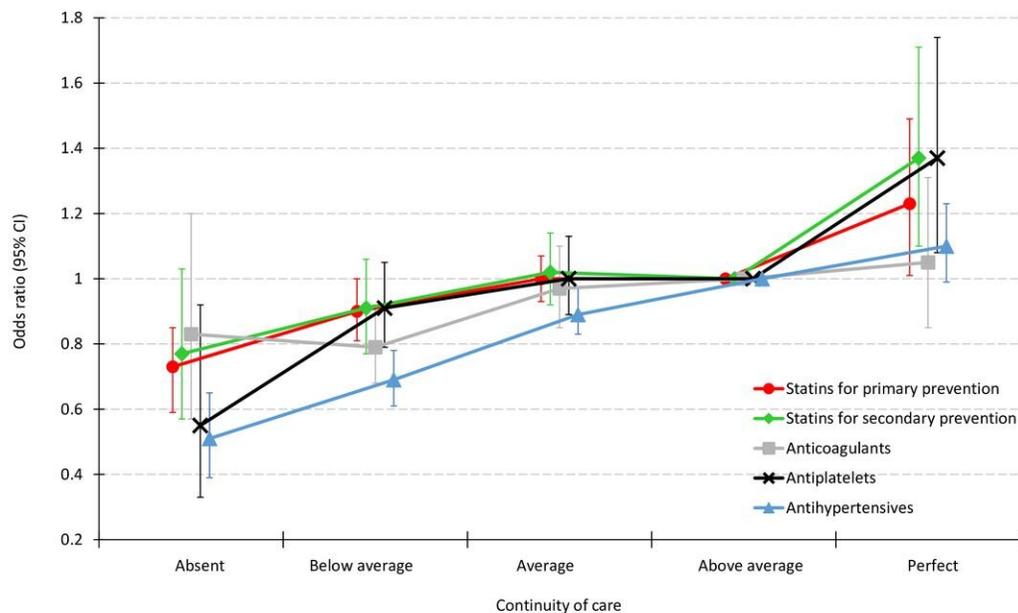


Continuity of care associated with improved prescribing for patients at risk of heart disease

October 4 2022



Graphical presentation of association between continuity of care and medication prescribing. Credit: *BMJ Open* (2022). DOI: 10.1136/bmjopen-2022-063282

People at risk of heart disease are more likely to be prescribed relevant medications if they see the same GP over time (known as continuity of care) but not more likely to take their medications (known as adherence), according to researchers at the University of Bristol.

The study, published in *BMJ Open*, found strong evidence that prescription of clinically relevant medications such as statins (used to lower cholesterol), anticoagulants and antiplatelet agents (both used as [blood thinners](#)) and antihypertensives (for lowering [blood pressure](#)) increased with greater [continuity of care](#). These medicines are widely used and if prescribed appropriately and taken correctly by [patients](#), can help reduce the risk of heart disease and strokes.

The researchers analyzed the records of 173,993 randomly selected patients with four or more GP consultations in the two years prior, using data from a large UK database of patient electronic health records. Five categories of continuity of care were used in the study: no continuity, below-average, average, above-average and perfect continuity. Continuity of care is valued by patients and considered by many experts to be important for improving the quality of care patients receive.

Patients aged 65 or over not diagnosed with [cardiovascular disease](#) (CVD)-related conditions, with no or below-average continuity of care, were 10%–27% less likely to be prescribed statins than similar patients with above-average continuity of care.

Patients aged 30 or over diagnosed with CVD-related conditions with poorer continuity of care were 9%–23% less likely to be prescribed statins than similar patients with above-average continuity of care.

Continuity of care was not generally associated with better [medication adherence](#), except some weak evidence for greater adherence to statins being used to treat people who had established heart disease.

Dr. Peter Tammes, from the Centre for Academic Primary Care at the University of Bristol and lead author of the study, says that "this is the first time that the association between continuity of care, prescribing and adherence to medications has been described. Although we cannot prove a causal association, our findings suggest that prescribing of important cardiovascular medications may be positively influenced by improved continuity of [primary care](#). There is less evidence for improved adherence to ongoing medication, which was a surprising result."

"We had also expected that perfect continuity of care might be associated with poorer prescribing and adherence, due to over-familiarity between the patient and GP but, reassuringly, our findings do not support this."

Dr. Rupert Payne, Associate Professor in Primary Care and Clinical Pharmacology at the Centre for Academic Primary Care at the University of Bristol and senior co-author, says that "this study shows that there is the potential for continuity of care to improve GP prescribing. We would encourage clinicians and policymakers to consider strategies to increase continuity of care with this goal in mind. Future research should explore the reasons for these findings in more detail and consider whether continuity may also impact other relevant aspects of medication use, including drug safety and overprescribing."

More information: Peter Tammes et al, Association between continuity of primary care and both prescribing and adherence of common cardiovascular medications: a cohort study among patients in England, *BMJ Open* (2022). [DOI: 10.1136/bmjopen-2022-063282](https://doi.org/10.1136/bmjopen-2022-063282)

Provided by University of Bristol

Citation: Continuity of care associated with improved prescribing for patients at risk of heart disease (2022, October 4) retrieved 3 June 2024 from <https://medicalxpress.com/news/2022-10-patients-heart-disease.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.