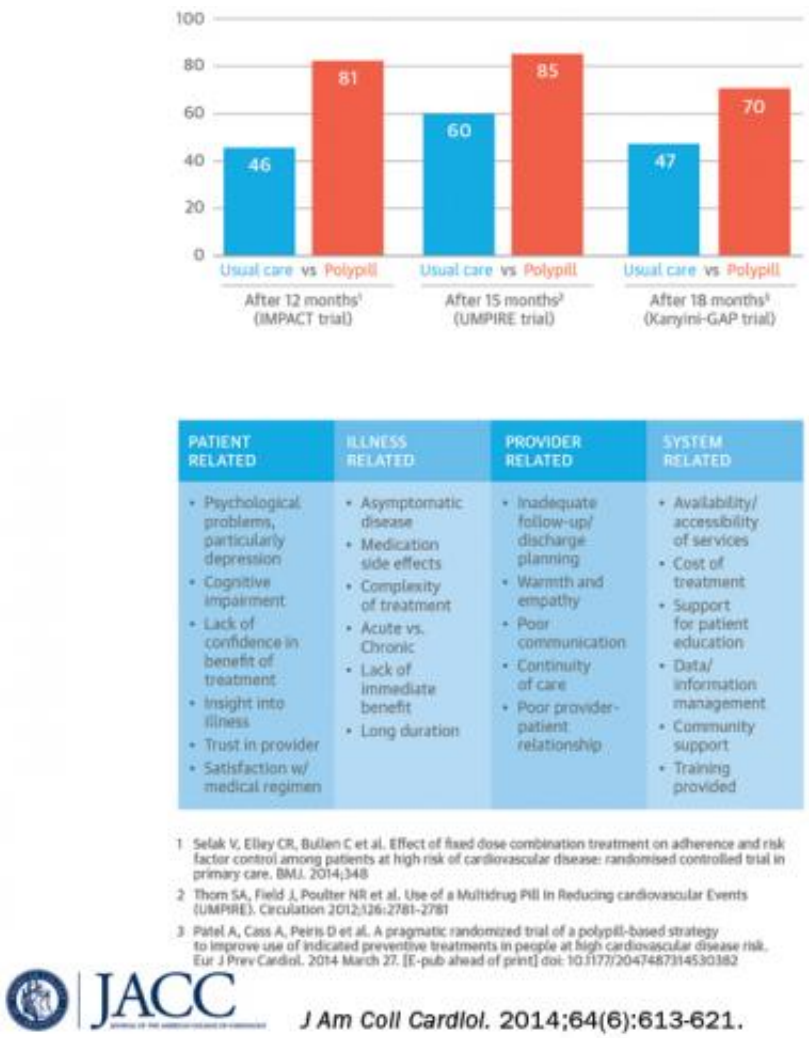
Medical Xpress

A polypill strategy to improve global secondary cardiovascular prevention

August 4 2014



This Central Illustration for the article shows adherence to the polypill compared to usual care with multiple pills extracted from published research studies, and identifies reasons patients fail to take medications prescribed for secondary prevention of heart disease. Credit: *Journal of the American College of*

Cardiology. 2014;64(6):613-621

The polypill, a combination pill taken just once a day that includes key medications for secondary prevention of heart disease, may be an effective low-cost strategy to improve adherence to medication recommendations and reduce costs, according to researchers from Spain and New York, who reviewed research on the polypill.

The review article, A Polypill Strategy to Improve Global Secondary Cardiovascular Prevention, was published online today in the *Journal of the American College of Cardiology* and will appear in the August 12, 2014 print issue.

Cardiovascular disease is the leading global cause of death, accounting for 17.3 million deaths per year. As the population ages and patients with heart disease survive longer, a growing pool of patients could benefit from secondary prevention of heart disease.

Secondary prevention includes lifestyle changes and the use of medications—including statins, medications to reduce blood pressure, and antithrombotic agents. Use of these medications, which are generally low cost and safe, is thought to be responsible for half of the overall 50 percent reduction in mortality from heart disease in the past 20 years in some Western countries.

According to the researchers, there is room for improvement in secondary prevention, especially in nations with limited resources. The polypill, a combination pill taken just once a day that includes key medications for secondary prevention of heart disease, has been proposed as a low-cost strategy to improve adherence and reduce costs.

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More information: *Journal of the American College of Cardiology*, dx.doi.org/10.1016/j.jacc.2014.06.009

Provided by American College of Cardiology

Citation: A polypill strategy to improve global secondary cardiovascular prevention (2014, August 4) retrieved 20 September 2024 from https://medicalxpress.com/news/2014-08-polypill-strategy-global-secondary-cardiovascular.html

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