



ORIGINAL ARTICLE

Analysis of lipid-lowering therapy and factors affecting regularity of statin intake in patients with cardiovascular disease enrolled in the PROFILE registry



Oleg Gaisenk^{a,b,*}, Sergey Martsevich^{a,c}, Svetlana Tripkosh^a, Yulia Lukina^{a,c}

^a FGBI "National Research Centre of Preventive Medicine" of the Ministry of Healthcare of the Russian Federation, Moscow, Russia

^b FGBI "Joint Hospital and Polyclinic" Department of Presidential Affairs of the Russian Federation, Moscow, Russia

^c IM. Sechenov First Moscow State Medical University, Moscow, Russia

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KEYWORDS

Lipid-lowering therapy;
Statins;
Compliance;
Registry

Abstract

Objective: The aim of this study was to analyze the quality of lipid-lowering therapy in a cohort of patients with cardiovascular disease enrolled in a Moscow-based registry, and to analyze the factors affecting the regularity of statin administration in this patient category.

Methods: The present study included all patients who successively sought medical advice in the Preventive Pharmacotherapy Department of the Ministry of Healthcare of the Russian Federation between May 1 and December 31, 2011 (n=274). Each patient was given a specially designed questionnaire in order to assess compliance with the prescribed treatment that included the following questions: (1) if they knew, according to the results of previous exams, that they had elevated cholesterol levels (yes, no, don't know); (2) what method of hypercholesterolemia correction they used (diet, medication, physical exercise, or other); (3) if they were taking any statins (regularly, no, irregularly); and (4) if yes, what statin preparation and what dose they were taking. Patients' compliance with statin therapy was assessed on the basis of the responses received and the regularity of statin intake.

Results: The influence of various factors on regularity of statin intake in patients with cardiovascular disease was assessed by calculating odds ratios (OR) and 95% confidence intervals (CI) for advanced age (>70 years) (OR 0.49); higher statin dose than standard (OR 0.49); hypertension (OR 1.659); history of acute cerebrovascular event (OR 2.019); diabetes (OR 1.023); coronary heart disease (CHD) (OR 4.357); history of myocardial infarction (MI) (OR 4.838); history of coronary angiography/percutaneous coronary intervention (PCI) (OR 5.167).

* Corresponding author.

E-mail address: ogaisenk@gnicpm.ru (O. Gaisenk).

PALAVRAS-CHAVE

Terapêutica de redução de lípidos; Estatinas; Adesão terapêutica; Registo

Conclusions: Analysis of factors with impact on regular compliance with statin therapy showed that the following were most significant: CHD, history of MI, and history of PCI. Previous cerebrovascular events and presence of diabetes did not motivate these patients to take statins on a regular basis.

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Análise da terapêutica de redução lipídica e dos fatores que afetam a regularidade da toma de estatinas em doentes com doenças cardiovasculares inseridos no Registo Profile

Resumo

Objetivo: O objetivo deste estudo foi analisar a qualidade do tratamento hipolipemiante realizado numa coorte de pacientes portadores de doenças cardiovasculares, obtido sob a forma de registo, em Moscovo, e analisar os fatores que afetam a regularidade da administração de estatinas nesta categoria de pacientes.

Métodos: O presente estudo incluiu todos os pacientes que consecutivamente procuraram aconselhamento médico no Departamento de Farmacoterapia Preventiva durante o período de 1 de maio a 31 de dezembro 2011 (n=274). Cada paciente recebeu um questionário especialmente concebido para avaliar a adesão dos pacientes ao tratamento realizado, que incluiu as seguintes questões: 1) se tem conhecimento de níveis elevados de colesterol, de acordo com os exames realizados previamente (sim, não, desconhece); 2) que método utiliza para correção da hipercolesterolemia (dieta, medicação, exercício físico, outro); 3) se toma estatinas (toma regularmente, não toma, toma irregularmente); 4) se sim, qual a estatina e a dose. Com base nas respostas recebidas e regularidade da toma de estatinas, foi efetuada a avaliação do conceito de adesão à terapêutica com estes fármacos.

Resultados: Para determinar o significado de uma série de fatores de acordo com a sua influência sobre a regularidade da ingestão de estatinas em pacientes com doenças cardiovasculares, foram calculados *odds ratio* (OR): idade avançada (>70anos) - OR de 0,49; aumento da dose de estatina - OR de 0,49; hipertensão arterial (HA) - OR de 1,65; história prévia de doença cerebrovascular aguda (ACVD)- OR de 2,01; diabetes *mellitus* (DM)- OR de 1,02; doença arterial coronária (DAC)- OR de 4,35; história prévia de enfarte do miocárdio (IM) - OR de 4,83; antecedentes de angiografia coronária (CAG)/intervenção coronária percutânea (ICP) OR de 5,16.

Conclusões: A análise dos fatores com maior impacto sobre a adesão à toma regular de estatinas mostrou serem mais significativos os seguintes: CHD, história prévia de MI e de PCI. Concomitantemente, salienta-se que a história prévia de ACVD e a presença de DM não motivaram estas classes de doentes a tomar estatinas de forma regular.

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Introduction

The value of statins to achieve target levels of total cholesterol, low-density lipoprotein (LDL) cholesterol, high-density lipoprotein (HDL) cholesterol, and triglycerides is emphasized in current international guidelines.¹ The relationship between LDL level and frequency of cardiovascular events has been confirmed in large studies.²⁻⁷ However, clinicians do not always follow the recommendations.⁸ The situation with regard to the use of lipid-lowering drugs in Russia is particularly difficult. A study of statin use in Moscow obtained the following results: only 30% of patients with coronary heart disease (CHD) took statins;

80% of prescriptions were for simvastatin or lovastatin at initial doses; and mean duration of treatment was five months.⁹ However, this study investigated selective samples of patients. Data that are more relevant to clinical practice are obtained from studies conducted using the principles of consistent inclusion of patients, i.e. under registry rules.¹⁰ Analysis of the drugs taken as outpatients by high-risk patients before a reference myocardial infarction in the LIS study enrolled in the hospital's registry showed that the frequency of statin use was only 2%.¹¹ With modern cardiovascular disease registries it is possible not only to determine the frequency of drug prescriptions but also to assess the factors that influence compliance with medication.

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