

TRENDS IN DISCONTINUATION OF LIPID-LOWERING AND ANTIHYPERTENSIVE THERAPIES: A REAL-WORLD DATA ANALYSIS IN ITALY

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RESULTS

BACKGROUND AND OBJECTIVES

Evidence suggests that improving adherence to cardiovascular medications is essential to successful treatment [1,2].

A real-world data analysis was conducted on patients treated with lipid-lowering or antihypertensive drugs to assess treatment adherence over the last 6 years, in a clinical practice setting in Italy.

METHODOLOGY

This is a **retrospective analysis** conducted on the administrative databases of geographically distributed healthcare entities covering around **5.5 million health-assisted individuals**.

A monitoring system was used to evaluate **discontinuation of cardiovascular therapies** (lipid-lowering agents and antihypertensives) over the last 6-year period (2016-2021).



- A monitoring system called "**fail-to-refill**" was deployed thanks to the collaboration between CliCon and healthcare authorities in various geographical areas of Italy.
- This strategy is aimed at assessing the **non-adherence** to chronic therapies based on the date of the last prescription and the fulfillment by the patients of the administration schedule and posology.
- All those who should have picked up a prescription for a chronic therapy in the last month are identified, thus it is possible to verify whether this actually happened or not ("fail-to-refill").

In this analysis, discontinuation was thus determined through the fail-to-refill approach [3], mainly based on the date and dose coverage of all the prescriptions received (with a 50% tolerance). On the other hand, if a patient maintained this coverage throughout the reference period (refill), he/she was considered adherent (non-discontinuation).

Among the study population, demographic (age, gender) and clinical variables (presence of diabetes mellitus) were recorded.

REFERENCES



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2. Ho PM, et al. Circulation, 2009, vol. 119: 3028-35.
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AUTHORS

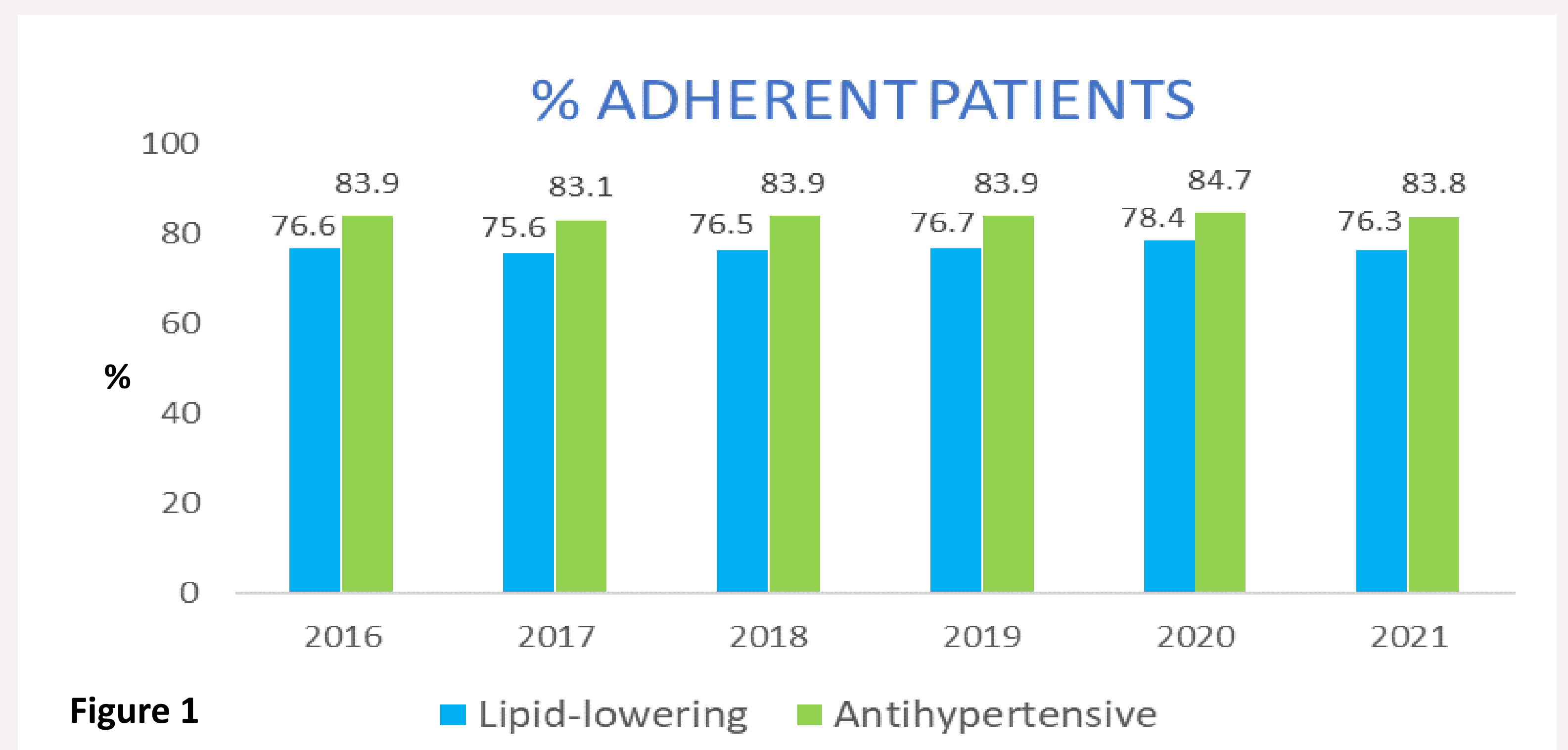
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TRENDS IN ADHERENCE TO LIPID-LOWERING AND ANTIHYPERTENSIVE THERAPIES

As **Figure 1** shows, a slight increase over time was found in the rate of adherence to lipid-lowering treatments, rising from **76.6%-75.6%** (2016-2017) to **78.4%-76.3%** (2020-2021).

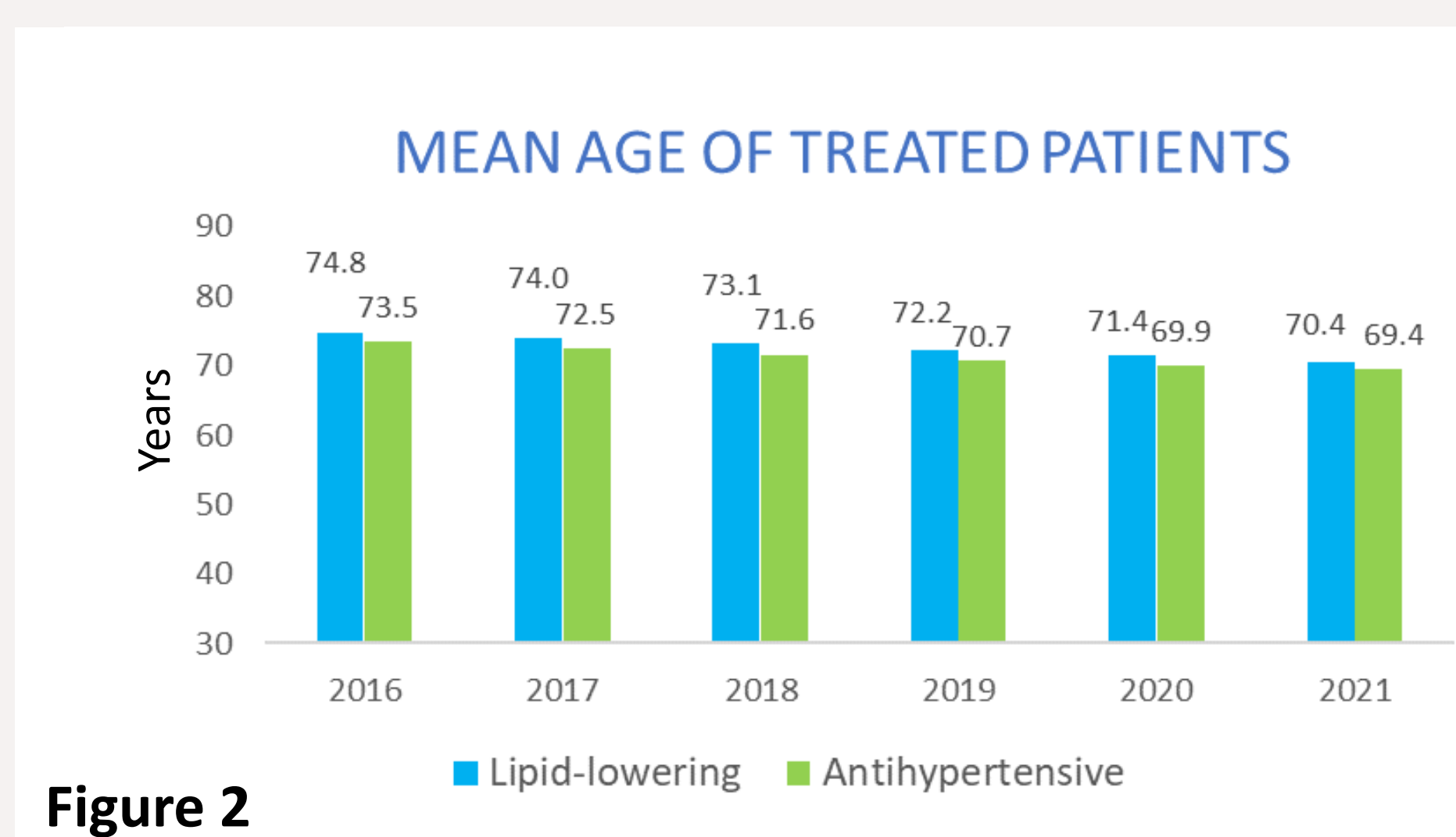
Similarly, adherence to antihypertensive drugs ranged from **83.9%-83.1%** (2016-2017) to **84.7%-83.8%** (2020-2021).



DEMOGRAPHIC AND CLINICAL FEATURES OF THE PATIENTS

DEMOGRAPHIC VARIABLES

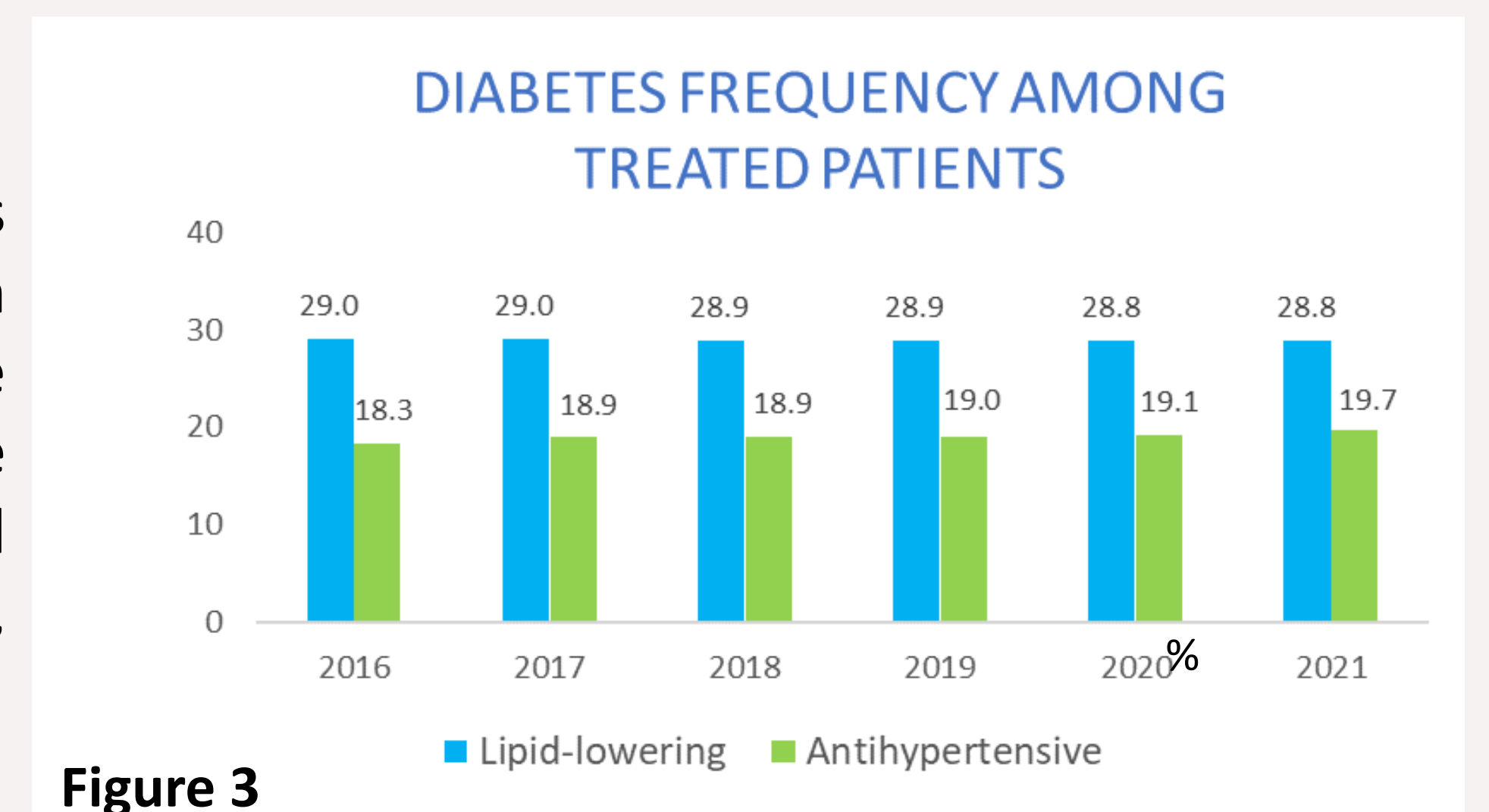
Gender. Throughout the whole temporal span, no fluctuations were noticed in gender distribution (48% and 46% males treated with lipid-lowering and antihypertensive drugs, respectively – data not shown).



Age. Over the years, among the patients treated for the two drug classes, the average age was 73-75 years in 2016-2017 period, and 69-71 years in 2020-2021 (**Figure 2**).

CLINICAL CHARACTERISTICS

Diabetes. During the 6-years observation period, patients with diabetes mellitus diagnosis were around 29% and 19% of those receiving lipid-lowering and antihypertensive agents, respectively (**Figure 3**).



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CONCLUSIONS

These data show that, among Italian clinical practice setting, over the last 6 years, there has been no substantial increase in adherence to lipid-lowering and antihypertensive drugs, which remains largely below the recommended levels, especially for lipid-lowering therapy.

Hence, further efforts are needed in the territorial pharmaceutical network for the identification and monitoring of non-adherent patients to drive them in the proper therapeutic pathway.