

A-2 Health disparities in patients with rheumatoid arthritis in Northern and Southern Taiwan.



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Background

- The health disparities hinder the provision of equitable healthcare services for patients with rheumatoid arthritis (RA).
- Regional difference-related health disparity is not an exception.
- Evidences regarding the prevalence and comorbidities among medical centers in the northern and southern regions is limited.

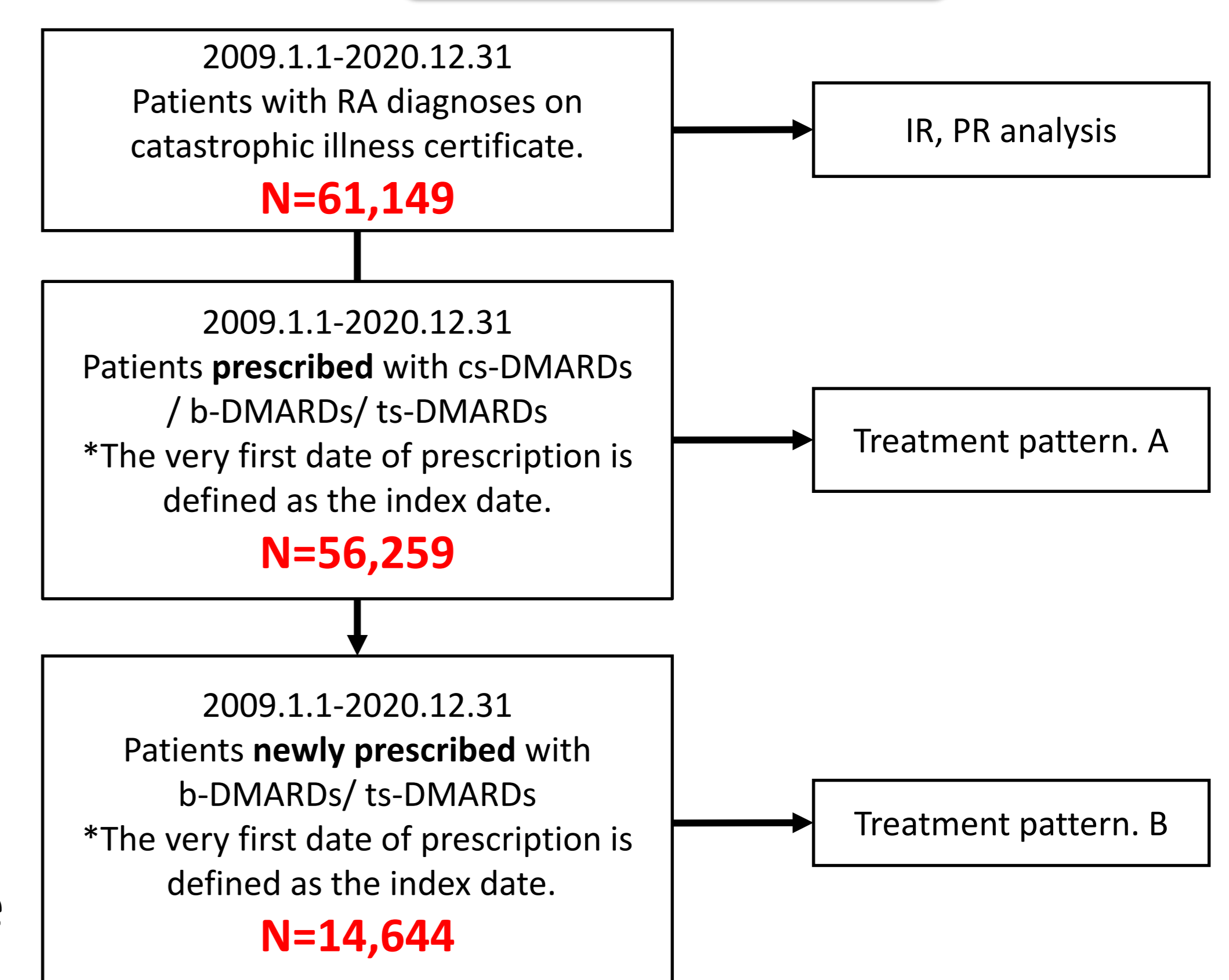
Objective

- To compare the prevalence and other healthcare-related factors between northern and southern regions in patients with RA.

Method

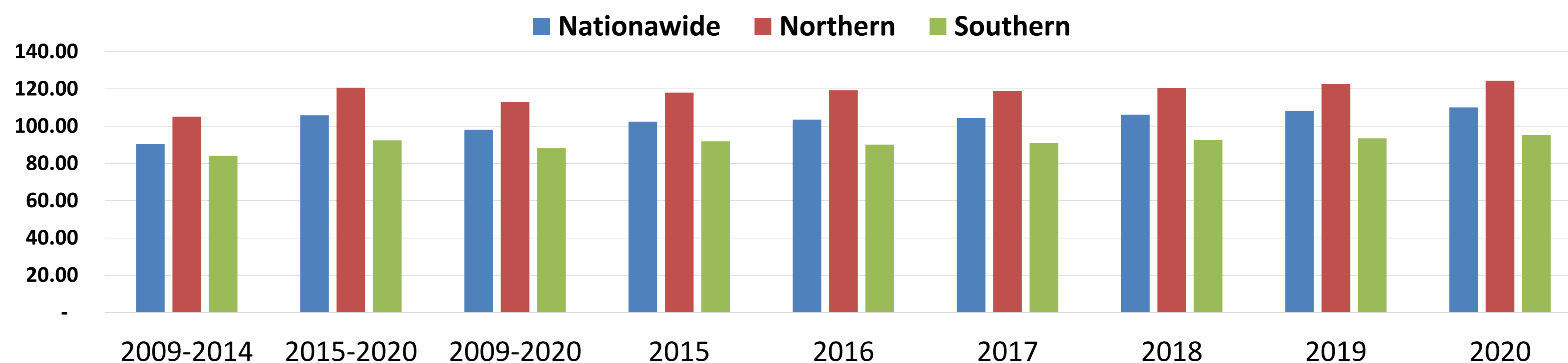
- Database: Taiwan's National Health Insurance Database (2009-2020)
- RA identification: Registry of Catastrophic Illness Patients
- IR (incidence rate), PR (prevalence rate) per 100,000 patients in one-year interval.
- Treatment pattern analysis
 - Overall population:
 - Demographic data (age, sex, insurance premium, urbanization level)
 - healthcare usage, comorbidities, and co-medications
 - Biological & target-synthetic DMARDs users:
 - anti-TB medication
 - Biologics pattern
 - Use SMD (standardized mean difference) to assess the magnitude of difference

Flowchart



Results

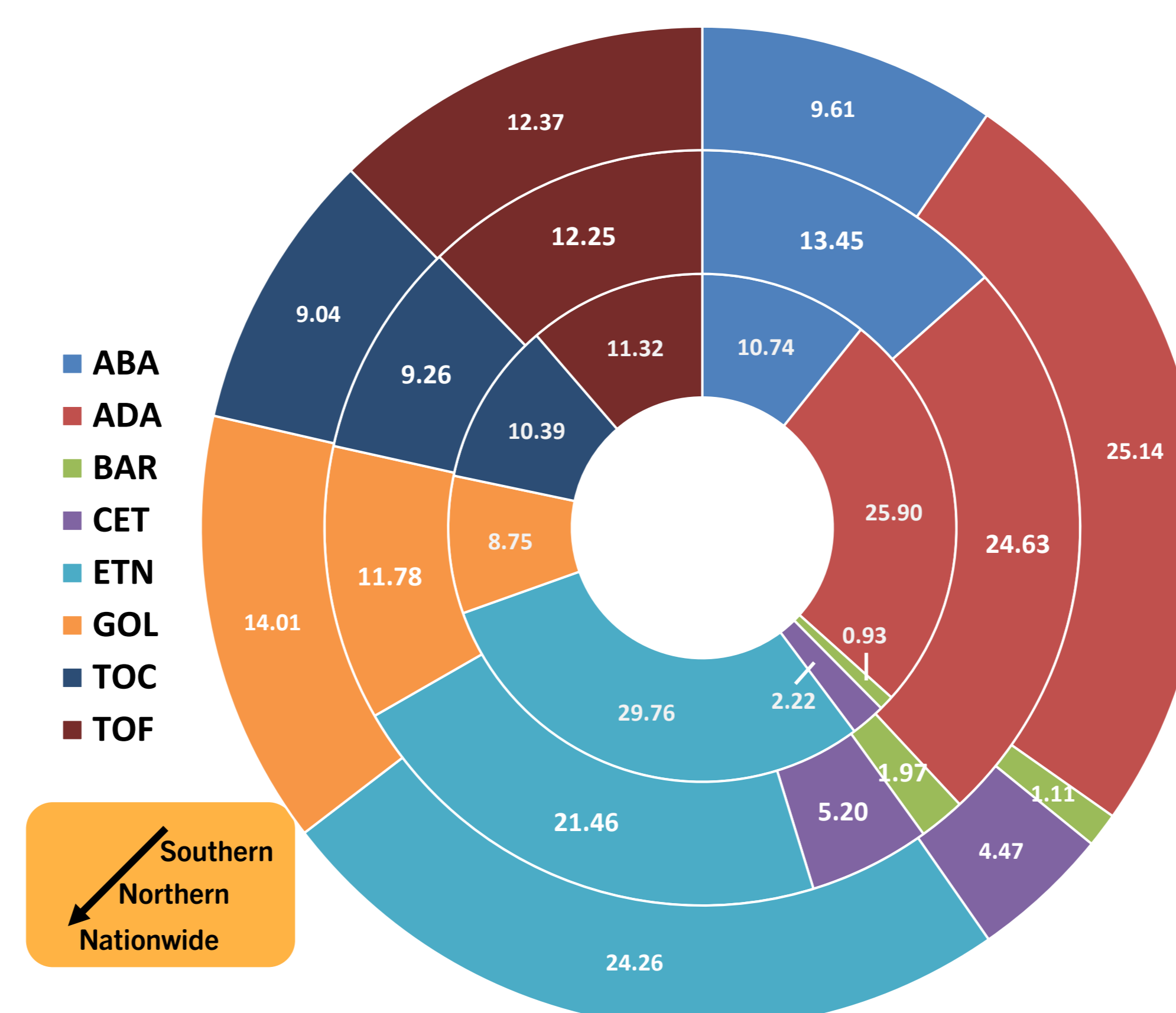
PR analysis:
Annual prevalence in
medical centers
(event per
100,000 person-year)



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- Annual prevalence rate in **Southern** medical centers is lower than **Northern** and **Nationwide** average.
- The baseline characteristics in different medical centers are mostly **similar**.
- The pattern of Biologic usages are **similar** across different medical centers.



Conclusion

- We informed the health disparities between Southern and Northern medical centers using epidemiologic data.
- Promoting equal access to healthcare to minimize regional differences will help reduce disparities.