

One-Year Psychotic Symptom Control Disparities Among Black, White, and Latino Recent-Onset Schizophrenia Patients in a Coordinated Specialty Care Program

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Background: Due to systemic racism as well as ethnic difference in access to and acceptance of medical care, ethnoracial disparities are evident in psychiatric symptoms, treatment access, and treatment outcomes for Black and Latino Americans. To improve treatment outcomes for these groups, further understanding is needed of the efficacy of evidence-based interventions for Black and Latino first-episode patients. This study examines whether there were ethnoracial disparities in one-year psychotic symptom control in a sample of Black, Latino, and White first-episode patients in a coordinated specialty care program.

Method: Participants were recruited from community clinics and hospitals and enrolled in a one-year 2x2 randomized controlled trial. Participants were randomly assigned to receive either an oral or long-acting injectable antipsychotic (LAI) medication. Participants were concurrently randomly assigned to either cognitive remediation or a healthy behavior psychoeducational group. Individual psychotherapy as well as individual placement and support were also provided to study participants. For the current analyses, Reality Distortion (mean of the BPRS items Unusual Thought Content and Hallucinations) was the primary outcome. Attitudes regarding antipsychotic medication were assessed with the Ratings of Medication Influences.

Results: Mixed general linear modeling revealed ethnoracial differences among the participants. Post-hoc contrasts showed that Latino American participants had disproportionately higher baseline Reality Distortion levels compared to Black participants ($P=.02$), which continued throughout the 12-month follow-through treatment period. White participants did not significantly differ from either Latino or Black participants in Reality Distortion levels. Latino patients in the oral antipsychotic group had the lower rates of medication adherence in contrast to Black ($P=.03$) and White ($P=.001$) participants. These disparities were not observed in the LAI group. Latino participants were more likely than White participants to need family support and supervision to maintain medication adherence for the oral medication group, but not the LAI group.

Discussion: These findings have the potential to enhance our understanding of the efficacy of evidence-based treatments for Black and Latino Americans. Long-acting injectable medications show promise in reducing these identified ethnoracial disparities.