

**IL VALORE DELL'ADERENZA PER I SISTEMI SANITARI REGIONALI**  
TOSCANA/EMILIA-ROMAGNA

**MERCOLEDÌ 14 APRILE 2021**



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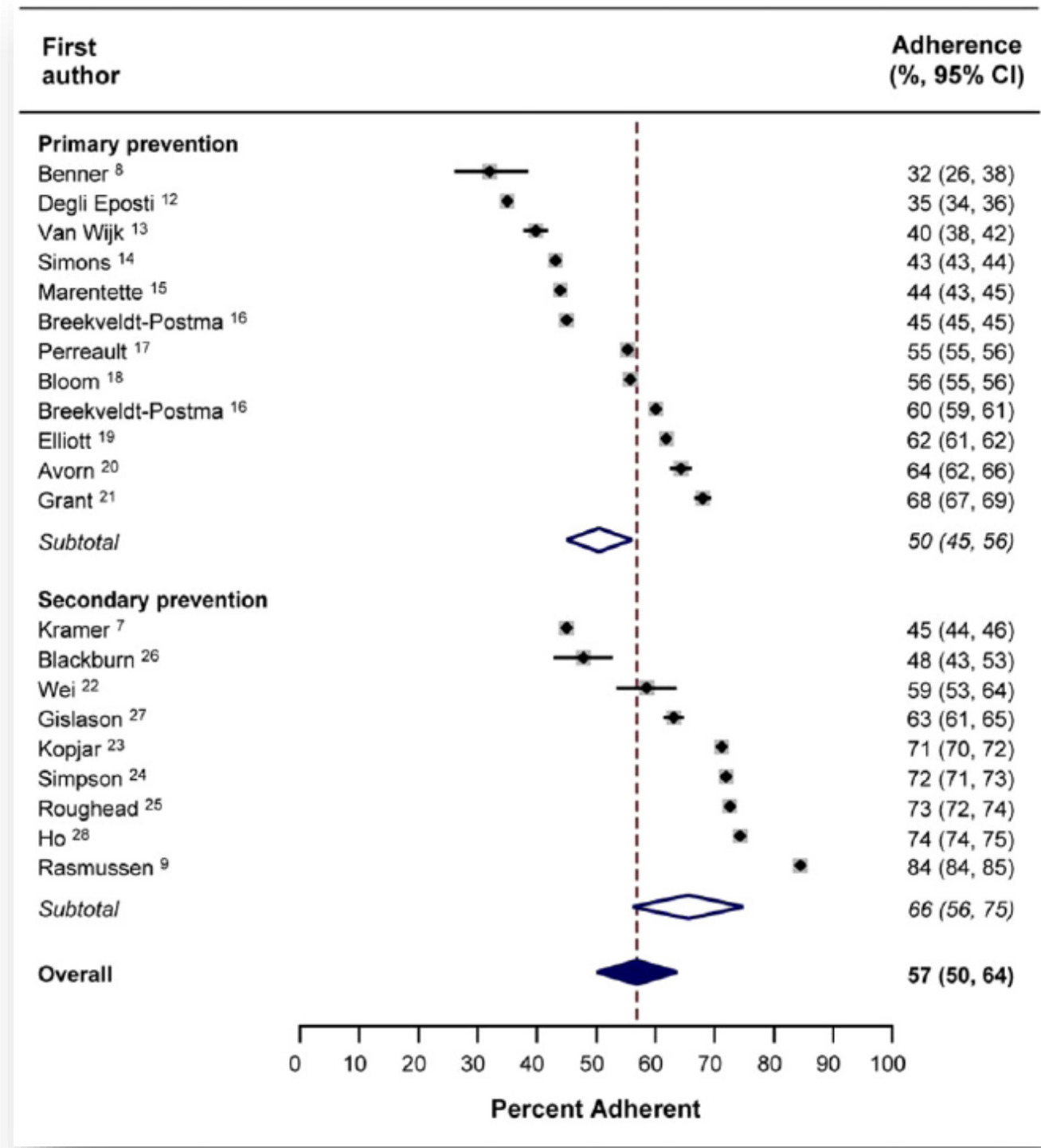
## Aderenza terapeutica e malattie cardiovascolari

- Negli ultimi decenni abbiamo assistito ad una significativa riduzione di mortalità cardiovascolare ed eventi (IMA, stroke, angina) soprattutto nei paesi occidentali
- Si ritiene che quanto osservato sia frutto di cambiamenti negli stili di vita ed al controllo dei fattori di rischio (diabete, dislipidemia, ipertensione)
- La riduzione della mortalità si ritiene in gran parte attribuita all'impiego dei farmaci raccomandati in prevenzione primaria e secondaria



# Aderenza Terapeutica e Malattie Cardiovascolari

## Metanalisi Aderenza farmaci in prevenzione CV 376,162 Patients



Naderi et al Am J Med 2012

Drug class	Primary prevention		Secondary prevention	
	Number of studies	Adherence (% 95% CI)	Number of studies	Adherence (% 95% CI)
Aspirin	0	-	2	65 (53, 77)
ACE inhibitors	9	56 (49, 64)	6	70 (66, 75)
ARB's	6	61 (51, 70)	0	-
Beta blockers	6	44 (38, 51)	7	62 (49, 76)
CCB's	8	48 (38, 58)	2	76 (69, 82)
Diuretics	7	42 (34, 50)	0	-
Statins	4	57 (51, 64)	7	76 (70, 82)

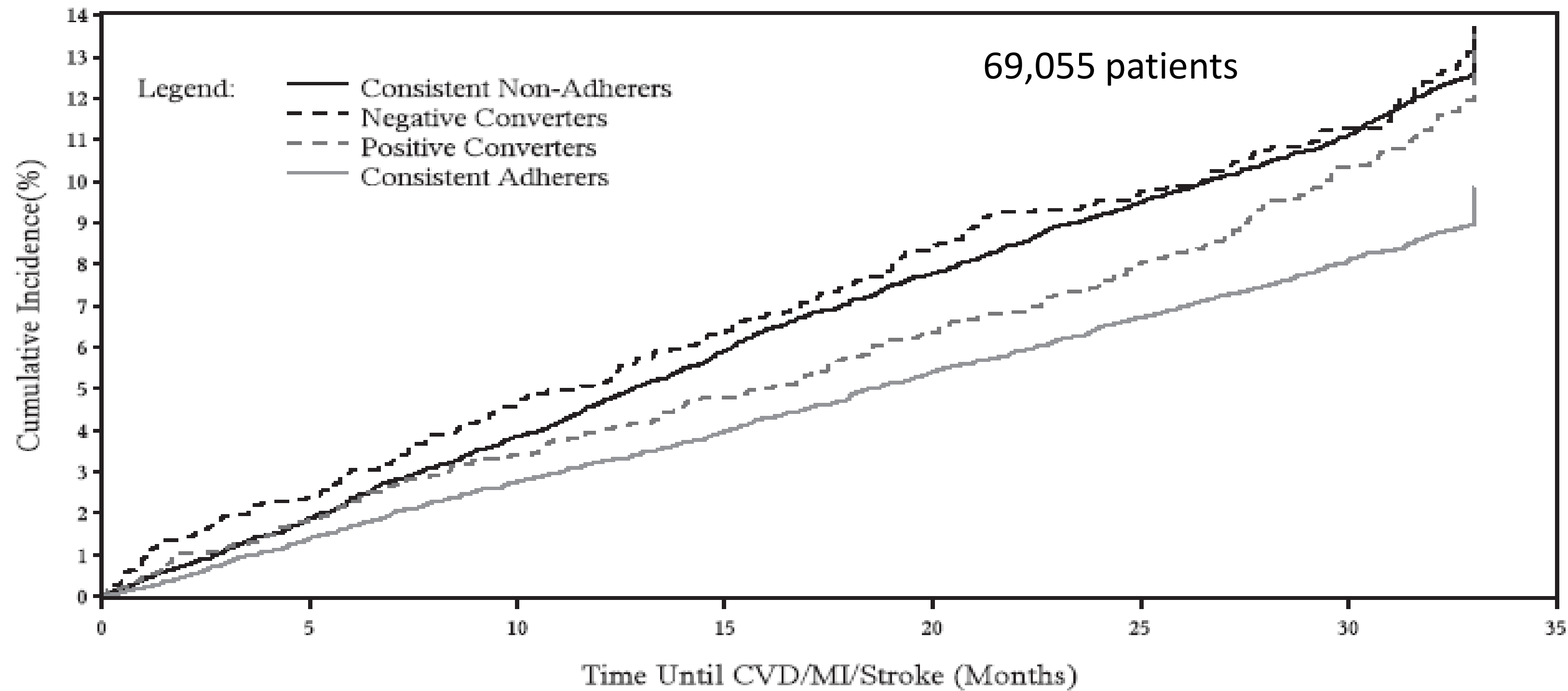
*Approximately one third of patients with a history of myocardial infarction and approximately one half without do not adhere to effective cardiovascular preventive treatment.*

*Nonadherence is not greatly influenced by the class of drug prescribed (aspirin, blood pressure-lowering drugs, or statins), suggesting that side effects are not the main cause*



# Cumulative hazard curves for the primary end point of cardiovascular death/myocardial infarction/stroke mortality

(REACH) Registry



Kumbhani et Al. Am J Med 2013

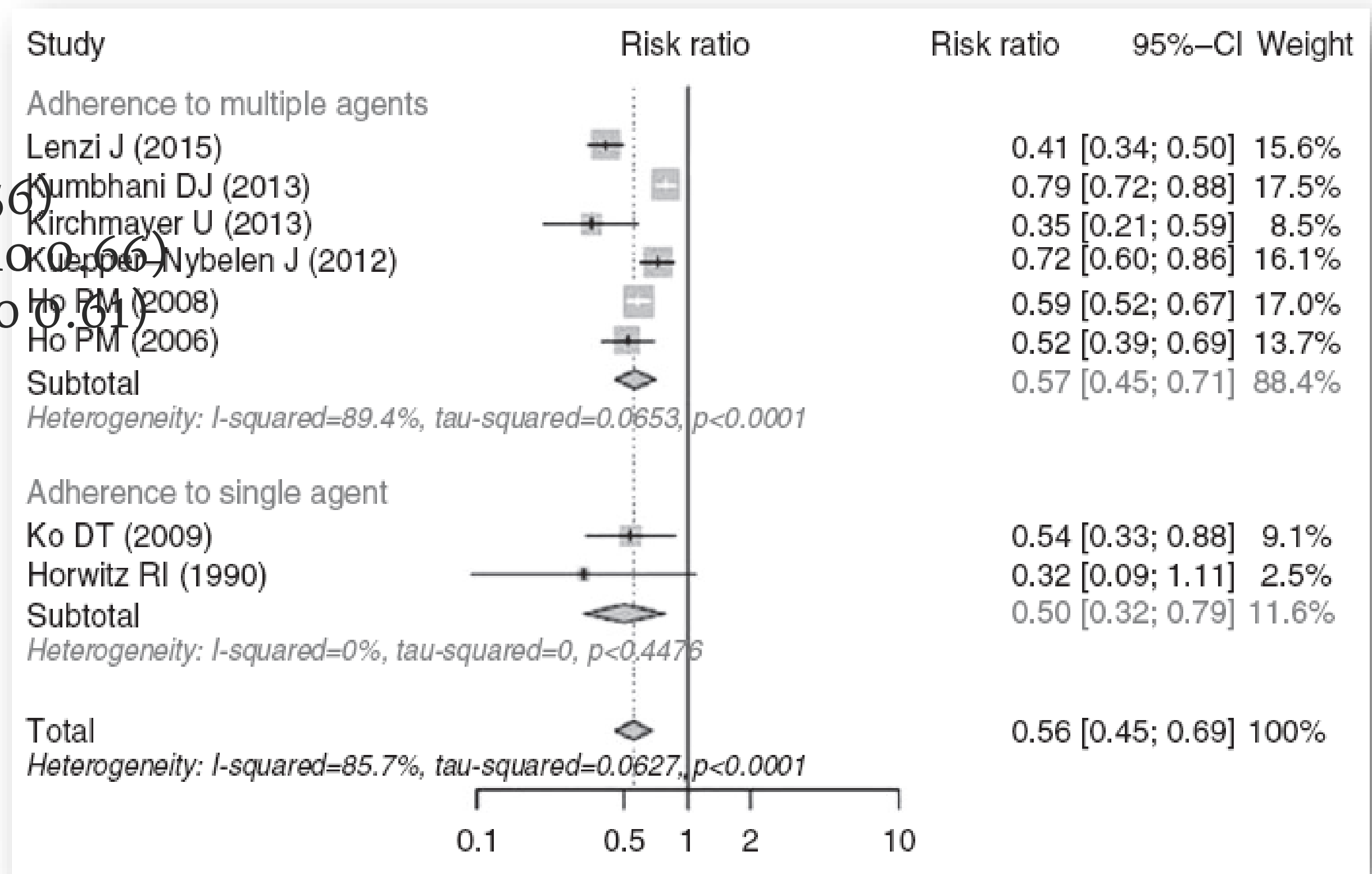




# Malattia coronarica : aderenza ai medicinali EB

all-cause mortality (risk ratio 0.56)  
 cardiovascular mortality (risk ratio 0.66)  
 cardiovascular hosp/MI (risk ratio 0.61)

106,002 coronary artery disease patients



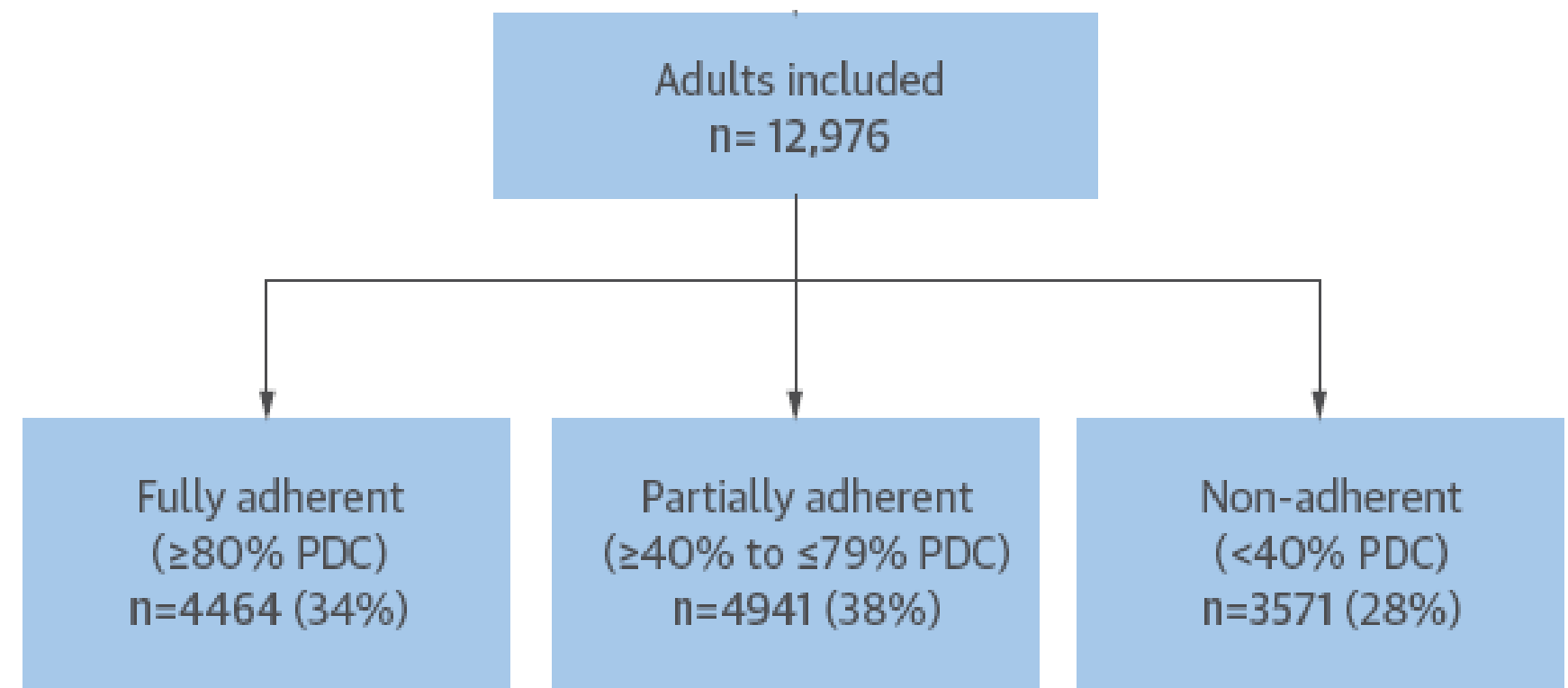
Du et Al. 2017

# Postinfarto e malattia aterosclerotica (Stroke/PAD)

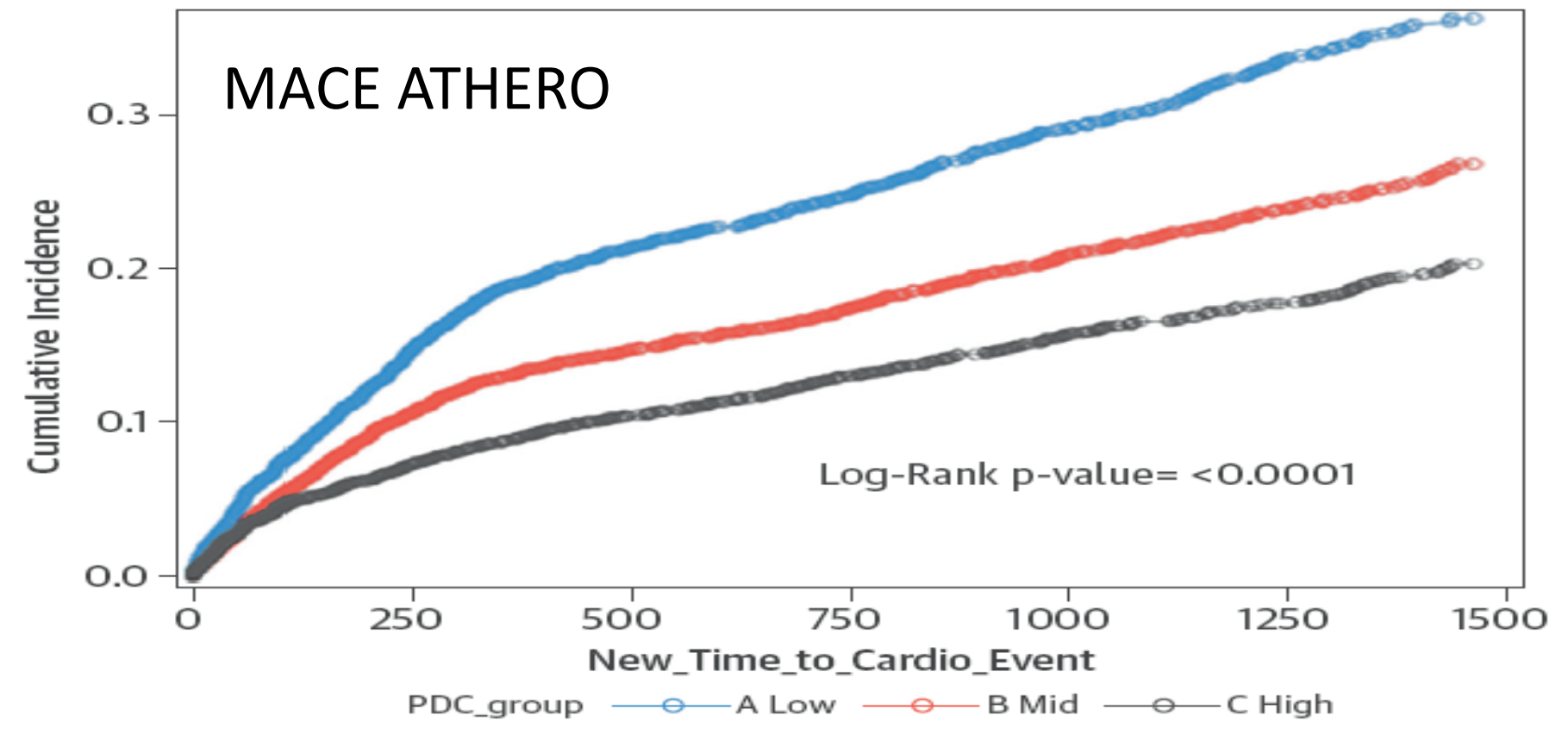
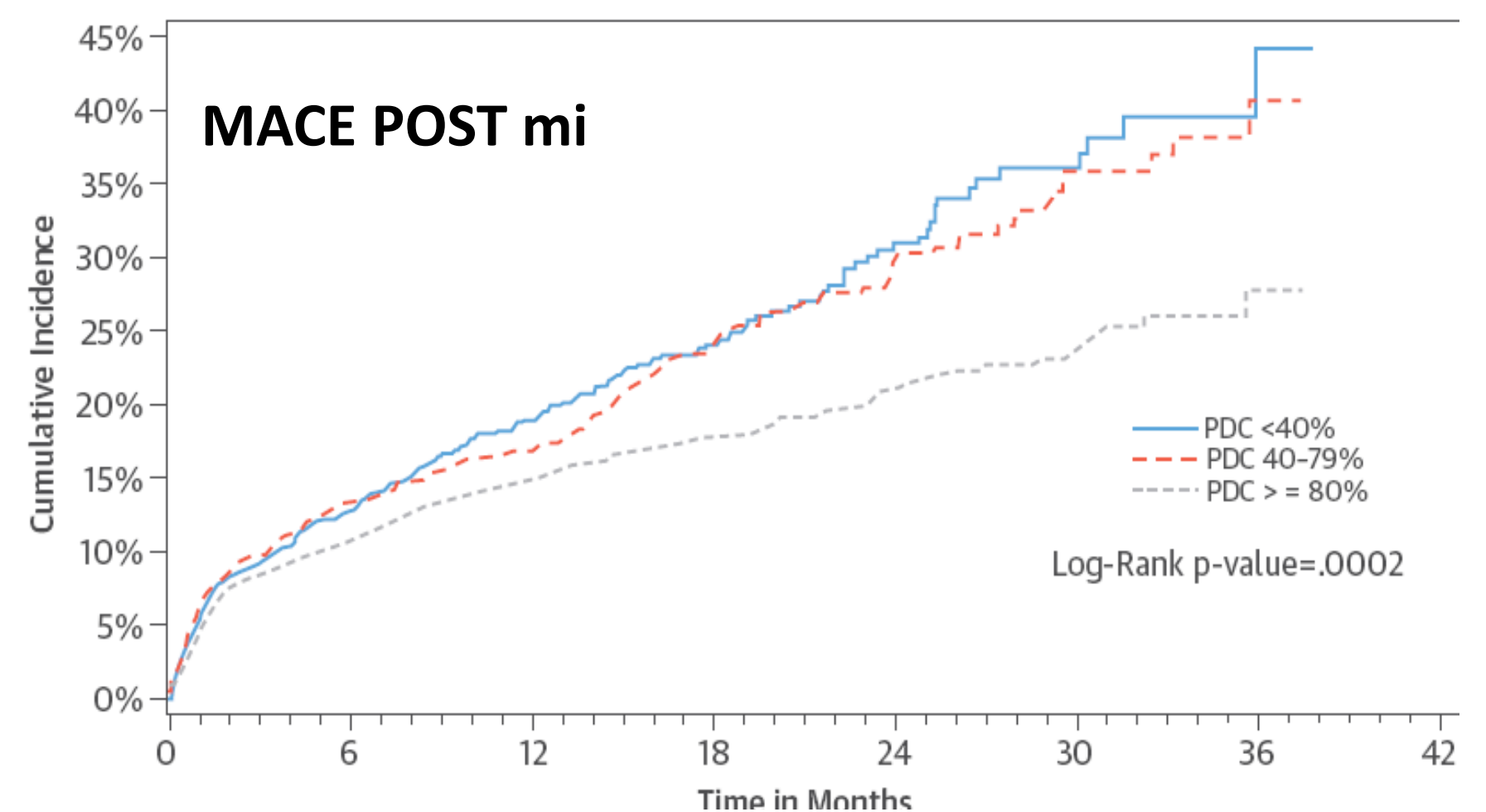
Aetna Commercial and Medicare Advantage population databases 

Proportion of days covered (PDC) for both Statins and ACE inhibitors

c.ca17.000 pazienti



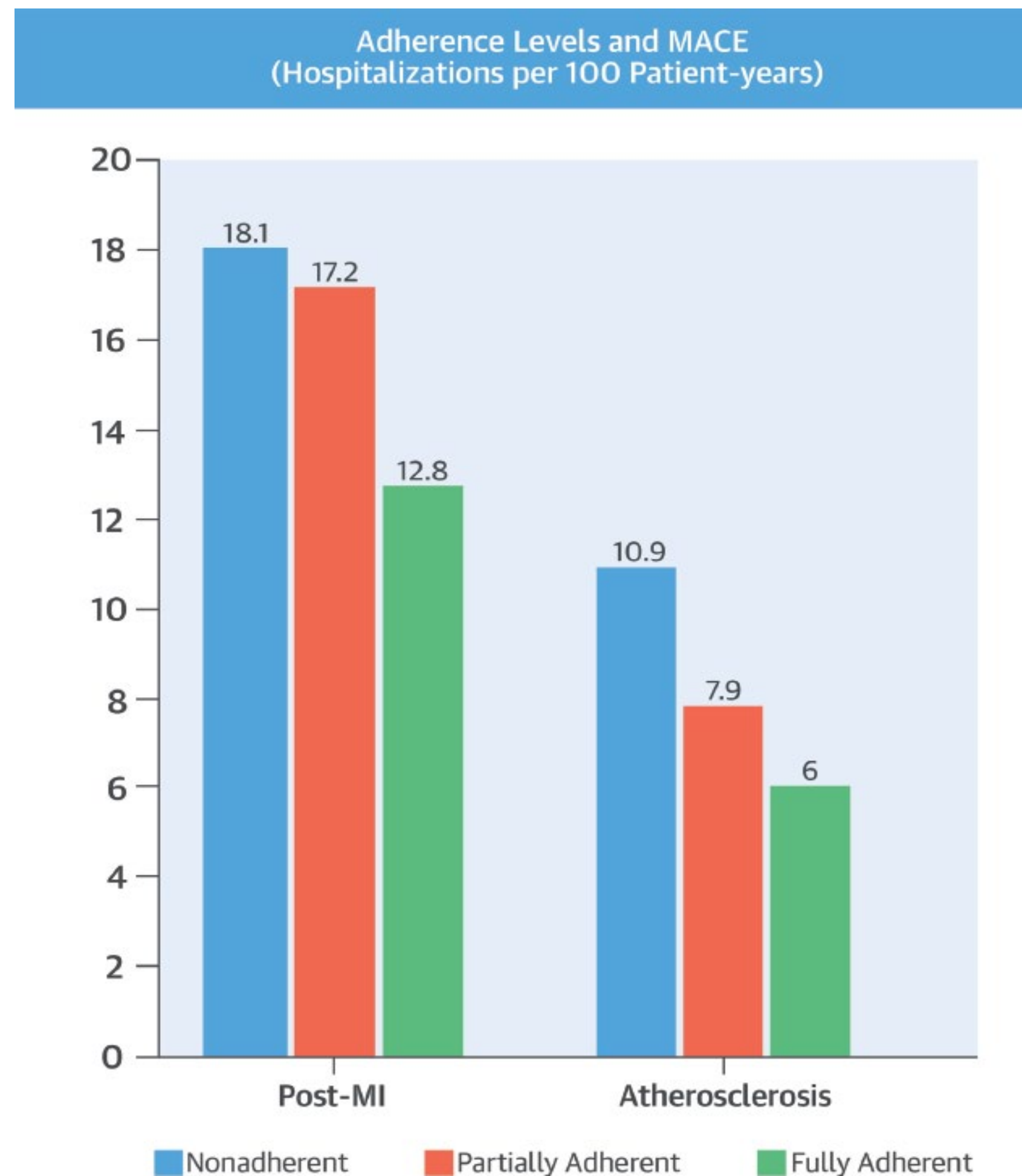
Bansilal et al. JACC 2016



# Il prezzo della mancata aderenza

	Post-MI Cohort (Per Patient Per Year)		
	Nonadherent	Partially Adherent	Fully Adherent
MI	\$844.46	\$774.09	\$404.64
Stroke	\$178.49	\$133.87	\$89.24
Revascularization	\$3,375.21	\$3,070.50	\$2,531.41
Angina and CV atherosclerosis	\$1,432.86	\$1,527.12	\$1,093.50
All-cause ED visits	\$256.97	\$219.56	\$182.64
Cardiac-related ED visits	\$14.77	\$12.80	\$13.29
Outpatient visits to cardiologist	\$639.38	\$657.47	\$645.19
Outpatient visits to cardiologist with CV testing	\$558.76	\$553.16	\$576.67

Bansilal et al. JACC 2016

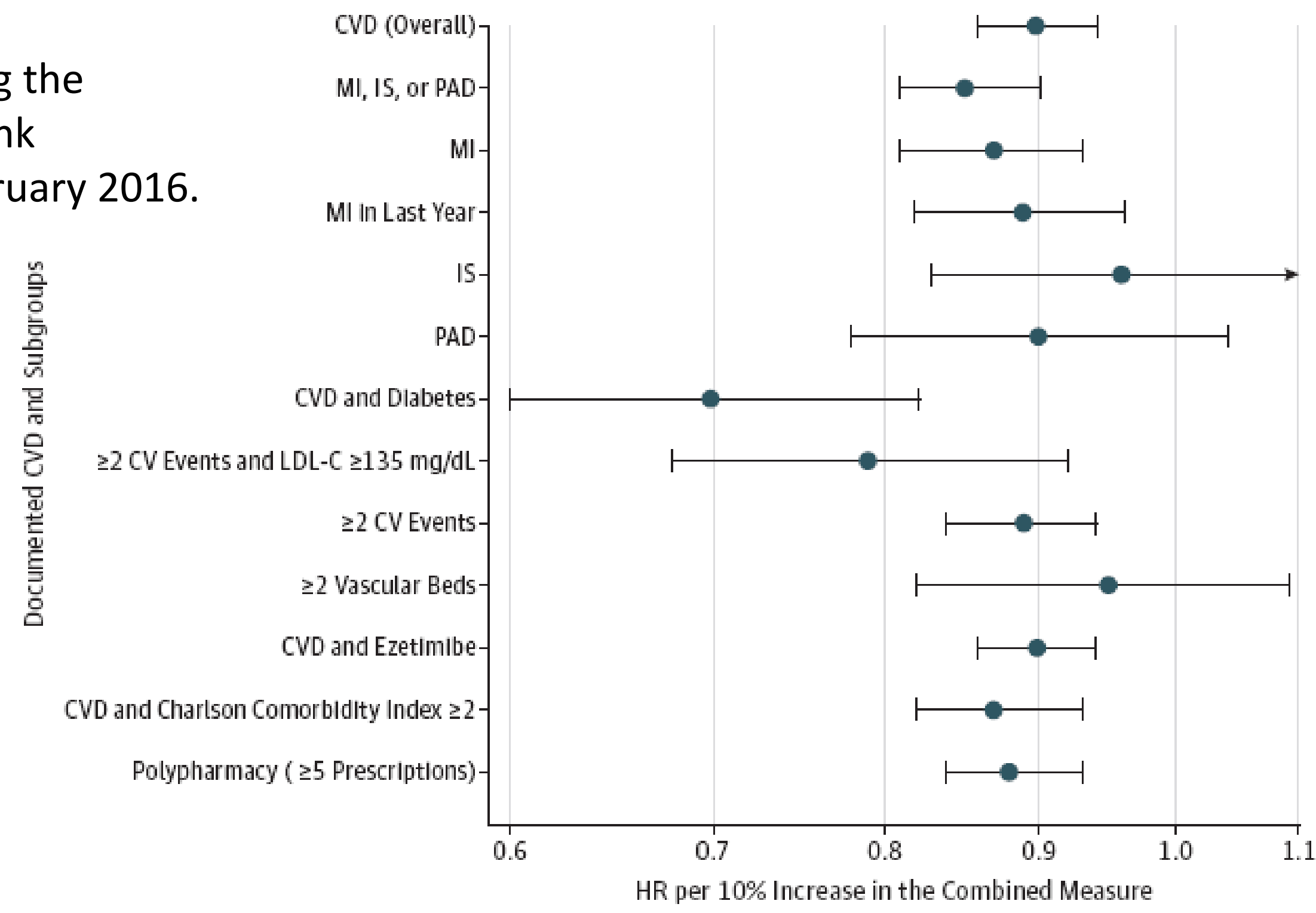






# CV Risk Reduction per 10% Increase in Adherence and Treatment Intensity for Documented CVD and Subgroups

Retrospective cohort study using the Clinical Practice Research Datalink from January 2010 through February 2016. United Kingdom primary care  
29 797 patients

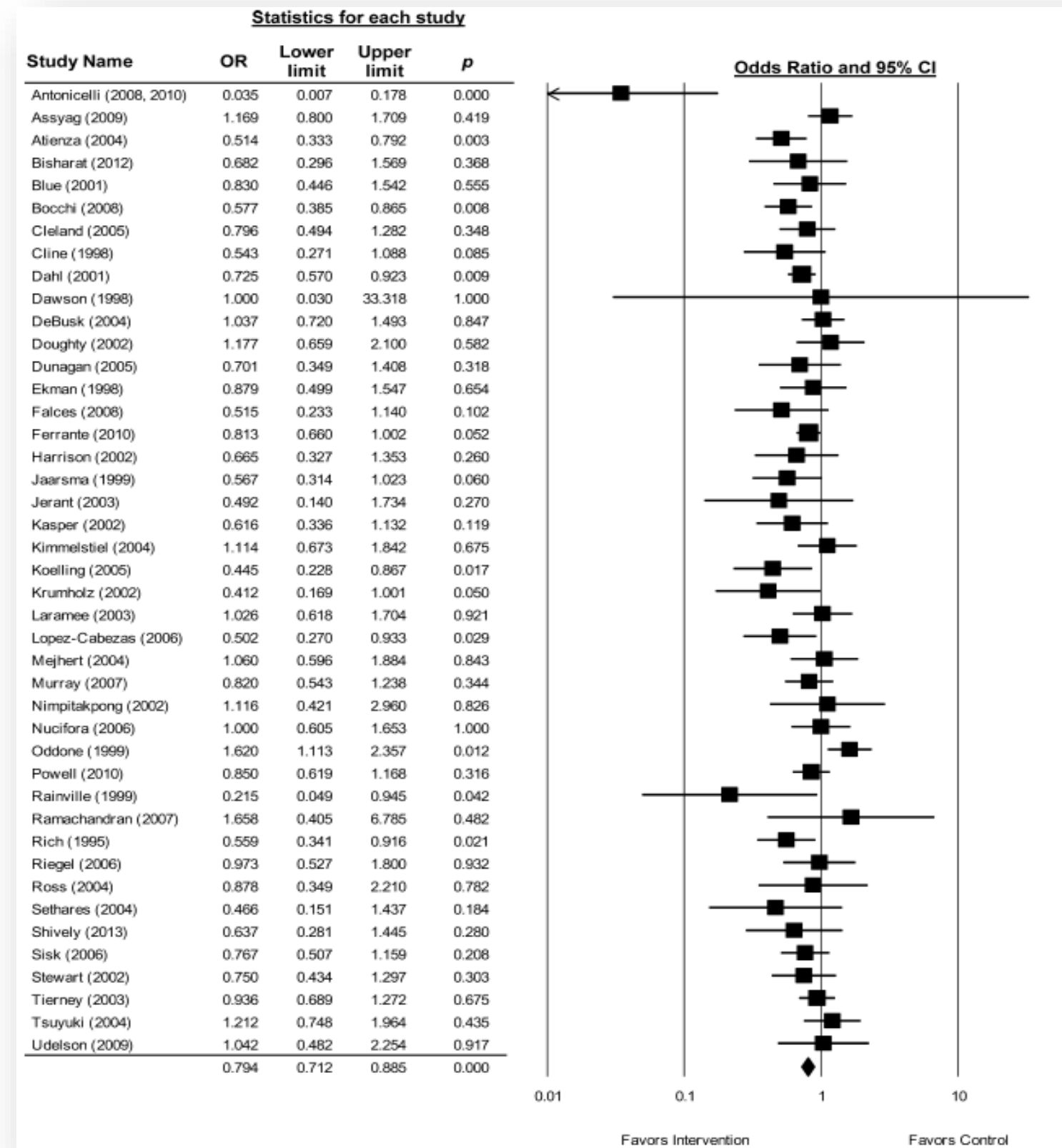
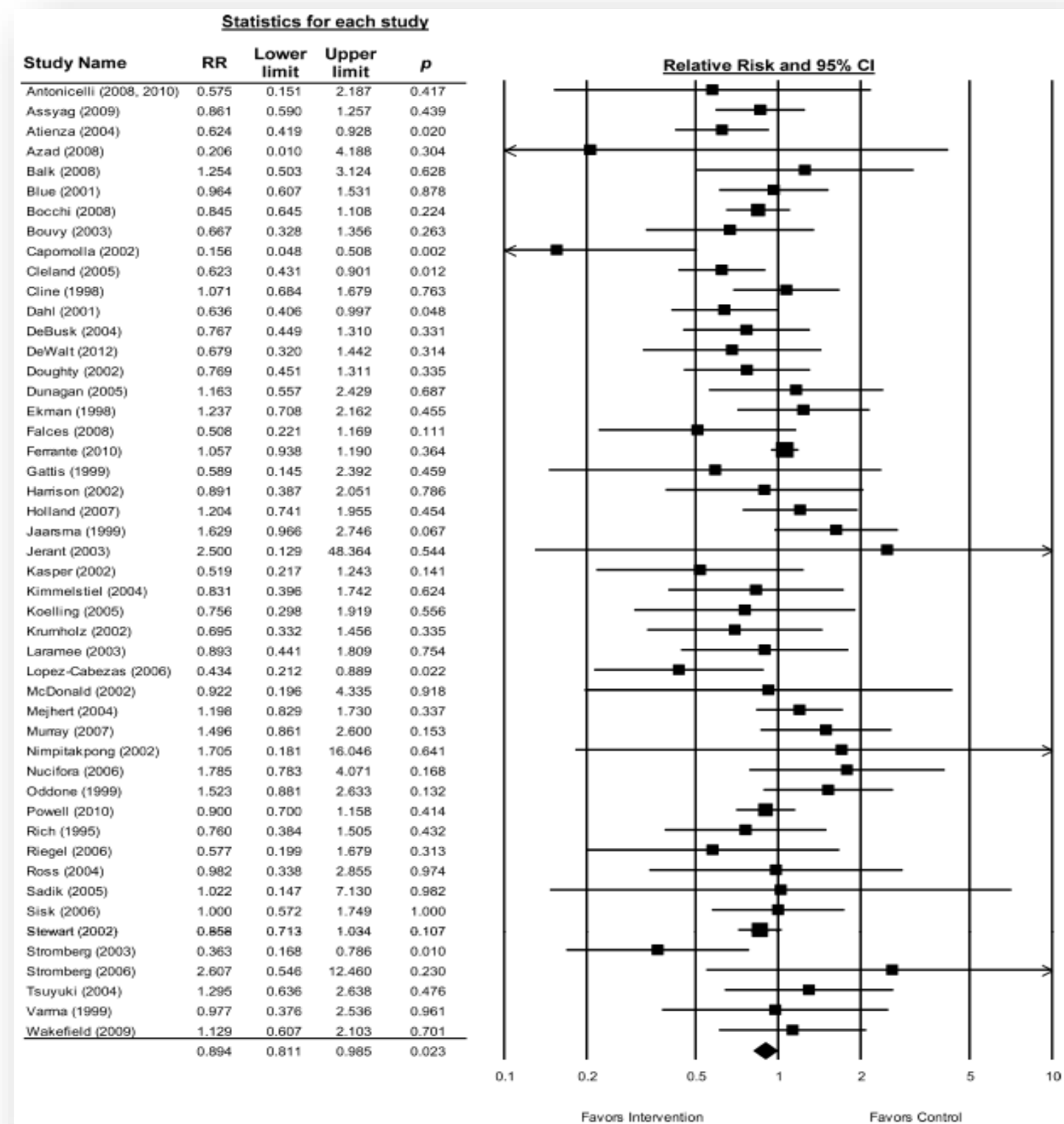


Khunti et Al. JAMA Network Open. 2018

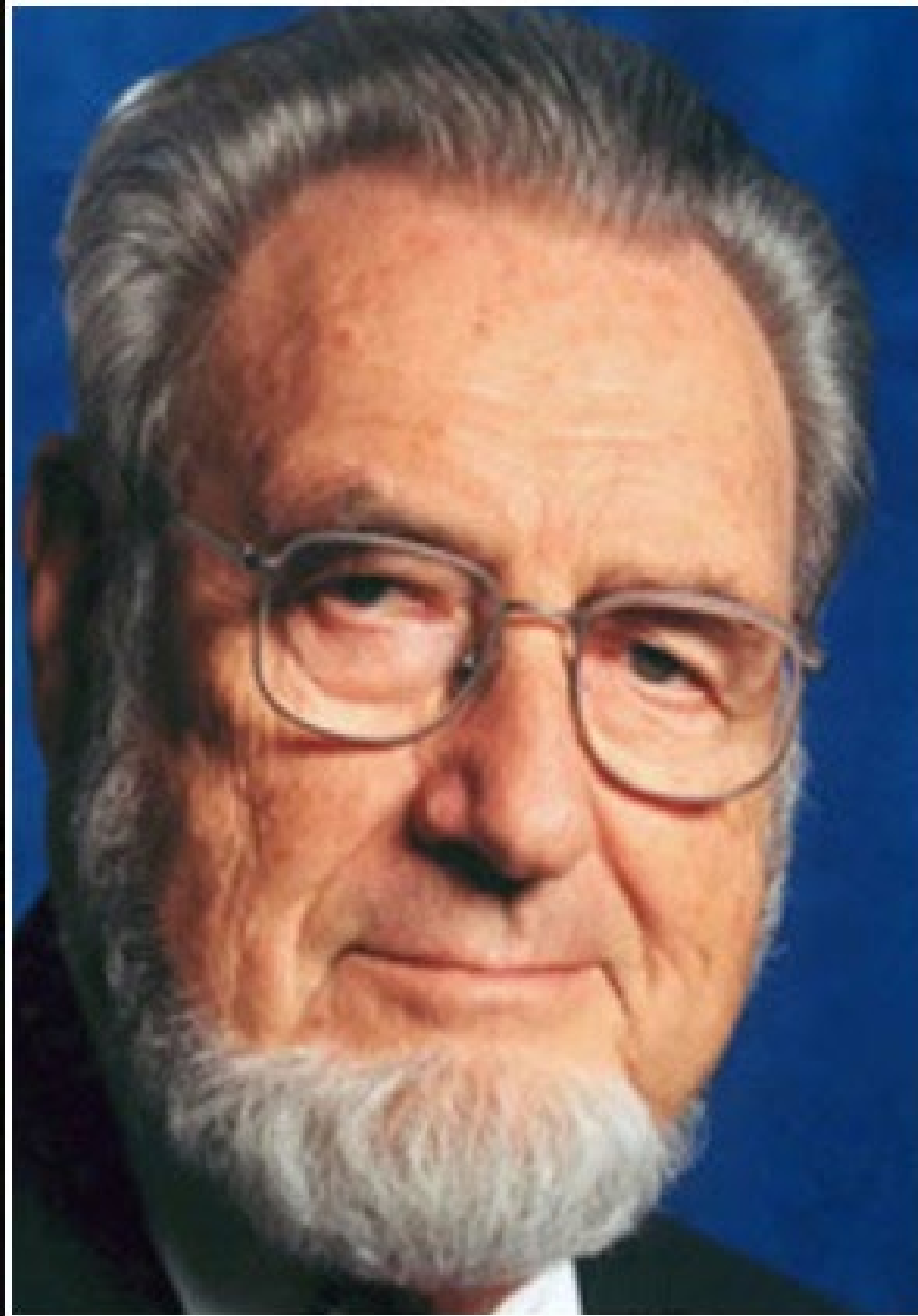




# Scompenso Cardiaco e Aderenza alle terapie: Metanalisi su mortalità e reammissioni ospedaliere



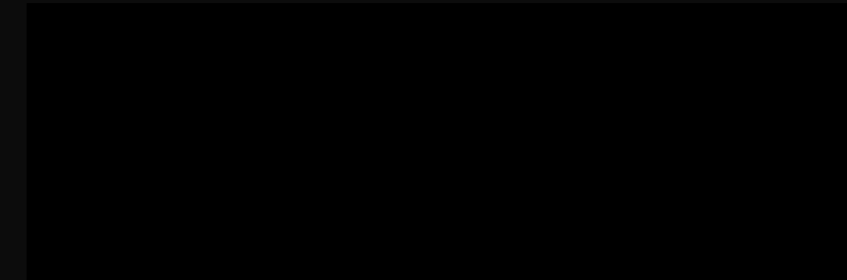
Ruppar et Al. JAHA 2016



Drugs don't work in patients who  
don't take them.

— *C. Everett Koop* —

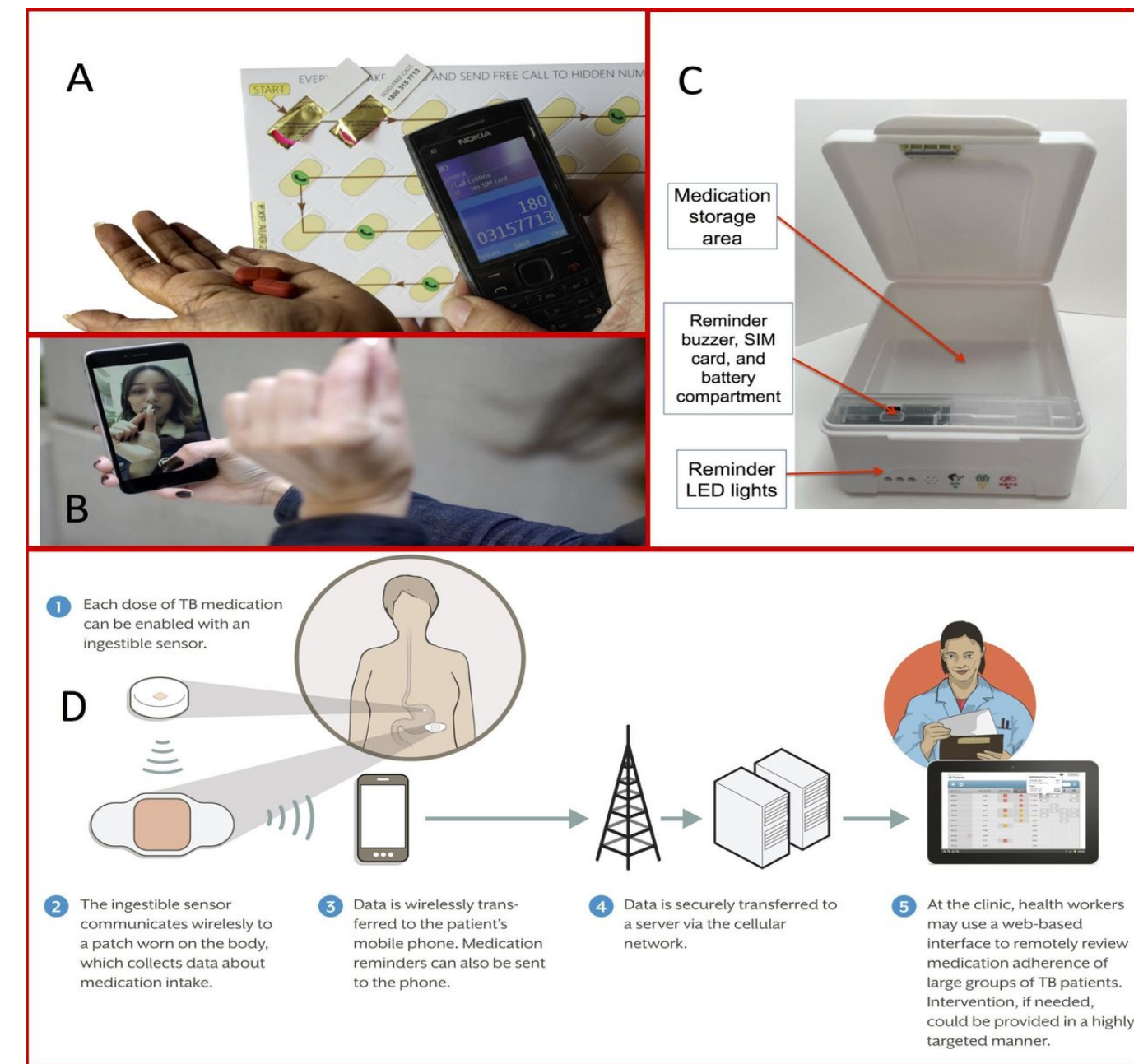
U.S. Surgeon General





# Come migliorare l'aderenza terapeutica

- Educazione – tempo dedicato
- Qualità dei farmaci (minori effetti collaterali)
- Numero dei farmaci (polipyll)
- Blister e contenitori disegnati ad hoc
- Reminders (SMS) ed APPs
- Incrocio dati personali con flussi di spesa
- Nuove tecnologie



Subbaraman et Al. BMJ Global Health, 2018

## Importanza dell'aderenza terapeutica

- Riduce la mortalità
- Migliora la qualità della vita
- Riduce i ricoveri Ospedalieri e le recidive
- Comporta risparmi per il SSN
- Risponde a criteri di appropriatezza clinica e allocazione risorse