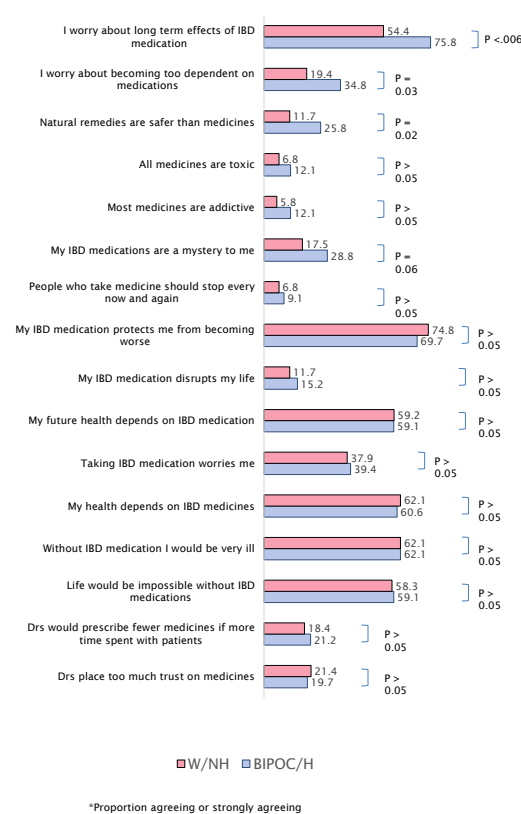
Table 1: Respondent Demographics

	W/NH n = 103	BIPOC/H n = 68	p
Age, Mean (SD)	49 (14)	44 (13)	.03
Female gender, n(%)	71 (69)	48 (71)	.87
Male gender, n (%)	32 (31)	20 (29)	
Highest level of education, n (%)			
High school graduate or less	20 (20)	17 (25)	.11
Some college or 2-year degree	29 (28)	24 (35)	
4-year college graduate	23 (22)	9 (13)	
More than 4-year college degree	31 (30)	14 (21)	
Marital Status, n (%)			
Single	30 (29)	30 (44)	.12
Married/domestic partnership	54 (52)	25 (37)	
Widowed	15 (14)	12 (18)	
Separated/divorced	4 (3)	1 (2)	
Types of Health Insurance, n (%)			
HMO/PPO/Private Insurance	66 (64)	28 (41)	.001
Medicare	21 (20)	18 (27)	
Medicaid	19 (18)	29 (43)	
No insurance/self-pay	3 (2.9)	0 (0)	

Via the BMQ, significantly more BIPOC/H patients reported that they agreed or strongly agreed with the statement regarding having concerns about long term effects of IBD medications than W/NH counterparts (76% vs 55%; p = <.006).

BIPOC/H patients were also more likely to state they agreed or strongly agreed with the statement that they were worried about becoming too dependent on IBD medications (35% vs 19%; p=.03), and they reported more concerns regarding safety of medications vs. natural remedies (25.8% vs 11.7%; p=.02). (Figure 1)

Figure 1: Beliefs about Medications*



Non-adherence was more common among BIPOC/H patients (38%) than W/NH (26%), with more patients reporting intentionally missing doses, but this association did not reach statistical significance

The same proportion of BIPOC/H and W/NH patients reported declining to start a newly prescribed medication altogether in the last 6 months and not persisting on a medication. (Table 2)

Table 2: Adherence MARS-4

	W/NH n = 102*	BIPOC/H n = 66*	p
Mean (SD)	18 (3)	17 (3)	.13
Non-adherent, n (%) [†]	26 (26)	25 (38)	.08
Component scores ^{††}			
I alter the dose, n (%)	16 (16)	13 (20)	.54
I forget to take a dose, n (%)	17 (17)	18 (28)	.12
I decide to miss a dose, n (%)	9 (9)	13 (20)	.06
I decide to stop medications altogether, n (%)	15 (15)	9 (14)	.85

*3 patients declined to answer, [†]Score of ≤16 was defined as non-adherence
^{††}Proportion answering sometimes, often or always

Discussion and Conclusions

BIPOC/H patients with IBD report more concerns about long term use and becoming dependent on IBD medications than W/NHs.

Both self-report similar medication access, adherence, and persistence, with a possible trend toward more BIPOC/H reports of missing doses..

Future studies are needed to understand the causes of their concerns for long-term use and toxicities, and the potential impact on outcomes.

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