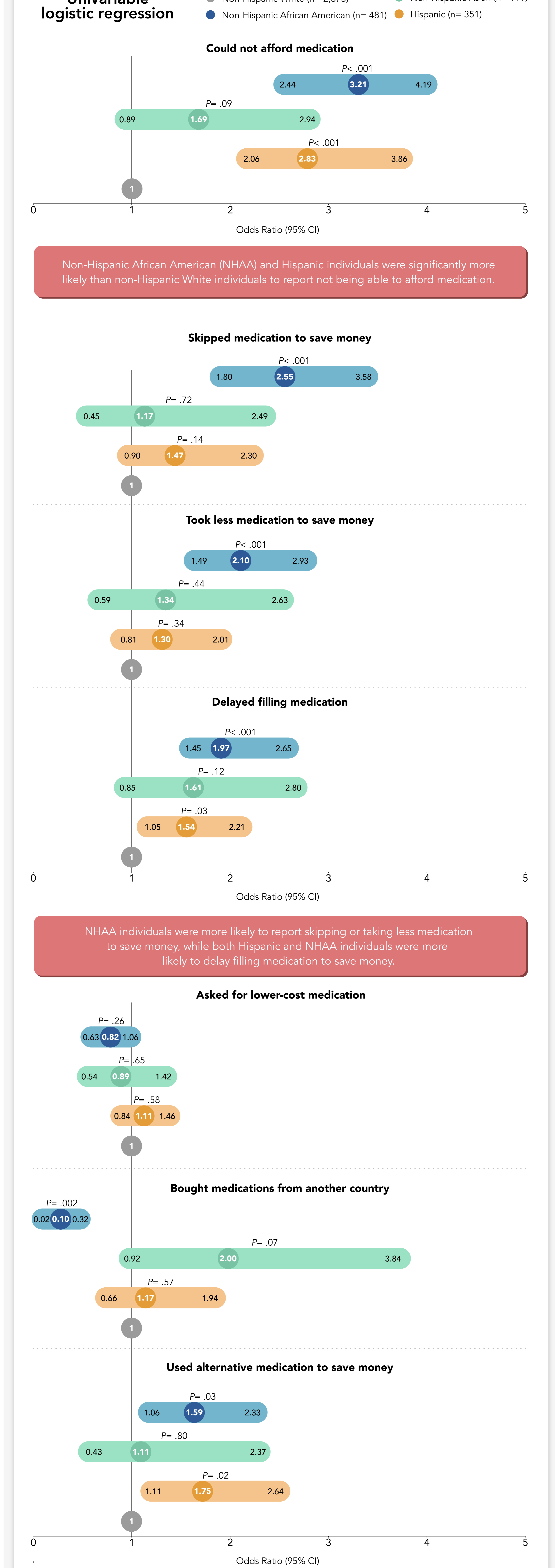


Racial and Ethnic Disparities in Cost-Related Barriers to Medication Adherence Among Patients With Glaucoma Enrolled in the National Institutes of Health *All of Us* Research Program

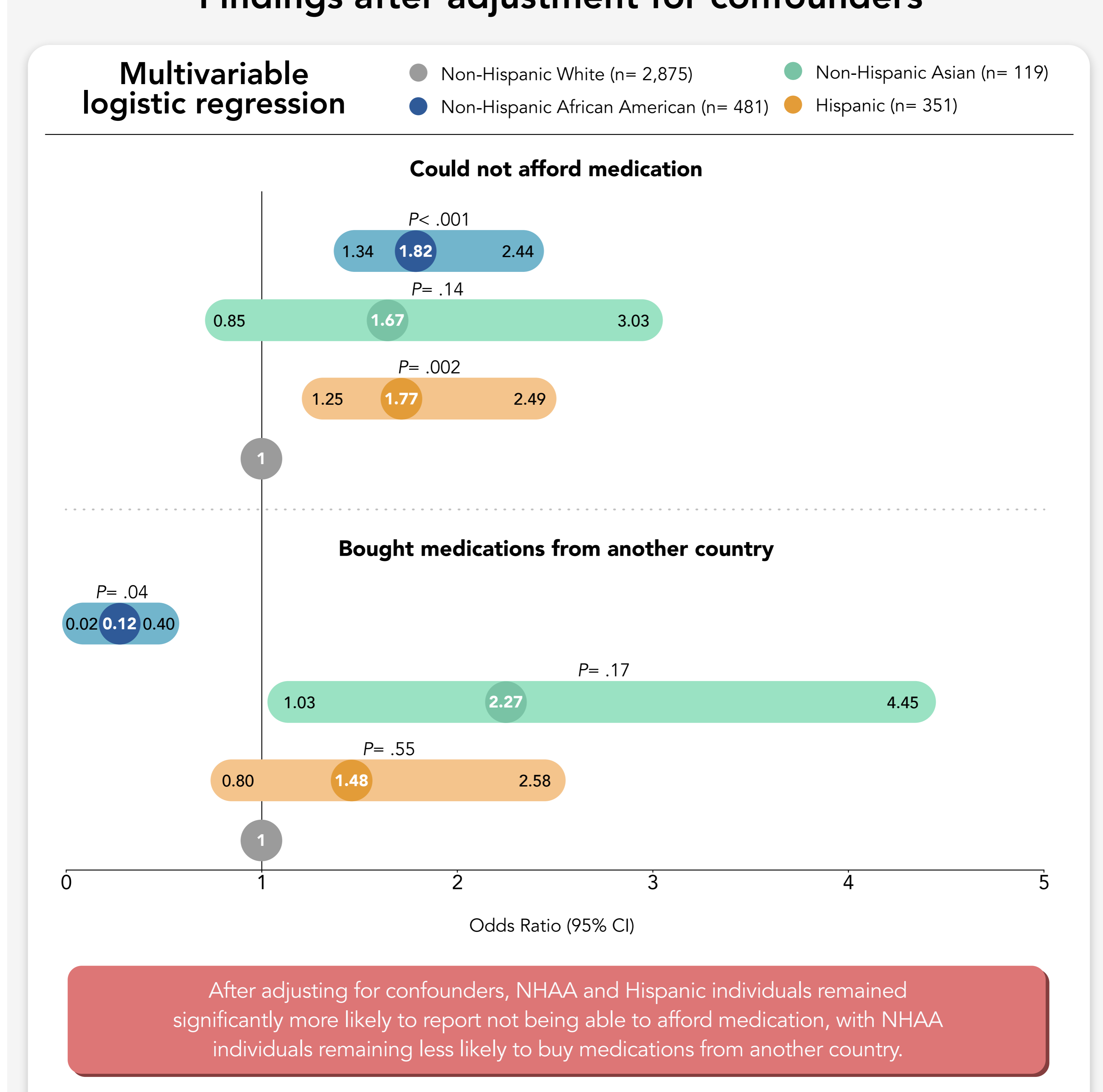
Delavar A, Saseendrakumar BR, Weinreb RN, et al. *JAMA Ophthalmol*. 2022;140(4):354-361. doi:10.1001/jamaophthalmol.2022.0055

Glaucoma is the most common cause of irreversible blindness in the world, and it is projected to affect more than 110 million individuals by 2040. In the US, the prevalence of open-angle glaucoma is projected to nearly double to 7.32 million by 2050. African American and Hispanic individuals have a much higher prevalence of open-angle glaucoma (5.6% and 4.7%, respectively) than their non-Hispanic White counterparts (1.7%). Being a chronic disease that frequently requires access to health care, close follow-up, and sometimes complicated and expensive medical and surgical regimens, glaucoma outcomes are often tied to socioeconomic factors. In the US, it is estimated that 30% to 50% of medications are not taken as prescribed; as such, evaluation of self-reported cost-related barriers to medication adherence by race and ethnicity from June 2016 to March 2021 was undertaken. This cross-sectional study included patients with glaucoma enrolled in the National Institutes of Health *All of Us* Research Program, a nationwide longitudinal cohort of US adults, with more than 300,000 currently enrolled.

There were racial/ethnic disparities in being able to afford medications.



Findings after adjustment for confounders



Persistence of disparities despite controlling for individualized socioeconomic factors suggests that some disparity may be mitigated at the physician level.

- Prescription of generic drugs is often underutilized.
- Difficulty affording medication imposes a barrier that patients with glaucoma must overcome to preserve their vision. Offering lower-cost options to all patients is critical.
- There is evidence that racial and ethnic minority populations are less likely to advocate for themselves in health care settings.

There are several tools and approaches to help promote and ensure health equity.

- Eye care clinicians hoping to promote health equity can take a proactive role in ensuring their patients obtain medications that are not only effective but also affordable.
 - Creating a more diverse workforce (which has been shown to improve health outcomes for patients) as well as promoting cost-conscious education among medical students and residents can help promote health equity.
- There are several tools that can be used by prescribers to help their patients find the lowest-cost medication options. Ideally, integration of medication cost information in electronic health records can help identify what a patient will ultimately pay.
 - Several free websites and mobile applications exist that show options for low-cost medications.
- Ensuring patients have access to affordable medication is an essential first step to medication adherence.
 - Approaches that have shown to be effective can be as simple as face-to-face counseling and monitoring of adherence.
 - Electronic adherence technologies may become more prevalent in the future with decreasing costs, and improved adherence may ultimately lower health care expenditure.

Conclusions

There was significantly higher odds of self-reported difficulty affording medications among non-Hispanic African American and Hispanic individuals compared with non-Hispanic White individuals. Clinicians should be proactive and initiate discussions about costs in an effort to promote medication adherence and health equity among patients.