

Representation of Racial and Ethnic Minorities and Their Preferences for Mood Stabilizing Treatment Selection for Bipolar Disorder: A Systematic Review

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Background: The use of second-generation antipsychotics for bipolar disorder (BD) has increased in the past years¹ Concerns on potential serious medical side effects and need for blood level monitoring of some traditional mood stabilizers along with other factors have influenced this change. Shared decision-making (SDM) strategies have been implemented in clinical settings due to their ability to engage patients in the process of treatment selection.² Within minority groups with mental illnesses, socioeconomic factors, individual concerns, and cultural variations in clinical presentations, are often overlooked or misrepresented when assessing the patient's treatment preferences. Although several studies evaluating the effectiveness of SDM interventions in BD, the representation of patients that belong to minority groups and how their preferences and outcomes differ from those belonging to non-minority groups is unknown. The primary aim of this is to assess the inclusion of minority patients in studies assessing SDM strategies in patients with BD.

Methods: After the systematic search, screening and data extraction will be conducted in a duplicate and independent manner. We will include interventional studies implementing strategies for SDM in patients diagnosed with bipolar disorder. Data on the proportion of minorities included in the studies, as well as on quality indicators for the clinical encounter regarding SDM, treatment adherence, and clinical outcomes will be extracted.

Results and Conclusion: We have no results yet, but the relevance of the expected results is discussed. Compared to non-Hispanic white patients, patients from minority racial/ethnic groups have lower odds of receiving classic mood stabilizers and higher rates of antipsychotic prescription.³ Patients that belong to minority groups are also at higher risk of misdiagnosis -with subsequent delay in the diagnosis-, and of mistreatment.⁴ These disparities have been associated with potential cognitive biases that lead to symptom misattribution, inadequate treatment regimens and omission of patient's sociocultural background.⁵ Patient-centered care could also benefit the assessment of risk factors that are common to specific groups (e.g., metabolic risk in Hispanic patients).^{6,7} Moreover, SDM can help understand better the values, preferences for treatment choices and help evaluate if patient engagement can be translated into clinical benefits and an improved quality of life.

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