

Medication adherence after hospitalization for acute coronary syndrome

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Patients better adhered to their medication regimens in the year following hospitalization for acute coronary syndrome (ACS) when they were part of a program that included personalized attention from a pharmacist compared with usual care, according to a study by P. Michael Ho, M.D., Ph.D., of the Denver VA Medical Center, and colleagues.

Previous studies have found that adherence to cardioprotective [drug regimens](#) is poor after [patients](#) are discharged from the hospital, with one-third of patients discontinuing at least one medication by mouth by one month.

Researchers randomized 253 patients from four Department of Veterans Affairs medical centers in Denver, Seattle, Durham, N.C., and Little Rock, Ark., to usual care or an intervention that included direct contact with a pharmacist to discuss medications shortly after discharge, patient education, collaboration between a patient's [pharmacist](#) and physician, and voice messaging reminders. The intervention cost about \$360 per patient.

The study was completed by 241 patients (122 in the intervention and 119 in usual care) and researchers measured the proportion of patients adhering to their [medication regimens](#), along with the proportion achieving blood pressure and low-density lipoprotein cholesterol (LDL-C) level targets.

Study findings indicate the intervention increased adherence to

mediation regimens (89.3 percent in the intervention vs. 73.9 percent in the usual care group) but there was no difference in the proportion of patients who achieved BP and LDL-C level goals.

"Additional studies are needed to understand the impact of the magnitude of adherence improvement shown in our study on clinical outcomes prior to broader dissemination of such an adherence program," the authors conclude.

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