

## **Characteristics of Poor Compliance to Preventive Medications in Pts with Ischemic Vascular Events**

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Background: Low compliance to preventive medications (meds) is associated with increased morbidity, mortality and higher costs for the health care system. We characterized the pts with low compliance or interruption of preventive meds hospitalized with acute cardiac or cerebrovascular event.

Methods: All patients admitted to Neurology and Cardiology departments during March-December 2010 were included. Pts must have taken at least one preventive med during the month before hospitalization. Pts were asked to answer a questionnaire during hospitalization. Statistical analysis: T-test, X<sup>2</sup> and logistic regression were used to test the differences between compliance/interruption and the demographic characteristics, clinical characteristics and barriers to compliance.

Results: 253 pts, mean age 64, 68.8% men. Pts with partial compliance constituted 34.1%, were younger (60.4 vs. 65.3, p=0.007), took less meds (p=0.002, OR=1.19), had higher likelihood of heart disease (p=0.094, OR=1.67) than patients with full compliance. Barriers in this group were forgetfulness (39.1% vs. 20.9%, p=0.003) and lack of defined method for remembering meds intake (55.1% vs. 39.7%, p=0.028). The highest rates of partial compliance were in lipid lowering drugs and anti-platelets (27.7%, 22.6%, respectively). Pts who interrupted drug intake constituted 15% and were also younger (59.7 vs. 64.9, p=0.008) but had higher likelihood of smoking (p=0.040, OR=2.24). Barriers in this group were inconvenient dosage times (31.8% vs. 16.4%, p=0.018), lack of defined method for remembering medication's intake (56.8% vs. 41.8%, p=0.069) and difficulty getting refill on time (40.9% vs. 23.7%, p=0.019). The most frequently interrupted meds were lipid lowering drugs (10.6%).

Conclusions: Poor compliance to meds is more frequent in younger coronary pts taking fewer meds. Our findings should be considered when planning interventions to improve compliance to preventive treatment of vascular ischemic events.