

Free drugs can help prevent repeat heart attacks

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This Nov. 15, 2005 file photo shows 40 milligram tablets of Lipitor, one kind of statin used for lowering blood cholesterol, in Glen Rock, N.J. A study led by a Boston researcher and presented Monday, Nov. 14, 2011 finds that offering people free medicines after a heart attack can help cut the chances they will suffer another one. It also saves them about \$500 for health care over the next year without raising costs for insurers. However, doctors were shocked that only about half of these patients filled their prescriptions even though they got them free. (AP Photo/Mel Evans, File)

Give people free prescription drugs and many of them still won't bother to take their medicine.

Doctors were stunned to see that happen in a major study involving [heart](#) attack survivors. The patients were offered well-established drugs to prevent a recurrence of heart trouble, including cholesterol-lowering [statins](#) and medicines that slow the heart and help it pump more

effectively.

"My God, we gave these people the medicines for free and only half took it," said one of the study's authors, Dr. Elliott Antman of Harvard-affiliated Brigham and Women's Hospital in Boston.

In fact, the researchers couldn't even give the stuff away: They had trouble just signing up patients to take part in the study.

Nevertheless, Aetna, the insurance company that footed the bill, thinks this approach will save money in the long run and plans to start offering certain [heart drugs](#) free to some patients. In the study, patients offered medicines at no cost suffered fewer [heart problems](#) and saved \$500 on average over roughly a year.

It is no secret many Americans don't follow their doctors' instructions. In one survey, one-third said they didn't fill a prescription or used less medicine than they should because of cost. The researchers in this study wanted to see what would happen if they took cost out of the equation.

The results were disheartening.

"Adherence in America is miserable," lamented Dr. Eric Peterson of Duke University, who had no role in the study. He noted that only 10 percent of the patients were taking all the medicines they should one year after a [heart attack](#).

The study was led by Dr. Niteesh Choudhry of Brigham and Women's, who presented the findings Monday at an [American Heart Association](#) conference in Florida. They also were published online by The [New England Journal of Medicine](#).

The study did not examine why people didn't take their medications. But

doctors know that some forget. Most of these drugs mean three pills a day or more, for the rest of a patient's life. Also, some of these medicines carry side effects such as fatigue, lightheadedness, muscle pains, cough, even sexual difficulties for men.

Still, heart attack survivors like Joan Ferraro, 53, of Freehold, N.J., said they can't imagine not taking prescribed medicines, though she sometimes forgets her pills over a weekend.

"Why would you want to go through something like that again? It was the most horrific experience of my life. I would never want another one," she said.

The study enrolled 5,855 Aetna members who had a drug plan as part of their benefits and were going home from the hospital after a heart attack. They were 53 years old on average, and three-fourths were men.

The researchers had hoped to recruit 7,500 patients but scaled back when so few signed on.

Preventive medicines were offered free to 2,845 patients and prescribed with the usual copayments for the rest. Copays for these drugs run around \$50 a month.

Roughly a year later, the share of patients who filled their prescriptions ranged from 36 percent to 49 percent in the no-copay group, depending on the drug, and was only 4 to 6 percentage points higher in the group that had no copays.

Providing these medicines for free had a "distressingly modest" effect on patients' willingness to take them, Dr. Lee Goldman of Columbia University and Dr. Arnold Epstein of the Harvard School of Public Health wrote in an editorial in the medical journal.

The Commonwealth Fund, a foundation devoted to improving the health care system, helped pay for the study, and some of authors consult for insurance companies.

In the study, the total number of heart attacks, strokes, cases of chest pain or heart failure and other such problems was significantly lower in the group offered free medicine.

That meant that an additional 2 of every 100 people were spared such problems because they were offered free medicines. Doctors suspect the difference between the groups would have been greater if more people had actually filled their prescriptions.

Costs dropped 26 percent for patients in the free drug group compared with the others, partly because of fewer doctor visits, lab tests and hospitalizations.

The costs for the insurer averaged \$69,997 over a year for those with the usual coverage and \$64,726 for those offered free medicines. That was not considered a significant difference statistically, but insurers looking at the bottom line would still view it as worthwhile.

Dr. Lonny Reisman, an author of the study and chief medical officer for Aetna, said the company plans to offer some of these drugs free or with a reduced copay to some heart attack survivors and is considering doing do so for other chronic conditions such as diabetes and chronic lung disease.

The study may persuade other insurers to do the same, Goldman and Epstein said.

More information:

Heart Association: <http://www.americanheart.org>

New England Journal: <http://www.nejm.org>

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