INAPPROPRIATE CLOPIDOGREL ADHERENCE IN INSURED MINORITY POPULATIONS AND ITS IMPACT IN STENT RELATED OUTCOMES.

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Background: Clopidogrel use decreases the risk of cardiovascular outcomes after coronary stenting. Disparities in the use of cardiovascular medications and procedures have been described. We compared clopidogrel adherence among minority populations post stent and its impact on myocardial infarction (MI) and all cause mortality.

Methods: Retrospective analysis of a large managed care plan. We defined coronary stenting using CPT codes 36.07 and 36.06 and clopidogrel use by GPI code 85158020. Ethnicity was defined with Medicare race codes, Spanish surname and geocoding. Clopidogrel gap days was defined as the sum of the days with no medication available between the first and last prescription and medication possession ratio (MPR) as the proportion of days with medication available between those dates. We defined acute MI by the presence of the ICD-9 code 410.xx with an associated hospitalization and we ascertained all cause mortality through social security death index. We calculated the hazard ratio (HR) of events adjusting for demographics, co-morbidities and clopidogrel adherence.

Results: We identified 15,496 Non Hispanic White (NHW) subjects, 1782 African American (AA) and 2,179 Hispanic subjects who used Clopidogrel post stent.

The MPR was lower in AAs (0.81 +/- 0.1) and Hispanics (0.81 +/- 0.1) when compared to NHW 0.87 +/- 0.1 in Whites. Gap days were higher in AAs and Hispanics (56.4 +/- 57.3 and 56.1 +/- 57.7) when compared to 43.6 +/- 49.3 in NHW.

The HR of MI for AAs was 1.41, 95% C.I 1.17-1.70) when compared to NHW. The HR of MI for Hispanics was 0.91, 95% C.I 0.74-1.12) when compared to NHW. The HR of all cause mortality in AAs was 1.32, 95% C.I. 1.05-1.66) and in Hispanics was HR 0.70, 95% C.I. 0.54-0.92) when compared to NHWs.

Conclusions: AA and Hispanic patients have lower adherence to Clopidogrel therapy after coronary stenting compared to NHWs. MI and all cause mortality are more frequent in AA patients. This increase in events is not explained by clopidogrel adherence.