The Impact of Patient-Physician Racial Concordance on Medication Adherence in the Hypertensive Patient Population: A Rapid Systematic Review
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BACKGROUND
Race disparities are the differences in care that is received, based on racial and ethnic factors alone
- Result in: lower quality of care, decreased patient satisfaction, and increased morbidity and mortality from chronic diseases
- Can be driven by race discordance: different racial or ethnic identities between physician and patient

Hypertension: high blood pressure
- Affects 1.3 billion people worldwide
- Leading cause of premature death
- Poorly controlled among adults
- African Americans/Blacks disproportionately affected
  - More severe blood pressure levels, less controlled

Medication Adherence: taking medications as prescribed
- Nonadherence increases severity of diseases, wastes U.S. healthcare dollars, and major cause of uncontrolled blood pressure
- Minority populations less likely to adhere to medications

RESEARCH QUESTIONS
(1) What is the impact of patient-physician racial concordance on medication adherence for hypertensive patients?
(2) What research has been conducted to address the effect of patient-physician racial concordance on medication adherence in the hypertensive patient population?

RESULTS

METHODS
Rapid Systematic Review of the literature
Databases: PubMed and Scopus
Key Search Term Categories: “race disparities,” “hypertension,” “race concordance/discordance,” and “medication adherence”
Inclusion Criteria:
- population: hypertensive patients
- predictor: race concordance/discordance
- outcome: medication adherence
- language: English

DISCUSSION
Medication adherence was not directly affected by patient-physician racial concordance
Studies only compared results in White vs. Black/African American groups, showing that blood pressure control is a pivotal focus point for this minority population
It can be achieved partly by:
- Interpersonal competence
- Trustworthy relationships with patients
- Routine medical care

Implications:
- Providers should consider these three factors in addressing nonadherence to antihypertensive medication
- Public health professionals should implement findings into trainings/education

LIMITATIONS & FUTURE RESEARCH
- One reviewer
- Only two databases searched
- Small sample size of included studies
Future Research:
- Further explore literature on this topic
- Find more manuscripts in other databases

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<table>
<thead>
<tr>
<th>First Author (Year)</th>
<th>Significance¹ Between Chosen Predictor and Outcome</th>
<th>Other Factors Facilitating Outcome</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Konrad (2005)</td>
<td>No</td>
<td>Continuous care</td>
<td>Sample from one small Southern State; exclusion of non-African American and non-White patients and physicians</td>
</tr>
<tr>
<td>Schoenthaler (2012)</td>
<td>No</td>
<td>Collaborative communication</td>
<td>No randomization of dyads; inclusion of only Black patients; self-report measure</td>
</tr>
<tr>
<td>Schoenthaler (2014)</td>
<td>No</td>
<td>Patient trust</td>
<td>No randomization of dyads; only two racial groups considered; self-report measure</td>
</tr>
</tbody>
</table>

¹p < 0.05