

Adherence with Guidelines for Secondary Prevention of Dyslipidemia in Primary Care – Where Is the Bottleneck?

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Background: There is a wide therapeutic gap between evidence-based guidelines for atherosclerosis prevention and practice which is primarily attributed to physicians' and patients' adherence.

Objective: To measure physicians' and patients' adherence with guidelines for secondary prevention of dyslipidemia.

Methods: Retrospective data analysis of 11,444 patient-specific prevention reminders that were sent to 95 physicians regarding 5,215 patients over 16 months. Physicians' and patients' adherence was estimated by matching the reminders to physicians' and patients' actions. Adherence was measured both “exactly” (follow reminder precisely) and “broadly” (take other actions).

Results: Physicians' adherence with pharmacotherapy recommendations was low relatively to patients' adherence with the physicians' recommendations (17.1% vs. 72.1%). Physicians adhered more to treatment initiation relative to up-titration (OR=1.56, p<0.001), whereas patients tended to adhere less to initiation relative to up-titration (OR=0.20, p<0.001). The “exact” adherence was greatest for lipids screenings (47.8%) compared to pharmacotherapy initiations (14.1%), up-titrations (12.1%), and metabolic consultations (5.9%). The “broad” adherence was greatest in up-titrations (91.6%), compared to the metabolic consultations (82.8%), lipids screenings (65.9%) and drug initiations (47.8%).

Conclusions: The "bottleneck" in pharmacotherapy was apparently physicians' adherence with the guidelines rather than patients' adherence with the treatments. The physicians were more compliant with treatment initiation, whereas the patients were more compliant with up-titrations. The physicians tended to follow the guideline "exactly" in simple clinical tasks, and follow it "broadly" in more complex tasks. Interventions to improve adherence should apparently be targeted at the physicians, in parallel to improving patients' adherence.