P6207

Polypill to improve adherence in cardiovascular secondary prevention: a real challenge in real practice

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Background: Poor adherence is a barrier to optimal secondary cardiovascular prevention. The need for a polymedication, the cost of some drug therapies and the silent evolution of some cardiovascular conditions are often related to poor adherence. A fixed-dose polypill strategy (AAS, ACEi and statin) has emerged as a possibility to improve adherence in cardiovascular prevention and therefore improve outcomes. Nevertheless, the complexity of cardiovascular disease patients' drug therapy regimes and the need for titration of doses in order to reach the goals, makes it difficult to introduce a fix-dose polypill.

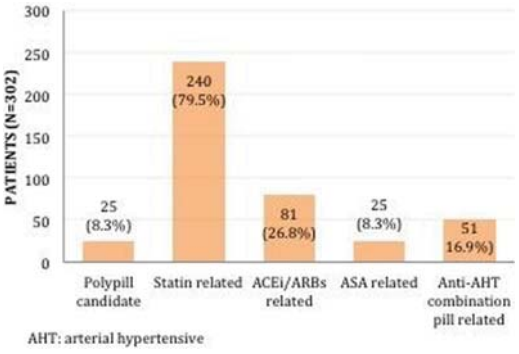
Methods: We performed a prospective study of consecutive patients attending a secondary prevention consultancy. In order to find out whether they were amenable to a polypill regime, we analyzed their drug therapy scheme and the level of control of blood pressure and LDL cholesterol.

Results: We included 302 patients, and their treatment is shown in table 1. Of the total of patients, we found that only 25 patients (8.3%) were optimal candidates for receiving a fixed-dose polypill. The reasons for not being eligible are summarized in figure 1, highlighting the need for higher statin dose or statin intolerance as the most frequent cause (79.5%), or the need for titration or combination of drugs according to the blood pressure levels.

Conclusion: Despite the fact that polypill could bring the opportunity to improve cardiovascular drug therapy adherence, the complexity of secondary prevention patients and the common need for a high dose statin makes it difficult to implement a polypill scheme in the real practice.

Patients' characteristics and therapy

	Patients (n=392)
Sex (male)	252 (83.4%)
Age (mean ± SD)	60.82 (±11,33)
Event (STEMI, NSTEMI, angina)	155 (51.3%), 123 (40,7%), 24 (7.9%)
ACEi/ARBs	279 (72.5%)
ASA	279 (92.4%)
Statins (Atorvastatin 80mg, atorvastatin 40mg, rosuvastatin, other statin)	221 (73.2%), 37 (12.3%), 25 (8.3%), 17 (5.6%)
Anti-arterial hypertensive combination pill	51 (16.9%)
Number of drugs (mean±SD)	6.61 (±2.47)
Optimal blood pressure control (<140/90 mmHg)	197 (65.2%)
Optimal LDL control (<70 mg/dl)	208 (69.8%)



Causes of non-eligibility for polypill