

Barriers to Comply with Preventive Medications in Patients with Acute Cardiac or Cerebrovascular Events

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Background: Poor compliance to preventive medications (meds) is associated with increased morbidity, mortality and higher costs for the health care system. We therefore evaluated the compliance and barriers of compliance in pts hospitalized with acute cardiac or cerebrovascular event.

Methods: All patients hospitalized in Neurology and Cardiology departments during March-December 2010 with acute cardiovascular or cerebrovascular event were included. Pts must have taken at least 1 preventive meds during the month before hospitalization. Pts were asked to answer two questionnaires: during index hospitalization and a telephonic questionnaire 3 months after discharge. We evaluated the differences in compliance between pts with cardiovascular and cerebrovascular event, as well as between pts with first and recurrent event.

Results: 253 pts, mean age 64 (68.8% men). Overall compliance increased from 65.9% before admission to 91.2% after 3 months. The lowest compliance was to lipid lowering drugs and anti-platelets (72.3% and 77.4%, respectively). Pts with recurrent event had better compliance to these medications ($p=0.073$, OR=1.93; $p=0.079$, OR=1.96). Pts with cardiac event had better compliance to diuretics ($p=0.042$, OR=13.84). Main barriers to compliance were inability to read the print on the container/instruction sheet (35.3%), lack of clear instructions on the meds (37.1%), lack of a defined method for remembering meds' intake (44.7%) and cost of meds (46.7%). Taking meds is a burden to 46.2% of pts and 34.5% of them sometimes skip a dose out of choice. 15% of pts stopped taking at least one of the meds on their own decision.

Conclusions: We found a high rate of poor compliance to lipid-lowering and anti-platelet meds prior to hospitalization with acute cardiac and cerebrovascular event. Measures should be taken to preserve the high compliance after hospitalization. Our findings should be considered when planning interventions to improve compliance.