

Submission: 2-0662: RACIAL DISPARITIES IN THE INITIATION OF PSYCHOTROPICS AMONG MEDICAID-ENROLLED PATIENTS NEWLY-DIAGNOSED WITH OBSESSIVE COMPULSIVE DISORDER: LARGE-SCALE. RETROSPECTIVE. FLORIDA MEDICAID CLAIMS ANALYSIS

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***Submission Category:** Psychopharmacy / Neurology

***Type of poster:** Evaluative Study Report

Abstract

***Purpose:** Although recent research has examined racial/ethnic disparities in access to U.S. healthcare, comparably little is currently known about the quality of psychiatric care received by racial/ethnic minorities. Recent studies have shown that minorities diagnosed with depression are less likely to receive antidepressants, and minorities diagnosed with schizophrenia are less likely to receive atypical antipsychotics, compared to Caucasians. We sought to determine whether patient demographics were similarly associated with the initiation of psychotropics among Medicaid-enrolled patients newly-diagnosed with obsessive-compulsive disorder (OCD).

***Methods:** We conducted a 9-year (1997-2006) retrospective analysis of Florida Medicaid-enrolled patients newly diagnosed with OCD (ICD-9 300.3). Patients were considered "newly diagnosed" if no OCD-related claim was filed in the year preceding an index OCD diagnosis. "Psychotropics" were identified by National Drug Code (NDC) for any prescription claim filed for an antidepressant, antipsychotic, amphetamine/CNS stimulant, anxiolytic, sedative, hypnotic, antimanic agent, or mood stabilizer/anticonvulsant. Patients were identified as "initiating" psychotropic treatment if they filed no prescription claim for a psychotropic during the year preceding their index OCD diagnosis. Patient data were de-identified and HIPAA compliant. Chi square analysis was used to examine differences between groups and logistic regression with backward selection was used to examine the likelihood (odds) of initiating a psychotropic.

Results: Among 924 newly-diagnosed patients with OCD, 47% were female. The majority (60%) were White, 16% were Hispanic, 15% Black, and 9% Other Races/Ethnicities. Among newly-diagnosed patients with OCD, 444 (48%) subsequently initiated psychotropic treatment. The most commonly prescribed psychotropics were risperidone (17.0%), sertraline (12.6%), fluoxetine (11.4%), paroxetine (11.1%), fluvoxamine (8.7%), clonazepam (4.9%), and escitalopram (4.8%). Blacks newly-diagnosed with OCD were 59% less likely (OR 0.405, 95% CI 0.273-0.600, $p < 0.0001$), and Hispanics were 32% less likely (OR 0.679, 95% CI 0.470-0.981, $p = 0.0391$) to initiate psychotropic treatment than their White newly-diagnosed counterparts.

Conclusion: Among Florida Medicaid-enrolled patients newly diagnosed with OCD, Blacks and Hispanics were significantly less likely to initiate subsequent treatment with psychotropics than were newly-diagnosed White patients with OCD. Given that research does not demonstrate variation in response to treatment by race or ethnicity, our findings suggest that other factors (such as cultural variation in patient willingness to use psychotropics or prescriber bias) may play a role in the disparity of psychotropic treatment initiation among newly-diagnosed Medicaid enrollees with OCD.