



Quality of Care and Outcomes Assessment

HEIGHTENED MEDICATION CONCERN AND SELF-REPORTED ADHERENCE AFTER ACUTE CORONARY SYNDROME

Poster Contributions
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Background: Concern about medications is associated with decreased adherence in patients with cardiovascular disease. We analyzed predictors of medication concern and aspirin non-adherence in patients with acute coronary syndrome (ACS).

Methods: We surveyed 510 subjects by phone after discharge for ACS. Aspirin adherence was measured with the Morisky Scale. Overall concern about and belief in necessity of aspirin were measured using the Belief in Medication Questionnaire (BMQ). Logistic regression was used to calculate odds ratios for factors associated with decreased adherence and increased concern. Covariates included age, gender, black race, Hispanic ethnicity, and education.

Results: In a multivariate model, only BMQ concern score was significantly associated with aspirin adherence: as concern scores increased, self-reported adherence decreased (OR=1.42 for each increase in tertile, 95% Cl 1.13-1.79). In multivariate analysis predicting BMQ concern scores, both female gender (OR 1.54, Cl 1.08-2.20) and black race (OR=1.53, Cl 1.01-2.33) were associated with increased medication concern. Age, education, ethnicity, and BMQ necessity score were not associated with a higher tertile of BMQ concern score.

Conclusion: Increased concern about aspirin was associated with lower self-reported aspirin adherence. Individuals with increased medication concern were more likely to be female or of black race. These findings have implications for understanding post-ACS health disparities.

Characteristics	Odds ratio (95% confidence interval)*	p-value
Age>65	0.94 (0.67, 1.31)	0.707
Female	1.54 (1.08, 2.20)	0.017
High school education or less	1.31 (0.90, 1.92)	0.156
Black race	1.53 (1.01, 2.33)	0.046
Hispanic ethnicity	0.97 (0.66, 1.44)	0.897
BMQ necessity score (in tertiles)	1.10 (0.89, 1.36)	0.393