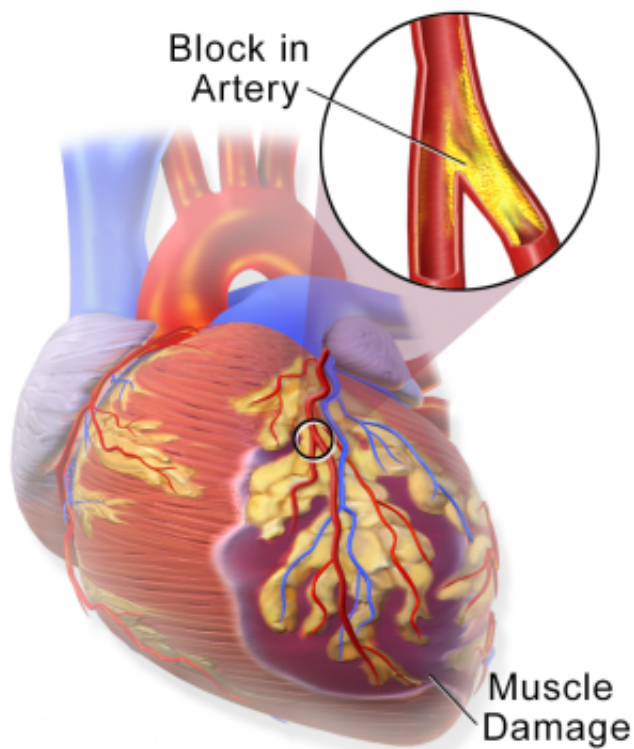


# Longer-time to follow-up with patients after heart attack associated with worse medication adherence

March 23 2016

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**Heart Attack**

Myocardial Infarction or Heart Attack. Credit: Blausen Medical Communications/Wikipedia/CC-A 3.0

In a study published online by *JAMA Cardiology*, Tracy Y. Wang, M.D.,

M.H.S., M.Sc., of Duke Clinical Research Institute, Durham, N.C., and colleagues examined whether earlier outpatient follow-up after acute myocardial infarction (AMI; heart attack) is associated with higher rates of medication adherence.

Approximately 1 million Americans are hospitalized for AMI annually; of these, 470,000 are expected to have a recurrent major adverse cardiovascular event. Current guidelines recommend secondary prevention with certain medications, such as aspirin and statins, which have demonstrated long-term survival benefits for post-AMI [patients](#). However, nonadherence to these medications following AMI occurs frequently and is associated with increased risks of mortality and hospital readmission. Hospitals, policymakers, and payers have placed greater focus on strategies such as early outpatient follow-up for hospitalized patients to prevent adverse events; early follow-up is now incorporated into provider payment models and national quality improvement guidelines.

For this study, an analysis was conducted of 20,976 Medicare patients older than 65 years discharged alive after an AMI from 461 Acute Coronary Treatment and Intervention Outcomes Network Registry-Get With the Guidelines hospitals in the United States. Patients were grouped based on the timing of first follow-up clinic visit within 1 week, 1 to 2 weeks, 2 to 6 weeks, or more than 6 weeks after hospital discharge.

The median time to the first outpatient follow-up visit after [hospital discharge](#) was 14 days. Overall, the first follow-up clinic visit occurred 1 week or less after discharge in 26 percent of patients, 1 to 2 weeks in 25 percent, 2 to 6 weeks in 33 percent, and more than 6 weeks in 16 percent of patients. Rates of [medication adherence](#) for [secondary prevention](#) therapies ranged from 63 percent to 69 percent at 90 days and 54 percent to 64 percent at 1 year. Compared with patients with follow-up

visits within 1 week, those with follow-up in 1 to 2 weeks and 2 to 6 weeks had no significant difference in medication adherence; however, patients with follow-up more than 6 weeks after discharge had lower adherence at both 90 days and 1 year. Delayed follow-up of more than 6 weeks was associated with lower medication adherence at 90 days and 1 year compared with follow-up of 6 weeks or less.

"These data support the concept that medication adherence is modifiable via improved care transitions," the authors write.

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