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Adherence to therapy in patients with chronic heart failure

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Adherence to therapy depends on many factors, including the cost of the drugs, tolerance and effectiveness, which are not easy to assess. Antiplatelet drugs have low cost, good tolerability and public awareness. Moreover antiplatelet therapy is an essential component of the treatment in majority of cardiology patients. The aim of this study was to investigate adherence to therapy patients with chronic heart failure (CHF) and comorbidity on the model of antiplatelet drugs.

Methods. 203 patients with CHF (130 males and 73 females aged 61.8±9.6 years) were studied. CHF was defined according to ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure, 2016. The main causes of CHF were coronary artery disease with arterial hypertension in 154 (75.9%) patients. Age-adjusted Charlson Comorbidity Index (ACCI) was estimated. Comorbidity was regarded as high at index = 6 scores. Quality of life, personal characteristics were evaluated. Adherence to antiplatelet therapy of comorbid patients was assessed with Four-Item Morisky Green Levine Medication Adherence Scale.

Results. Age-adjusted Charlson Comorbidity Index was 5.0±2.1 scores. The total number of drugs was taken by patients with CHF was 4.6±1.7. Patients with CHF with high comorbidity took more drugs than patients with CHF low comorbidity (4.9 ± 1.8 and 4.2 ± 1.7 respectively, p = 0.03). Antiplatelet therapy was recommended in 190 (97.6%) examined patients with CHF, of which acetylsalicylic acid (ASA) was obtained in 186 (97.9%) patients with CHF, clopidogrel - 4 (2.1%) patients. The dose of ASA was 75–100 mg. The majority of patients (163; 85.8%) had CHF of ischemic genesis. Only 99 (52%) patients had high adherence to antiplatelet therapy. Main cause of nonadherence was irregular forgetfulness (28;31% patients), side effects from the gastrointestinal tract (12;13.1%) and a large number of recommended drugs (20;21.1%). There was an inverse relationship between adherence to antiplatelet therapy and the number of drugs (r= -0.49; p <0.0001), between level of adherence to antiplatelet therapy and a violation memory of patients with CHF (r= -0.31, p=0.032). Patients with poor adherence were characterized with disadaptive obsessive-phobic type of attitude to their disease (?2=6.22; ?=0.01) and the «projection» psychic defense mechanism (?=0.02). The emotive type of character accentuation prevailed (?<0.001) among patients with high adherence to antiplatelet treatment.

Conclusion. Comorbidity leads to the destination antiplatelet therapy in patients with chronic heart failure. Low adherence to antiplatelet treatment is associated with personality features of chronic heart failure patients and polypharmacy due to high comorbidity.