

Even the boss doesn't follow the doctor's orders

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(PhysOrg.com) -- Only 68 percent of corporate executives took their cholesterol lowering medication as prescribed by a doctor, a new study shows.

Overall, the executives who took their medication even sporadically were twice as likely to meet their [cholesterol](#) goals. The study finding also questions the prevailing wisdom that income is a primary factor in medication adherence.

University of Michigan researchers studied 1,607 executive level managers at a major financial institution from 1995 to 2004, said Alyssa Schultz, health science research associate at the U-M School of Kinesiology Health Management Research Center, and one of the study authors.

Researchers wanted to discover the rate of medication adherence, and also what happened to cholesterol levels in executives who did or didn't take statins. Statin drugs lower the low-density lipoprotein (LDL) cholesterol, or the so-called bad cholesterol. Statins are proven effective and are a first-line treatment for lowering cholesterol.

Adherence was defined as taking medication as prescribed at least 80 percent of the time. Overall, statin users were twice as likely to meet the near optimal goal of 130 mg/dL or less, than non-statin users. Among executive who took statins, 70 percent achieved the near-optimal goal and 30 percent achieved the optimal goal of 100 mg/dL or less,

compared to 55 percent and 21 percent, respectively, for non-statin users who weren't prescribed the drug

Even executives who took their medication sporadically did much better than the non-statin users, Schultz said. "It seems to show that some medication use is better than none, however adherence is associated with the best outcome of all," she said. The executives who actually did adhere to the statin regimen were significantly more likely to achieve their cholesterol goals than those who took the medication sporadically.

Researchers in this study did not look at reasons why the executives did or didn't follow their doctor's orders, but past research on the topic suggests cost is a factor. However, this study population was predominately white male and more highly educated and compensated than more than the average person.

"Many people think cost is the main reason for medication non-adherence but this doesn't appear true since these people have relatively high salaries," said Schultz.

Using statins could actually save money. Previous research on the effectiveness of statin use in a population at high risk for cardiovascular disease found that a health plan with 210,000 covered lives and 9,336 at-risk employees could yield a \$1,735 reduction in costs per treated patient.

So what can employers do? Make sure statins are a covered benefit, said Schultz. Do screening to identify at-risk employees. Partner with health care and pharmacy providers to address reasons for poor [medication adherence](#).

This paper appeared Feb. 24 in *Population Health Management*. Co-authors include Dee W. Edington and Chin-Yu Chen, both of the

HMRC, and Dr. Wayne N. Burton.

Provided by University of Michigan

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