

Lohar N., Jain A.

ADHERENCE TO STATINS IN PATIENTS WITH CARDIOVASCULAR DISEASES

Tutor: professor Lemiasheuskaya S.S.

Department of 1st Internal diseases

Belarusian State Medical University, Minsk

Relevance. Low-density lipoprotein cholesterol (LDL-C) is causal of atherosclerotic cardiovascular disease, the leading cause of morbidity and mortality worldwide. Pharmacologic LDL-C lowering halts the progression of atherosclerosis and improves clinical outcomes in primary as well as secondary prevention. Statins reduce synthesis of cholesterol by hepatocytes via inhibition of HMG-CoA reductase. Statins represents the first-line treatment for LDL-C lowering, in view of the extensive evidence regarding their clinical efficacy and safety.

Aim: to analyze adherence to statin therapy in patients with cardiovascular diseases.

Materials and methods. Participants were recruited from the health care institution “3rd City Clinical Hospital named after E.V. Klumov” in Minsk with cardiovascular disease. Data was collected from March 7 to April 10, 2024. We represented participants of both genders having cardiovascular disease used pharmacotherapy (atorvastatin or rosuvastatin). There were 30 patients in the research who had inclusion criteria. Instrument was used for data collection during interview. Participants were also assessed in terms of their weight, height, blood pressure and clinical laboratory data. Brief Medication Questionnaire - The BMQ is composed of three sections that identify self-reported barriers to adherence with respect to treatment regimen. Patient belief and patient recall (ability to remember to take medication). The score for the regimen section ranges from 0-7.

Results and their discussion. In total, 30 subjects were studied. Of this, 20 were female, the median (25%;75%) age was 73 (68;77) years which is higher than 10 male 64 (60;68) years ($p=0,009$). The median body mass index (BMI) in female subgroup 30,08 (26; 34) kg/m², in male subgroup 32,8 (30,5;38) kg/m² ($p>0,05$). The median LDL-C in female subgroup 2,4 (1,6; 3,4) mmol/l and in male subgroup 2,6 (2,1;2,9) mmol/l ($p>0,05$). Most patients already used statin therapy in the past or are currently using it. Some patients (43% of total group) did not take statins at the outpatient stage of treatment coronary heart disease. We found out the presence of a history of the disease in 5 patients of the previous myocardial infarction and in 1 patient of a stroke. In the last 6 month 10% of the total group stopped taking statin therapy, 24% of the group do not see any effect of statin therapy on their health. We found that 3% of the population get unwanted side effects (myalgia, headache).

Conclusion. Brief Medication Questionnaire - The BMQ helps to examine adherence to statins therapy. The present data suggest that a significant number of patients have not proper adherence to statins therapy. Future interventions for improving adherence to statin therapy should rely heavily on patients' education concerning potential benefits or harms from statin therapy.