

Teamwork, closer follow-up helps heart patients take prescriptions after hospital stay

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A team of doctor, patient and pharmacist plus enhanced follow-up was more effective than standard care in helping people take their heart medications more regularly after leaving the hospital, in a late-breaking clinical trial presented at the American Heart Association's Scientific Sessions 2013.

People who have had a [heart attack](#) or [unstable angina](#) (chest pains related to inadequate blood supply to the heart) are more likely to die or return to the hospital if they don't regularly take prescribed medication to control blood pressure, prevent blood clotting, control cholesterol, and reduce the risk for worsening of their heart blockages.

According to earlier studies, within a month, a third of patients stop taking at least one drug, and within a year of discharge, 40 percent are no longer taking cholesterol-lowering medications as prescribed.

In the Multifaceted Intervention to Improve Medication Adherence and Secondary Prevention Measures (Medication Study) After Acute Coronary Syndrome Hospital Discharge study, patients discharged from four Veterans Administration (VA) hospitals after treatment for heart attack or unstable angina got standard care or enhanced follow-up.

Enhanced care included:

- Help with managing prescription medicine
- Patient education
- Collaborative care between pharmacists and physicians

- Automated telephone medication refill reminder calls

In the year after hospital discharge, 89 percent of 122 enhanced-care patients refilled their prescriptions and 74 percent of 119 usual-care patients did.

There was no difference in the proportion of patients in each group who achieved [blood pressure](#) or cholesterol-lowering goals.

"These results suggest that hospitals and providers should develop systems of care to improve and maintain adherence to medications shown to reduce the risk of recurrent heart attacks and death," said P. Michael Ho, M.D., Ph.D., study author and staff cardiologist at VA Eastern Colorado Health Care System in Denver.

"The adherence levels in this study for both the enhanced follow-up and standard care groups were higher than adherence levels seen in many other patient groups, so an enhanced system such as the one studied might have an even greater impact outside of the VA."

The typical intervention cost for the year was about \$360 per patient.

Provided by American Heart Association

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