RESULTS

The National Cholesterol Education Program ATP III (NCEP ATP III) report noted that persistence to lipid-lowering therapy was suboptimal.1 Persistence is especially important given that the benefits of lipid-lowering therapy generally do not manifest for six months to one year following treatment initiation. The NCEP ATP III further reported that adherence to lipid-lowering therapy is unrelated to gender, age, ethnicity, or socioeconomic status.1

Given that some studies have reported that women2 and racial minorities2 are less likely to achieve ATP III lipid goals, we sought to retrospectively examine the relationship between specific demographics and the likelihood of discontinuing antilipidemic medications among Medicaid enrollees. Specifically, using a large-scale, retrospective Medicaid claims database, we examined the role of demographic characteristics on the likelihood of discontinuation of antilipidemic medications among adult Medicaid enrollees.

METHODS

We conducted a 9-year (1997-2006) Florida Medicaid retrospective claims analysis of adults (age 18 years or older) who initiated treatment with an antilipidemic agent. Patients with one year of claims data prior to their index prescription fill during which no antilipidemic claim was filed, and at least three years of claims data following the index fill, were identified. Cox proportional hazard analysis was used to examine demographic (sex, age, race/ethnicity) predictors of premature discontinuation. Discontinuation was defined as no antilipidemic claim filed for 6 months or more during the follow-up period.

Overview of Florida Medicaid Dataset: Florida Medicaid provides access to health care for more than two million low-income individuals. Computerized Florida Medicaid claims records contain basic demographic information, such as sex, age, and race/ethnicity; CPT and ICD diagnosis and treatments codes; and payment data. Information is patient de-identified and fully compliant with the HIPPA Privacy Rule. Subjects were identified from enrollees in the Florida Medicaid program who had a paid claim from July 1997 through June 2006.

CONCLUSIONS

Compared to ATP III, which reports that antilipidemic persistence is unrelated to demographics, we found antilipidemic persistence to be significantly associated with patient sex, age, and race/ethnicity. However, our results are consistent with those of other recent retrospective studies that report a significant relationship between demographics and adherence1-2 to lipid-lowering therapy. Poor persistence may, in part, explain lower rates of achieving ATP III lipid goals seen among women and racial/ethnic minorities.

REFERENCES