

Low medication persistence for older STEMI patients

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(HealthDay)—For older patients with non-ST-segment elevation myocardial infarction, evidence-based medication (EBM) persistence is similar after discharge from academic and nonacademic hospitals, according to a study published in the Nov. 15 issue of *The American Journal of Cardiology*.

Jennifer Rymer, M.D., M.B.A., from the Duke University Medical Center in Durham, N.C., and colleagues examined whether there is a difference in medication [persistence](#) between patients discharged from academic versus nonacademic hospitals. Medicare pharmacy claims data were obtained for 3,184 patients with non-ST segment elevation myocardial infarction, aged older than 65 years, who were treated at 253 hospitals in 2006.

The researchers found that, at discharge, composite persistence to all

EBMs was low and did not differ significantly between those discharged from academic versus nonacademic hospitals at 90 days (46 versus 45 percent; adjusted incidence rate ratio, 0.99; 95 percent confidence interval, 0.95 to 1.04) or at one year (39 versus 39 percent; adjusted incidence rate ratio, 1.02; 95 percent confidence interval, 0.98 to 1.07).

"Rates of persistence to EBMs were similar between patients with myocardial infarction >65 years old treated at academic versus nonacademic hospitals; however, persistence rates are low both early and late postdischarge, highlighting a continued need for quality improvement efforts to optimize post-[myocardial infarction](#) management," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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