

Some ethnic groups in UK with cardiovascular risk may be less likely to be prescribed statins

Study suggests South Asian and African/African Caribbean patients at higher risk for cardiovascular disease, but less likely to receive treatment

People of South Asian and African/African Caribbean descent are more likely than those of European ancestry to develop type 2 diabetes, as well as atherosclerotic cardiovascular disease (ASCVD) complications of diabetes. A study published in *PLOS Medicine* by Sophie Eastwood at University College London, United Kingdom, and colleagues suggests people of African/African Caribbean ethnicity with type 2 diabetes and people of South Asian ethnicity were less likely to receive guideline indicated statins than people of European ethnicity,

Type 2 diabetes is a potent risk factor for cardiovascular disease, linked to 17.9 million deaths worldwide per year, 80% of which are due to myocardial infarction and stroke. Lowering blood cholesterol with statin treatment reduces cardiovascular complications, however, studies suggest ethnic differences exist in statin prescribing for people with diabetes. To investigate ethnic differences in guideline-indicated statin prescribing for people with type 2 diabetes, researchers accessed a database of 12 million anonymised primary care records from 836 practices in the United Kingdom, identifying 31,039 cases of type 2 diabetes diagnosed between 2006 and 2019. They then compared rates of statin initiation for people of European, South Asian and African/ African Caribbean ethnicity, adjusting for differences in socio-demographics, healthcare usage, and ASCVD risk factors or co-morbidity across the three groups.

The researchers found that people of African/ African Caribbean ethnicity with type 2 diabetes were 25%, and people of South Asian ethnicity 10%, less likely to receive guideline-indicated statins than people of European ethnicity. The study was limited in that the authors were unable to identify a specific reason for the inequity in statin prescribing across different ethnicities and future studies are needed to fully explain the prescribing disparities across different ethnic groups.

According to the authors, “ Further research must urgently seek explanations for under-prescribing of statins, particularly in African/ African Caribbean groups. If our findings are corroborated, a nationwide strategy for identifying prescribing inequities, providing targeted education and prescribing interventions, followed by re-audit until equitability is achieved, is imperative and could lead to the prevention of substantial cardiovascular morbidity”.

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