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Author Contributions: Dr Ho had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Ho, Fahdi, Radcliff, Davis.

Acquisition of data: Ho, Lambert-Kerzen, Carey, Fahdi, Melnyk, Bosworth, Radcliff, Davis, Mun, Weaver, Barnett, Del Giacco.

Analysis and interpretation of data: Ho, Carey, Bryson, Radcliff, Barón.

Drafting of the manuscript: Ho, Carey, Melnyk, Mun, Del Giacco.

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Statistical analysis: Carey, Radcliff, Barón.

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Study supervision: Ho, Fahdi, Melnyk, Del Giacco.

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REFERENCES

Medication Regimen Adherence and Patient Outcomes

Rita F. Redberg, MD, MSc

Ho and colleagues present interesting and careful work showing the effect of using a multigrounded intervention to increase medication regimen adherence in patients with acute coronary syndrome (ACS) at Department of Veterans Affairs (VA) medical centers. Using the indirect measure of medication regimen adherence of proportion of days covered, they found absolute increases of 11% for statins and angiotensin-converting enzyme inhibitors or angiotensin receptor blockers, and 3% for β-blockers, without any improvement in the proportion of patients who achieved blood pressure and low-density lipoprotein cholesterol level goals. They note that this intervention would cost $360 per patient per year using relatively lower costs of services in the VA system, which if applied to every patient with ACS in the United States would add $1 billion annually to health care costs, on the basis of recent estimates of 2.5 million hospital discharges per year for patients with ACS. For many reasons, the relatively modest increases in already high rates of medication regimen adherence in the patients studied may not translate into improved outcomes even if maintained for 3 to 5 years or longer. Of course, we hope that they do. But before recommendations in this strategy, it would be prudent to know that patient outcomes will actually improve.

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