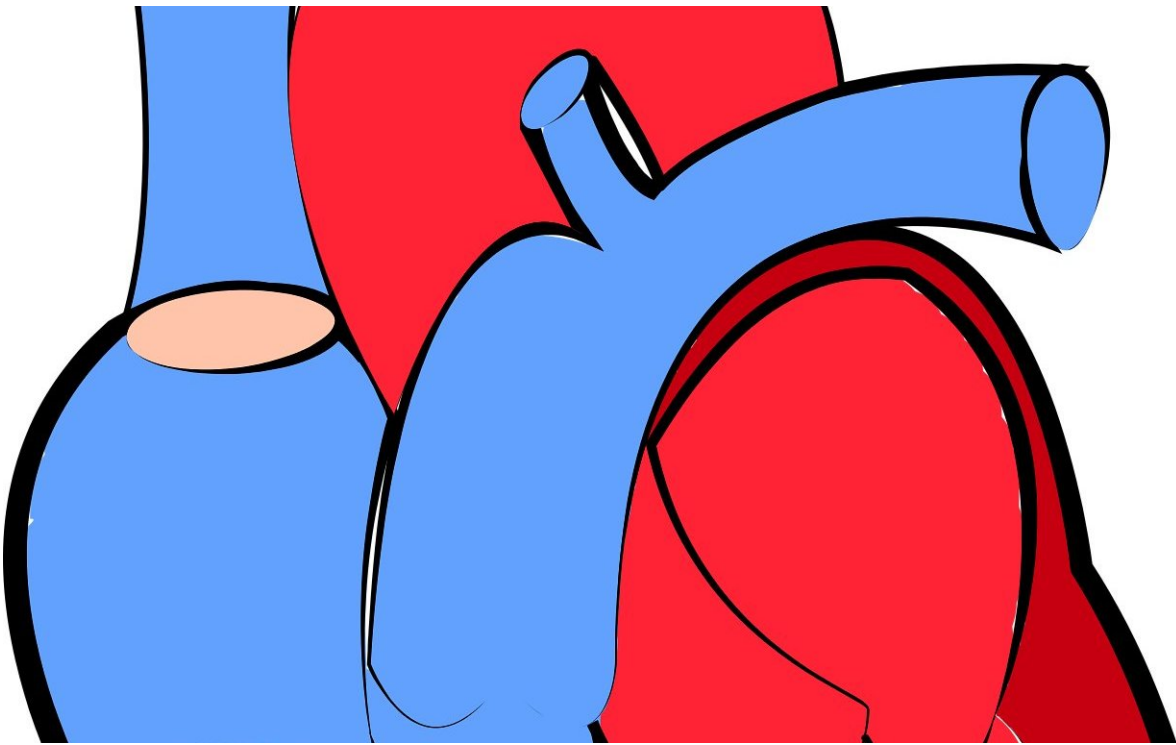


High out-of-pocket costs can make lifesaving medications out of reach for millions of Americans with CD

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One in 8 adults with common heart diseases and stroke skip taking medications, delay filling prescriptions or take lower doses than prescribed because of concerns about cost, according to new research

published today in the American Heart Association's journal *Circulation*.

"The out-of-pocket cost of medications is a huge issue for millions of [high-risk patients](#) with cardiovascular diseases such as heart attacks, stroke, angina and other conditions. When faced with the expenses of taking lifesaving medications as prescribed or not taking them because they are too costly, many choose not to take them," said Khurram Nasir, M.D., M.P.H., M.Sc., senior author of the study, chief of the division of cardiovascular prevention and wellness and co-director of the Center for Outcomes Research at Houston Methodist DeBakey Heart & Vascular Center in Texas.

Not taking pills at the dose or the interval prescribed, called [medication non-compliance](#), is a known problem for people with cardiovascular diseases. It often means they need more expensive care later because they become sicker and are more likely to need care in an emergency room, be hospitalized or have more frequent doctor's appointments.

"While non-compliance has several causes, in recent years the rising share of health care [costs](#) paid directly by patients has become a concern. We wanted to understand the scope of medication non-compliance due to costs," said Nasir.

The investigators analyzed survey responses from 14,279 adults (average age 65, 44 % female) who took part in the National Health Interview Survey between 2013 and 2017. All had previously been diagnosed with coronary heart disease, heart-related chest pain, a [heart attack](#) or a stroke.

The researchers found that, during the previous year:

1 in 8 people with these common [heart](#) diseases (corresponding to nearly 2.2 million people nationwide) had not taken their medication as

prescribed because of cost concerns;

Cost-related, medication non-compliance was 3 times more common in people under 65 years of age, with nearly 1 in 5 reporting cost-related non-compliance;

Among those under 65, larger proportions of women (1 in 4), patients from low-income families (1 in 3) and patients without health insurance (more than half) reported not taking their medications as prescribed in order to save money;

Race and level of education did not have a significant effect on the proportion of patients with cost-related non-compliance; and

People who did not take medications as prescribed due to cost concerns were 11 times more likely to request low-cost medication and 9 times more likely to use alternative, non-prescription therapies, compared to people who reported that financial concerns did not impact their decision.

"Patients should not be afraid to speak with their health care provider if they are not able to afford a prescribed medication since there are many lower-cost generic drugs which might also be effective for their condition," said Nasir.

"As [health care providers](#), we should also consider advocating for changes in national health care policy, such as capping out-of-pocket expenses for low-income families. We also need to recognize that out-of-pocket medical costs may have a cumulative effect on a patient's family who may also have difficulty paying for housing, transportation and food. Health care providers can play an active role in working with our local health system and community financial assistance support programs to provide financial assistance and resources to those who need it the

most," Nasir added.

The study did not examine the specific medications patients were prescribed and which were more likely to result in cost-related non-compliance.

As an evidence-based patient advocacy organization dedicated to improving the cardiovascular [health](#) of all Americans, the American Heart Association has a unique role in advocating for treatments, including medicines that are available, affordable and accessible to patients. Our 2017 Presidential Advisory on the accessibility and affordability of prescription drugs and biologics lays out the principles that guide our engagement in pursuit of this goal.

Provided by American Heart Association

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