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ASSESSING THE IMPACT OF MEDICATION ADHERENCE ON LONG-TERM OUTCOMES IN PATIENTS WITH DIABETES

Poster Contributions
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Background: FREEDOM and BARI showed that adherence to recommended therapies are low in diabetic (DM) patients. We studied the association between levels of medication adherence and long term MACE in high risk DM patients.

Methods: We queried a U.S. health insurers' claims data from 1/1/10 to 12/31/11 for DM patients with age >55, hypertension or dyslipidemia, initiating both statin and ace-inhibitor. Primary outcome measure was a composite of all-cause death, MI, Stroke or coronary revascularization. Using proportion of days covered (PDC) for 1 year after first refill, we stratified patients as fully adherent (FA≥80%), partially adherent (PA ≥40- ≤79%) or non-adherent (NA <40%). Time to MACE was compared using cox proportional models. We performed multivariable adjustment using >15 covariates related to comorbid conditions and indices, demographics, pharmacy data and medical behavior.

Results: We analyzed data for 19,962 patients. 5645 (28%) were classified as NA, 7571 (38%) as PA and 6746 (34%) as FA. At 2 yrs follow up, the FA group [3.5% vs. 4.6%; 0.72 (0.62-0.83), p<0.0001] and the PA group [3.8% vs. 4.6%; 0.79(0.69-0.90), p<0.0014] had significantly lower rate of MACE than the NA group (Figure).

Conclusion: In a DM cohort, rates of adherence to both statin and ACEI were alarmingly low at 34%. DM patients who were fully or partially adherent had significantly lower event rates than non-adherent patients. Efforts towards improving adherence in DM subjects may lead to substantial reductions in MACE.