

Racial, ethnic, sex, insurance disparities ID'd in acne care

6 February 2020



respectively). The likelihood of being prescribed isotretinoin was higher for [male patients](#) versus [female patients](#) (odds ratio, 2.44). Patients with Medicaid were less likely than those with commercial insurance to see a dermatologist (odds ratio, 0.46) or to be prescribed topical retinoids, oral antibiotics, spironolactone, and isotretinoin (odds ratios, 0.82, 0.87, 0.50, and 0.43, respectively).

"Our findings suggest the presence of racial/ethnic, sex, and insurance-based disparities in health care use and treatment for acne and raise particular concern for undertreatment among racial/[ethnic minority](#) and female patients," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

Racial/ethnic, sex, and insurance-based disparities are seen in acne care, according to a study published online Feb. 5 in *JAMA Dermatology*.

John S. Barbieri, M.D., from the Perelman School of Medicine at the University of Pennsylvania in Philadelphia, and colleagues conducted a retrospective cohort study to identify potential disparities in acne care. Data were included for 29,928 [patients](#).

The researchers found that non-Hispanic black patients were more likely to be seen by a dermatologist than non-Hispanic white patients (odds ratio, 1.20), but they received fewer prescriptions for acne medications (incidence rate ratio, 0.89). Compared with non-Hispanic white patients, non-Hispanic black patients were more likely to receive prescriptions for [topical retinoids](#) and topical antibiotics (odds ratios, 1.25 and 1.35, respectively) and were less likely to receive prescriptions for oral antibiotics, spironolactone, and isotretinoin (odds ratios, 0.80, 0.68, and 0.39,

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APA citation: Racial, ethnic, sex, insurance disparities ID'd in acne care (2020, February 6) retrieved 1 September 2022 from <https://medicalxpress.com/news/2020-02-racial-ethnic-sex-disparities-idd.html>

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