

## PCV84

**WHAT FACTORS AFFECT COMPLIANCE OF HYPERTENSIVE PATIENTS WITH THEIR TREATMENT? A QUALITATIVE STUDY**  
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**OBJECTIVES:** Our aim was to identify important factors that may influence hypertensive patients' compliance with treatment from the patient's perspective. **METHODS:** This qualitative study was carried out at a university hospital in Singapore. Hypertensive patients over 21 years old and who have been treated for over 3 months were invited to participate in a semi-structured interview. In the interview, participants were asked about their experience in following the treatment. The Morisky scale was used to measure patient's compliance score. **RESULTS:** Most of the participants exhibited a positive attitude toward hypertension, claiming that their lifestyle was normal and not influenced by hypertension. Participants were aware of the importance of compliance with medication and risks of uncontrolled hypertension; despite some participants did not know the normal value of blood pressure. Forgetfulness was found as an important factor to affect patients' compliance. Other potentially influencing factors included an unsatisfactory clinical encounter, such as physician's time constraints during consultation, long waiting time in clinic and refilling prescriptions. The cost of treatment was another factor, especially among retiree participants. **CONCLUSION:** Participants showed a strong willingness to control their blood pressure. Patients have been given adequate knowledge about the risks of hypertension. Strategies to counter negative influencing factors (such as unsatisfactory clinical encounter and cost of treatment) should be developed to improve patients' compliance with medication for better clinical and economic outcomes.

## PCV85

**DOES A SINGLE PILL COMBINING AMLODIPINE AND ATORVASTATIN OFFER GREATER LONG-TERM ADHERENCE BENEFIT OVER LOW-COST GENERIC 2-PILL CALCIUM CHANNEL BLOCKER/STATIN REGIMENS?**Patel BV<sup>1</sup>, Tang SSK<sup>2</sup>, Leslie RS<sup>1</sup>, Nichol MB<sup>3</sup>, Solomon HA<sup>2</sup>, Trainer JB<sup>2</sup>, Foody JM<sup>4</sup><sup>1</sup>MedImpact Healthcare Systems, Inc, San Diego, CA, USA, <sup>2</sup>Pfizer Inc, New York, NY, USA, <sup>3</sup>University of Southern California, Los Angeles, CA, USA, <sup>4</sup>Yale University, New Haven, CT, USA

**OBJECTIVES:** To assess whether single-pill amlodipine besylate/atorvastatin calcium (SPAA) use achieves greater adherence than other, 2-pill calcium channel blocker (CCB) + statin regimens stratified by brand/generic status using records of drug benefits managed by a large U.S. Pharmacy Benefit Management company. **METHODS:** Patients (N = 3,561) newly initiated on either a CCB or a statin within 30 days of each other were followed for 1 year. The 2-pill CCB + statin group (including patients on amlodipine + atorvastatin) was sub-divided by brand/generic status. Adherence (proportion of days covered [PDC]) was based on the days that both antihypertensive and lipid-lowering drugs were supplied, and was considered achieved if PDC was  $\geq 80\%$ . Persistence was defined as the number of days on therapies until the first 30-day gap. Propensity-score weighted logistic regression and proportional hazard models were used to adjust for demographics and key baseline pharmacy utilization variables including copay. **RESULTS:** At baseline, mean age was 63 years, 52% were female, 11% utilized coronary vasodilators, 30% utilized anti-diabetics; mean number of

other baseline medications was 8. Baseline characteristics varied between cohorts. The percentages of patients achieving PDC  $\geq 80\%$  were: SPAA 63.9%, Branded CCB + Branded statin (BB) 38.9%, Branded CCB + Generic statin (BG) 37.8% and Generic CCB + Generic statin (GG) 32.1%. SPAA patients were three times as likely to achieve adherence versus BB (OR = 3.39; CI: 3.06–3.75; P < 0.0001) and BG (OR = 3.14; CI: 2.84–3.47; P < 0.0001); and more than twice as likely versus GG (OR = 2.77; CI: 2.50–3.06; P < 0.0001). SPAA patients were less likely to discontinue therapies versus BB (HR = 0.52; CI: 0.49–0.56; P < 0.0001), BG (HR = 0.52; CI: 0.49–0.55; P < 0.0001), and GG (HR = 0.59; CI: 0.55–0.63; P < 0.0001). **CONCLUSION:** In this nationally representative, insured population, patients receiving the single-pill were more likely to achieve adherence versus 2-pill CCB + statin regimens even if a lower-cost generic was used.

## PCV86

**THE IMPACT OF LOWERING SYSTOLIC BLOOD PRESSURE ON THE QUALITY OF LIFE OF HYPERTENSIVE PATIENTS IN GREECE: THE ECON-APROS STUDY**Geitona M<sup>1</sup>, Athanasakis K<sup>2</sup>, Angeli A<sup>3</sup>, Hatzakis A<sup>4</sup>, Kyriopoulos J<sup>2</sup><sup>1</sup>University of Thessaly, Volos, Greece, <sup>2</sup>National School of Public Health, Athens, Greece, <sup>3</sup>Sanofi-Aventis, Athens, Greece,<sup>4</sup>University of Athens, Medical School, Athens, Greece

**OBJECTIVES:** Explore the impact of lowering Systolic Blood Pressure (SBP) on the Quality of Life (QoL) of Greek hypertensive patients undergoing pharmacotherapy and determine specific factors that contributed to the improvement of the patients' QoL during the period of treatment. **METHODS:** Data was derived from the PharmacoEconomic Assessment of Prognostic Risk Occupational Survey (ECON-APROS). The ECON-APROS study was a cross-country prospective study that involved the 1-year monitoring of hypertensive patients undergoing pharmacotherapy, in terms of medical, economic and quality-of-life aspects. Out of total 1640 patient records collected, 1511 met the inclusion criteria of the study. Data regarding the patients' self reported QoL were collected at the initiation and at the termination of the 1-year period. Patients' self reported outcomes were based on a questionnaire combining generic and specific quality of life instruments. The statistical analysis was based on the logistic regression models in order to explore factors that influence patients' QoL. **RESULTS:** A total of 29.8% patients reported that their overall QoL has been improved during the 1-year period of treatment, while another 9.35% reported deterioration. Moreover, logistic regression showed that the decrease in the patients' SBP after 1 year of pharmacotherapy had a statistically significant influence in the improvement of the QoL (OR 1.021, 95% C.I. 1.012–1.030, p < 0.0001) as opposed to the other variables inserted in the model (i.e. difference in the Diastolic Blood Pressure after 1 year of treatment, co-morbidity, BMI, age, sex, marital status, place of residence, private insurance, percentage of the patients' participation in drug costs). **CONCLUSION:** Lowering of the Systolic Blood Pressure during the course of anti-hypertensive treatment was shown to have a significant impact on the hypertensive patients' Quality of Life. The ECON-APROS is the first study to address such issues in the Greek health care setting and sets the foundations for further analysis.