

Adherence to Secondary Prevention Guidelines after Myocardial Infarction is Still Poor
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Background: Guidelines for the management of patients with myocardial infarction (MI) recommend ACE-I, beta-blockers, statins and aspirin for long-term treatment. There is a treatment gap between recommendations and application.

Aim: To evaluate 3 and 12 month adherence to cardiovascular medications.

Methods: Population: consecutive patients (n=1346) discharged from a cardiology department after MI who survived 1 year. Physicians' adherence was measured by adequate drug prescriptions. Patients' adherence was defined as purchasing at least one medication during the first 3 months and 80% of drugs supply during 12 months.

Results: Patients age was 63.085.3% ,12.8% were males. Adherence is presented in the table:

	Cardiologists adherence	GPs adherence	GPs adherence	Patients Adherence	Patients Adherence	Patients Adherence	
%	Discharge	3m	12m	p	3m	12m	p
Aspirin	97.6	92.3	69	< 0.001	88.8	47.9	< 0.001
Blockers	85.1	83.2	62.6	< 0.001	81.9	44.9	< 0.001
ACE-I	94.1	87.1	66.6	< 0.001	84.8	53	< 0.001
Statins	96.7	93.1	73.1	< 0.001	90.6	54.5	< 0.001
All 4	78.2	73	47.1	< 0.001	47.8	21.1	< 0.001

Conclusions: Most MI patients are prescribed appropriate guideline medications at hospital discharge and within first 3 months. However, by the end of the first year only 2/3 of physicians and 1/2 of patients adhere for each separate guideline recommended medications. Importantly, only 21% of patients adhered to all 4 drugs. Physicians and patients' awareness to this treatment gap and its hazards is required.