

# The Impact of Patient-Physician Racial Concordance on Medication Adherence in the Hypertensive Patient Population: A Rapid Systematic Review

Margaret Anwar, MPH (c)

Mentors: Drs. Frasso & Leader

## 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

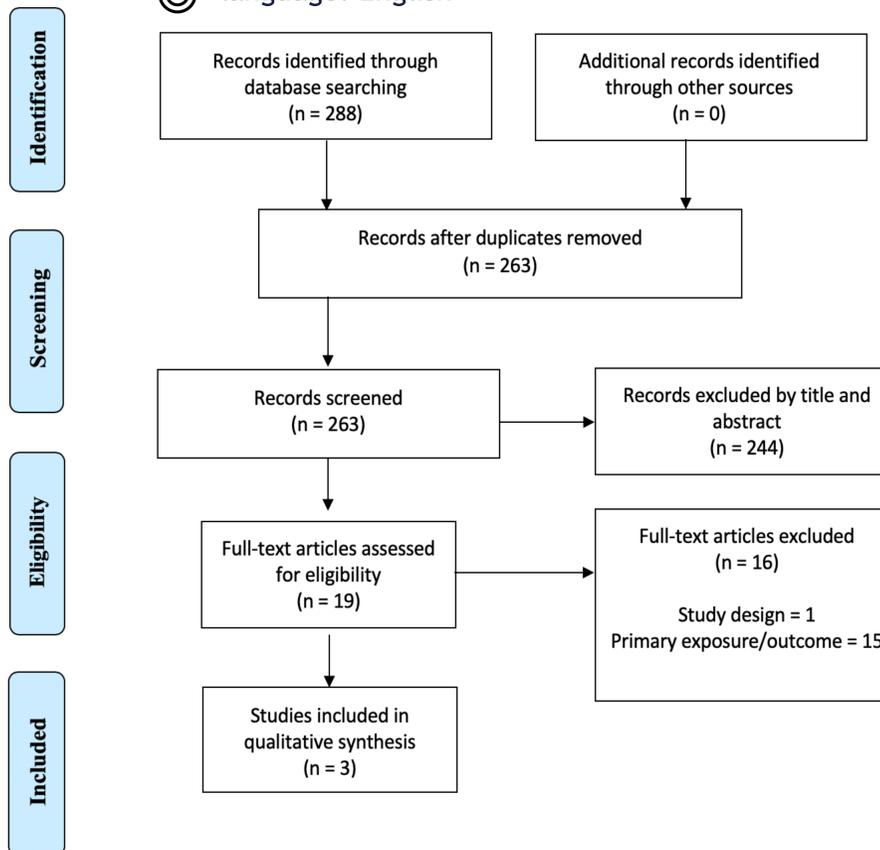
Rapid Systematic Review of the literature

**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

## ACKNOWLEDGEMENTS

Thank you to:

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First Author (Year)	Significance <sup>1</sup> Between Chosen Predictor and Outcome	Other Factors Facilitating Outcome	Limitations
Konrad (2005)	No	Continuous care	Sample from one small Southern State; exclusion of non-African American and non-White patients and physicians
Schoenthaler (2012)	No	Collaborative communication	No randomization of dyads; inclusion of only Black patients; self-report measure
Schoenthaler (2014)	No	Patient trust	No randomization of dyads; only two racial groups considered; self-report measure