
View Abstract

CONTROL ID: 3345302

TITLE: PERSPECTIVES OF PATIENTS NOT FILLING STATIN PRESCRIPTIONS FOR PRIMARY PREVENTION

CURRENT CATEGORY: Geriatric Medicine in Other Specialties (research on care and outcomes in Emergency Medicine, Surgery, Rehabilitation, or other specialties working with geriatric populations)

AUTHORS/INSTITUTIONS: K. Young, John A. Burns School of Medicine, University of Hawaii at Mānoa, Honolulu, Hawaii, UNITED STATES;

J. Schwartz, Division of Geriatrics, Department of Medicine, University of California, San Francisco, San Francisco, California, UNITED STATES;

D.M. Tarn, Department of Family Medicine, University of California, Los Angeles, Los Angeles, California, UNITED STATES;

ABSTRACT BODY:

Abstract Body : Background: There are limited data on why patients do not fill initial prescriptions (primary nonadherence) and there is controversy about use of statins for primary prevention of cardiovascular disease (CVD) in older adults. Our goal was to determine why patients do not fill an initial statin prescription and whether younger and older adults had similar attitudes about use of statins for primary prevention.

Methods: Cross-sectional survey of English or Spanish-speaking adults with primary nonadherence to a statin for CVD primary prevention identified through data extractions of electronic health records in two academic medical centers and internet advertisements. Perceptions and beliefs about statins and primary prevention were queried.

Results: 124 patients with primary nonadherence to statins were surveyed, mean age was 48.9 ±13.4 years with 27% aged 60 years or older, 69% were white, 51% were male. The top reasons for primary nonadherence in all age groups were: 1) wanting to try diet and/or exercise first (33.9%), 2) preferring alternative treatments or dietary supplements (21.0%), 3) and being worried about side effects (17.7%). There are age differences in attitudes about the CVD risk level that would motivate primary nonadherents to take a statin ($p=.004$), with 38.2% of older respondents indicating they would not take a statin for any reason or CVD risk level compared to 12.2% of younger respondents. In contrast, the top reason for which both younger and older patients would take a statin would be if they had a heart attack or stroke. Finally, 35.3% of older patients reported that they did not inform their provider that they did not fill or did not take their statin prescription compared to 62.2% of younger patients ($P=.007$).

Conclusions: Older and younger patients with primary nonadherence to statins are not convinced of the need for statin therapy for primary prevention of CVD. Older adults are less likely to consider CVD risk levels compelling when deciding whether to take statins, and may prefer to try alternative options first. Efforts should be made to elicit patient preferences that may lead to a greater focus on lifestyle changes for primary prevention of CVD.

Financial Disclosure: National Institute on Aging (NIA), Other National Institute of Health (NIH) Institute, Other – please describe below

(No Image Selected)

TABLE TITLE: (No Tables)

(No Table Selected)

TABLE FOOTER: (No Tables)

Students: Yes

Student Other Details: (none)

© Clarivate Analytics | © ScholarOne, Inc., 2019. All Rights Reserved.
ScholarOne Abstracts and ScholarOne are registered trademarks of ScholarOne, Inc.
ScholarOne Abstracts Patents #7,257,767 and #7,263,655.

[@ScholarOneNews](#) | [System Requirements](#) | [Privacy Statement](#) | [Terms of Use](#)

Product version number 4.16.0 (Build 112). Build date Tue Nov 5 14:19:03 EST 2019. Server ip-10-236-26-196