



## Vascular Medicine

### THE POWER OF A PROCEDURALIST: PRESCRIBING GUIDELINE-BASED MEDICAL THERAPY PRIOR TO HOSPITAL DISCHARGE INCREASES COMPLIANCE AT SIX MONTHS IN PATIENTS WITH SEVERE PERIPHERAL ARTERY DISEASE

Moderated Poster Contributions

Poster Sessions, Expo North

Sunday, March 10, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Arterial Vascular Diseases: Novel Concepts in Diagnosis and Therapy

Abstract Category: 35. Vascular Medicine: Non Coronary Arterial Disease

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**Background:** Although patients with peripheral arterial disease are at increased risk of cardiovascular morbidity and mortality, evidence based medical therapy (EBMT) is underused in these patients. Prior studies have documented poor adherence to such therapy among patients who have undergone revascularization.

**Objective:** We evaluated the impact of prescription of EBMT prior to discharge after peripheral vascular intervention (PVI) on overall medication compliance in a large multi-specialty, multi-center quality improvement collaborative.

**Methods:** 14,105 patients undergoing PVI between 1/1/2008 and 12/31/2011 were included. Post-PVI discharge and six month medication compliance in patients on ASA, beta-blocker (BB) and statin were compared. In addition, clinical outcomes were compared for patients receiving each of the three drugs post-PVI to those that did not.

**Results:** 12,947 (92%) patients were prescribed ASA, 9,788 (69%) BB and 11,609 (82%) statins. Post-procedural use was associated (all  $p < 0.001$ ) with reported six month use: ASA (84.5% vs 39.2%), BB (82.5% vs 11.1%) and statin (84.6% vs 21.8%). No differences in mortality or MI at 6 months was observed.

**Conclusions:** Prescribing EBMT at the time of PVI is associated with excellent compliance at 6 months, while failure to prescribe EBMT at discharge is associated with low use at 6 months. This data suggest that the time of a PVI is a therapeutic window to prescribe EBMT in this high-risk cohort and represents an opportunity for quality improvement.

