

ACUTE CORONARY SYNDROMES MEDICAL ADHERENCE AFTER DISCHARGE

A multifaceted intervention has improved adherence to cardiac medications after discharge following hospitalization for acute coronary syndromes (ACS). This intervention was published in *JAMA Intern. Med.* and presented at the 2013 AHA Scientific Sessions.

Long-term adherence to cardioprotective drug regimens following acute myocardial infarction is historically poor. For example, only 60% of patients are still taking their prescribed statins 12 months after an index infarction. This new intervention addressed noncompliance through four complimentary approaches: pharmacist-led medication reconciliation, patient education, collaborative care between the pharmacist and the person responsible for the patient's cardiac care, and voice messaging. Two types of voice messaging were used, one that reminded patients when their prescriptions were due to be refilled and one that reminded patients to take their medications regularly.

A total of 253 patients who were admitted to hospital with ACS were randomly assigned to receive the intervention or usual care on discharge; 241 completed the study. Adherence to medication, defined as a mean proportion of days covered >0.80 in the year after discharge, was greater in the group of patients who received the intervention than in the group who received usual care (89.3% and 73.9%, respectively, $P=0.003$). Differences were observed in adherence to clopidogrel (86.8% and 70.7%, $P=0.03$), statins (93.2% and 71.3%, $P<0.001$), and angiotensin-converting enzyme inhibitors and angiotensin receptor blockers (93.1% and 81.7%, $P=0.03$) between those receiving the intervention and usual care, respectively. The proportion of patients adherent to β -blockers was not significantly different between the two groups.

Although a trend towards greater blood pressure control was evident, the proportion of patients achieving their blood pressure and cholesterol targets after 1 year was not significantly different between the two groups. Similarly, no differences were found in rates of revascularization, rehospitalization for myocardial infarction, or death. The clinical implications of this new intervention need to be investigated in long-term studies.

Megan Cully

Original article Ho, P. M. *et al.* Multifaceted intervention to improve medication adherence and secondary prevention measures after acute coronary syndrome hospital discharge. A randomized clinical trial. *JAMA Intern. Med.* doi:10.1001/jamainternmed.2013.12944