
POSTER ABSTRACT

Adherence to the treatment of first choice after hospital discharge by congestive heart failure (CHF), risk factors and socio-economic determinants

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

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Background: Beta blockers, ACE Inhibitors, and ARM are the treatments with IA degree of recommendation for secondary prevention in patients with CHF. However, the literature suggests that these therapies are not always prescribed in our hospitals and, mainly, that patients adherence is far from optimal. Additionally, first prescription adherence is a prognostic factor in further adhesion.

Objectives: Estimate these therapies first prescription adherence degree after hospital discharge and identifying risk factors associated to adhesion and socioeconomic differences.

Methods: 1500 out of 3320 patients with CHF were treated for first time after being discharged from Basque Health Services hospitals. It was calculated how many patients collected the drug from the pharmacy during the first 10 days after hospital prescription. We determined which factors were associated to treatment adherence by combining three drugs in a logistic regression model, using the patient as a random variable. Variables included: age, sex, number of chronic diseases, and medea deprivation index. The information was collected with a Business intelligence platform that allows data extraction from the electronic clinical record of the Basque health system and treatments prescribed and dispensed.

Results: the average adherence for CHF treatments was 85.4% for Beta blockers, ACE 82.4% and 87.7% for ARM. Differences in adhesion were not detected by sex ($p=0.980$), age ($p=0.562$), comorbidity ($p=0.879$) or socioeconomic level ($p=0.793$).

Conclusions: Although adherence found is high, there is a chance for achieving optimal preventive treatment that involves hospital specialists, primary care doctors and pharmacies. Significant differences are not perceived by age, sex or morbidity or socioeconomic level. This could be explained because Basque Health Service is a public health system so that patients

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don't need to pay totally for their treatment. Geographical variability will be also research in the future

Keywords: congestive heart failure; adherence; treatment; prescription; health inequality
