Older patients concerned about adverse effects of beneficial medications for CVD prevention

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Older patients are willing to take medications for cardiovascular disease prevention, but only if the drug has much more benefit than risk, according to a report published online first by the *Archives of Internal Medicine*. The paper will be published in the June 27, 2011 print issue of the journal.

"Quality-assurance and pay-for-performance initiatives increasingly encourage adherence to evidence-based guidelines for the prevention or management of particular diseases," the authors provide as background information in the article. "However, guideline-directed therapy may be at odds with the preferences of the patients who are targeted by the guidelines." The authors note that many older patients have multiple risk factors for chronic disease and may not value the guidelines in the same way as clinicians when they consider benefits and harms of medications.

Terri R. Fried, M.D., of Yale University School of Medicine, New Haven, Conn., and the VA Connecticut Healthcare System, and colleagues examined the willingness of older adults to take medications for primary cardiovascular disease prevention according to benefits and harms. For this study, 356 in-person interviews were performed with community-living older persons (average age, 76). The participants were asked about their willingness to take medication for primary prevention of heart attack (myocardial infarction). The medication was described as reducing the participant's risk of having a heart attack over the next five

years, but with various types and severity of adverse effects, including fatigue, dizziness, nausea and fuzzy or slowed thinking.

Most participants (88 percent) indicated they would take the medication if it had no adverse effects, providing an absolute benefit of six fewer persons with heart attack out of 100, approximating the average risk reduction of currently available medications. "As the absolute benefit offered by the medication increased, so did the proportion willing to take the medication," the authors note. "In contrast, large proportions (48 percent to 69 percent) were unwilling or uncertain about taking medication with average benefit causing mild fatigue, nausea, or fuzzy thinking, and only 3 percent would take medication with adverse effects severe enough to affect functioning."

"The central finding of this study was the large influence exerted by the presence of adverse effects on older persons' decisions about whether to take a medication," the authors write. "These results suggest that clinical guidelines and decisions about prescribing these medications to older persons need to place emphasis on both benefits and harms," they conclude.

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