

Huge gaps in use of simple, cheap and proven drugs worldwide

August 29 2011

A global study in 17 countries led by McMaster University researchers has found too few patients are using drugs proven to give significant benefits in warding off a heart attack or stroke.

This is true in high income countries, like Canada, as well as middle and low income countries, say the international team of researchers who conducted the PURE (Prospective Urban Rural Epidemiological) study. The study was published today in the medical journal, The [Lancet](#), and will be presented at the [European Society of Cardiology](#) Congress.

"Our study indicates a large gap in secondary prevention globally, with extremely low rates of use of proven therapies in middle and low income countries," said Dr. Salim Yusuf, lead author and professor of medicine of McMaster University's Michael G. [DeGroote](#) School of Medicine.

Secondary prevention includes the use of simple Aspirin, cholesterol-reducing drugs and blood pressure lowering drugs and diuretics to reduce the risk of an individual suffering a [heart attack](#) or stroke. All these drugs are proven, extremely safe and very inexpensive, Yusuf said.

"Even the use of simple, inexpensive and commonly available treatments such as [Aspirin](#) varied seven-fold in patients with heart attacks or strokes between low income countries and high income countries, whereas the use of statins varied 20-fold between these countries," the PURE study found. Yusuf said there is an "urgent need" for systematic approaches to understand and solve the causes of the large treatment gap in secondary

prevention in the community globally.

As well, in three high income countries – Canada, Sweden and the United Arab Emirates – researchers found significant numbers of patients weren't on proven therapies.

Participants in the PURE study included 154,000 adults between 35 and 70 years old, of whom about 7500 had a history of heart disease or stroke, from 17 high, middle and low-income countries. Each person's use of medications was recorded, along with information about their age, sex, education, and key risk factors such as smoking, diabetes, hypertension and obesity.

The research, the only multi-country study of its kind, was conducted at the Population Health Research Institute of McMaster and Hamilton Health Sciences, of which Yusuf is executive director.

Yusuf said the data are "disturbing and indicate a need for systematic efforts to understand why even inexpensive medications are substantially underutilized worldwide. This is a global tragedy and represents a huge wasted opportunity to help millions of people with heart disease at very low cost."

The research team could only guess at reasons for this underuse of proven medications.

Some causes, they suggested, may be limited availability of these drugs in low and middle income countries, the relatively higher cost of even generic drugs, side-effects of drugs, lack of transportation, limited access to health care providers and lack of awareness of the need for lifelong therapy by both patients and their doctors.

They also could not explain why women in all settings receive fewer

medications.

Provided by McMaster University

Citation: Huge gaps in use of simple, cheap and proven drugs worldwide (2011, August 29)
retrieved 5 May 2024 from

<https://medicalxpress.com/news/2011-08-huge-gaps-simple-cheap-proven.html>

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