A simple informative intervention in primary care increases statin adherence

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Objective To assess the effectiveness of an informative/educational intervention addressed to general practitioners, aimed at improving patients' adherence to statin therapy.
Methods We performed a study in the setting of general practice, local health unit (LHU) of Bergamo, Lombardy (Italy). We prepared a report for each general practitioner with: (i) a synthetic scientific document on dyslipidaemia and statins; (ii) information about aggregated data on statin use and adherence in 2006 for his/her patients compared to the means in the LHU and in his/her working district. Each physician received the listed material (type 1 intervention); furthermore, a sample of 7 districts (randomly selected among the 14 districts of Bergamo LHU area) received also a table of adherence levels for single patients (type 2 intervention). Patient's level data were retrieved from the health care utilization databases of the LHU. Adherence parameters (proportion of patients with only one prescription, medication possession ratio [MPR] and proportion of non-persistent patients) were assessed after one year of follow-up.
Results Overall, 5833 and 4788 new statin users were enrolled before and after the intervention, respectively. The percentage of patients with only one prescription decreased after intervention, from 28.0% to 23.9% (p <0.001). MPR increased from 70.3% to 76.0% (p <0.001) and proportion of patients with MPR ≥80% increased from 45.4% to 56.4% (p <0.001).The persistence also showed an improvement, both in terms of decreasing proportion of non-persistent (from 51.9% to 41.4%, p <0.001) and of increasing duration of continued therapy (from 235 to 264 mean days of persistent therapy, p <0.001). The effect of the intervention on the various parameters was not significant different between type 1 and type 2.
Conclusions This intervention resulted in an overall improvement of the short-term adherence to therapy. This tool can be replicated in other local contexts and with other chronic therapies, where prescription data are available.

Table. Effects of intervention

	PRE-intervention	POST-intervention	p value
Prescriptions			
Patients with only one prescription, N (%)	1636 (28.0%)	1145 (23.9%)	<0.001
Adherence[a]			
MPR, mean±SD	70.3±27.6	76.0±27.0	<0.001
MPR ≥80%, N (%)	1907 (45.4%)	2056 (56.4%)	<0.001
Persistence[a]			
Non-persistent patients, N (%)	2177 (51.9%)	1508 (41.4%)	<0.001
Days of persistent therapy, mean±SD	235±136	264±130	<0.001

MPR: medication possession ratio
[a]excluding patients with only one prescription