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Exploring beliefs about medicines among adherent and non-adherent patients with coronary artery disease to establish medicines partnership
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Introduction: Addressing non-adherence to secondary prevention medicines (SPM) by patients with stable coronary artery disease (CAD) requires establishing medicines partnership between healthcare professionals and their patients. This involves understanding patients’ beliefs about their medicines (BAM). We explored the BAM among adherent and non-adherent CAD patients to inform our clinical practice.

Methods: We surveyed a purposive sample of 696 patients with established CAD who were prescribed at least one SPM for at least 3 months using a specifically developed questionnaire. Self-reported adherence was assessed using the Morisky Medicines Adherence 8 items Scale and the Single Question tool. BAM were explored using the validated 18 items Beliefs about Medicines Questionnaire (BMQ). The 4 belief domains in BMQ were: necessity for taking SPM, concerns about SPM, general harm perception about medicines, and prescribers overuse of medicines. The average scores for the adherent and non-adherent groups were compared. Ethical approval was granted.

Results: 502 patients completed the survey. Self-reported non-adherence was 44% (219) to at least one SPM. Tests showed that the difference in average scores was statistically significant for all categories (see table 1). In a multivariable regression model, concerns about SPM had the strongest positive association with non-adherence for every one unit increase in score (OR 1.12; CI 1.07–1.18; p<0.05). During their consultations healthcare professionals should address patients’ concerns about SPM. They should also investigate reasons for patients’ low belief in the necessity for taking SPM. Explaining the rationale behind prescribing multiple SPM might remedy the belief that prescribes overdose medicines.

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Underuse of recommended secondary preventive therapies in current routine clinical practice
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Aims: Recommendations on the use of antithrombotic agents, hypertensive drugs, and statin for secondary prevention of coronary artery (CAD), ischemic cerebrovascular (CVD), and peripheral arterial (PAD) diseases are now well established. However, there may be a gap between clinical practice and evidence-based guidelines. We aimed to investigate the preponderance of use of secondary prevention medications in patients with recurrent cardiovascular events.

Methods and results: We prospectively recorded all patients with CAD and CVD in Dijon, France from 2006 to 2010. Data about medical history and prior use of treatments were collected. Multivariate analyses were performed to identify predictors of the use of medications in patients with previous cardiovascular disease. Among the 2126 patients included (1270 CVD and 856 CAD), 867 (40.8%) had a history of cardiovascular 502 cases including 448 (51.7%) with prior CVD only, 191 (22.0%) with prior CAD only, 68 (7.8%) with prior PAD only, and 160 (18.5%) with polyvascular disease. In these patients, 57.3% were on antithrombotic therapy, 61.2% were treated with antihypertensive drugs, and 32.9% received statins, and only 23.6% were on an optimal regimen, defined as the combination of the three therapies. Compared with patients with previous CAD only, those with previous CVD only were less likely to be receiving each of these treatments or to receive an optimal regimen (OR=0.17, p<0.001).

Conclusion: This study highlighted the underuse of recommended secondary preventive therapies in current clinical practice. Underuse was particularly pronounced in patients with previous CVD. These findings may account for the burden of recurrent events.

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Trends in pharmacological therapy following an acute coronary syndrome in Portugal: a systematic review
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Purpose: To assess time trends in the use of main drug classes for secondary prevention, during hospitalization and at hospital discharge, following an ACS in Portugal, using a systematic review.

Methods: We searched PubMed, from inception until 2012, to identify studies reporting the proportion of ACS patients treated with aspirin, clopidogrel, beta-blockers, angiotensin-converting enzyme (ACE) inhibitors and statins. We used linear regression to quantify the annual variation in use of drugs, adjusting for the proportion of men in the sample and patients’ mean age, and including a quadratic term of data collection year when relevant.

Results: In 25 eligible studies, including patients treated from 1993 to 2009, we observed an increase in the prescription of pharmacological treatments at hospital discharge. The use of pharmacological therapy for secondary prevention prescribed at hospital discharge, according to year of data collection (1990-2010) is illustrated in the Figure. Extrapolating from these data, and assuming a mean patient age of 65 years and 70% of men, we estimate that, in 2008, 95% of patients would have been discharged with aspirin, 92% with clopidogrel, 82% with beta-blockers, 80% with ACE inhibitors and 91% with statins. Treatment during hospitalization followed a similar pattern, except for a steeper increase in ACE inhibitors use, which was initially lower, but reached similar levels to those at discharge in recent years.