PREVALENT, AWARENESS, AND MANAGEMENT OF HYPERTENSION, DYSLIPIDEMIA, AND DIABETES AMONG UNINSURED AND INSURED ADULTS IN THE UNITED STATES

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OBJECTIVES: National estimates of cardiovascular risk factor prevalence, awareness, treatment, and control among adults without health insurance are lacking. This study contributes to our knowledge by examining current national estimates for hypertension, dyslipidemia, and diabetes among uninsured, non-Medicare insured, and Medicare-insured adults aged 18 through 64 years. METHODS: Cross-sectional observational study design. Analysis of adults 18 through 64 years of age surveyed in the National Health and Nutrition Examination Survey (NHANES 2003-2004 and 2005).

RESULTS: Of an estimated 178.6 million working-age adults, 21.8% (95% confidence interval [CI] = 19.6%–24.1%) lack health insurance. Hypertension prevalence is significantly lower in the uninsured compared with the non-Medicare insured (18.9% and 21.8%, age and gender adjusted) as are rates of awareness (62.8% vs 77.0%) and treatment (43.9% vs 65.5%). Medicare-insured adults have a significantly higher prevalence of hypertension (29.1%) than the non-Medicare insured. There is no significant difference between the uninsured and non-Medicare insured with respect to adjusted prevalence of dyslipidemia (27.4% and 25.3%) or type-2 diabetes (6.4% and 6.0%). Awareness and treatment rates for dyslipidemia are significantly lower in the uninsured compared with the non-Medicare insured (38.8% vs 64.7% for awareness; 18.0% vs 41.4% for treatment). Treatment rates for diabetes are also significantly lower for the uninsured (39.8% vs 62.5%). Multivariable logistic regression controlling for age, gender, race, education, income, access to care, and other factors indicates that the uninsured are significantly less likely than the non-Medicare insured to be aware of and treated for their dyslipidemia and less likely to be treated for their diabetes.

CONCLUSIONS: Dyslipidemia and diabetes are less likely to be detected or treated among the uninsured compared with the non-Medicare insured, calling for effective approaches to reduce these disparities.

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