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An observational, international, cohort study to evaluate the satisfaction and preferences of patients in preventive treatment of secondary cardiovascular events with a cardiovascular polypill

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Background/Introduction: The term polypill was first described, as a combination of several drugs at fixed doses in a single pill with the aim of facilitating the taking of medication to patients, increasing adherence to treatment, as well as reducing the economic cost associated with this disease. Patient satisfaction may be associated with improved clinical outcomes. To date there are no data about the satisfaction and preferences of patients with this cardiovascular polypill as a treatment for the secondary prevention of cardiovascular disease (CVD) in Spain and Belgium.

Purpose: To evaluate the satisfaction of patients treated with the cardiovascular polypill containing acetylsalicylic acid (ASA), atorvastatin and ramipril compared with patients treated with ASA, a statin and an ACE inhibitor separately for the secondary prevention of CVD. Adherence and preference of patients treated with the cardiovascular polypill and with the monocomponents separately were also evaluated and compared.

Methods: An observational, cross-sectional, cohort, multicentre study in Spain and Belgium, was carried out. All patients included were stable regarding CVD (>1 year from acute coronary event). Patients were divided into two cohorts: those treated with the cardiovascular polypill and patients treated with the monocomponents separately for a minimum of 3 months. Patients from both cohorts were paired based on gender and age (± 5 years). Data on satisfaction was collected by the TSQM-9, adherence by the Morisky-Green test and ad hoc questions were asked to determine patient preferences.

Results: In total 314 patients were included in Spain and 21 in Belgium who were in current treatment for the secondary prevention of CVD with a combination that included ASA, a statin and an ACEI, or who were treated with the cardiovascular polypill at least in the last 3 months. Patients with the polypill had a higher level of satisfaction with the treatment received than patients treated with the monocomponents separately (p<0.0001). In total 72.8% of patients treated with the monocomponents separately declared that they would change to the polypill. And 65.2% of patients in Spain also stated that, they would pay additional cost for the polypill to change to a single capsule. Patients treated with the polypill (57.7%) had a significantly higher adherence than patients treated with the monocomponents separately (41.1%) (p=0.0027).

Conclusions: The validation of patient's satisfaction and preferences is crucial for the evaluation of the cardiovascular polypill versus its monocomponents separately. Patients treated with the polypill showed a significant higher degree of satisfaction and better adherence, whereas most patients receiving the monocomponents declared that they would prefer the polypill.