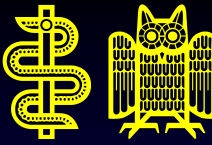




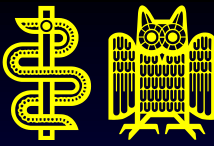
Medication Adherence and Outcomes in High Risk Cardiovascular Patients in the ONTARGET Trial

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on behalf of the ONTARGET-Investigators**

Disclosures



**Authors were members of the ONTARGET
Steering Committee and
received honoraria and research grants from
Boehringer Ingelheim as well as fees
from other major cardiovascular pharmaceutical
companies**



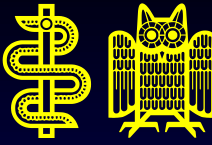
Background

Nonadherence to medications

- is a problem in high risk patients
- associated with multidrug treatment
- related to outcomes in several conditions
 - Hypertension
 - Hyperlipidemia
 - CAD
 - CHF
- Associated with health related life style characteristics
(„healthy adherer phenomenon“)



Objectives of ONTARGET



Patients:

CV high risk patients after MI, Stroke, PAD, or DM + 2RF

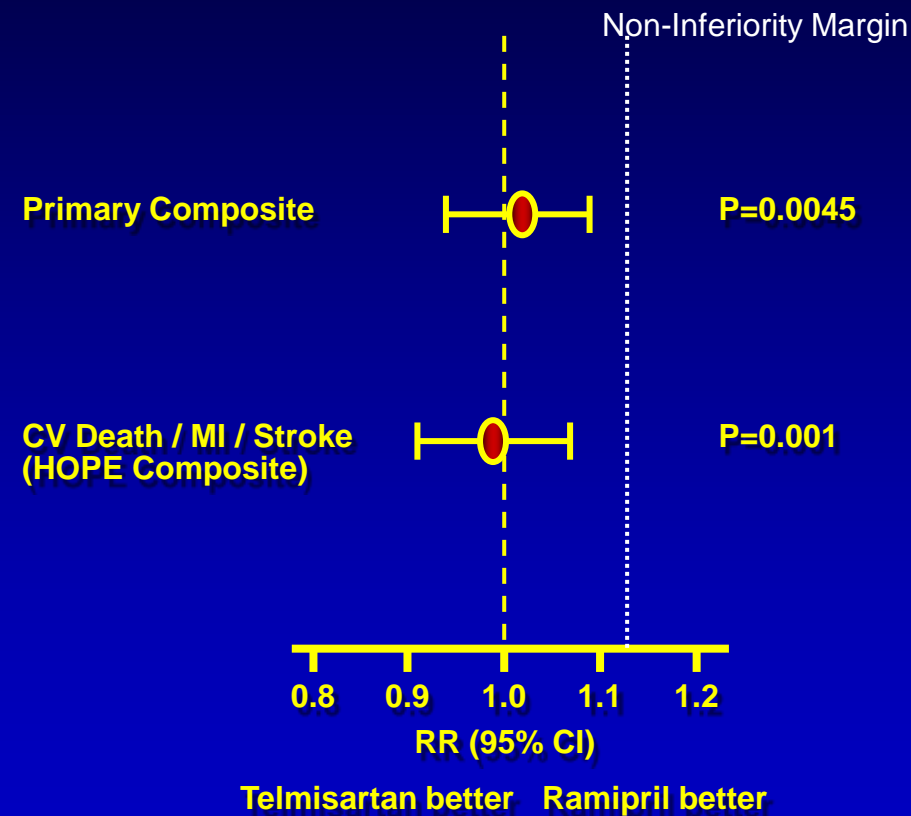
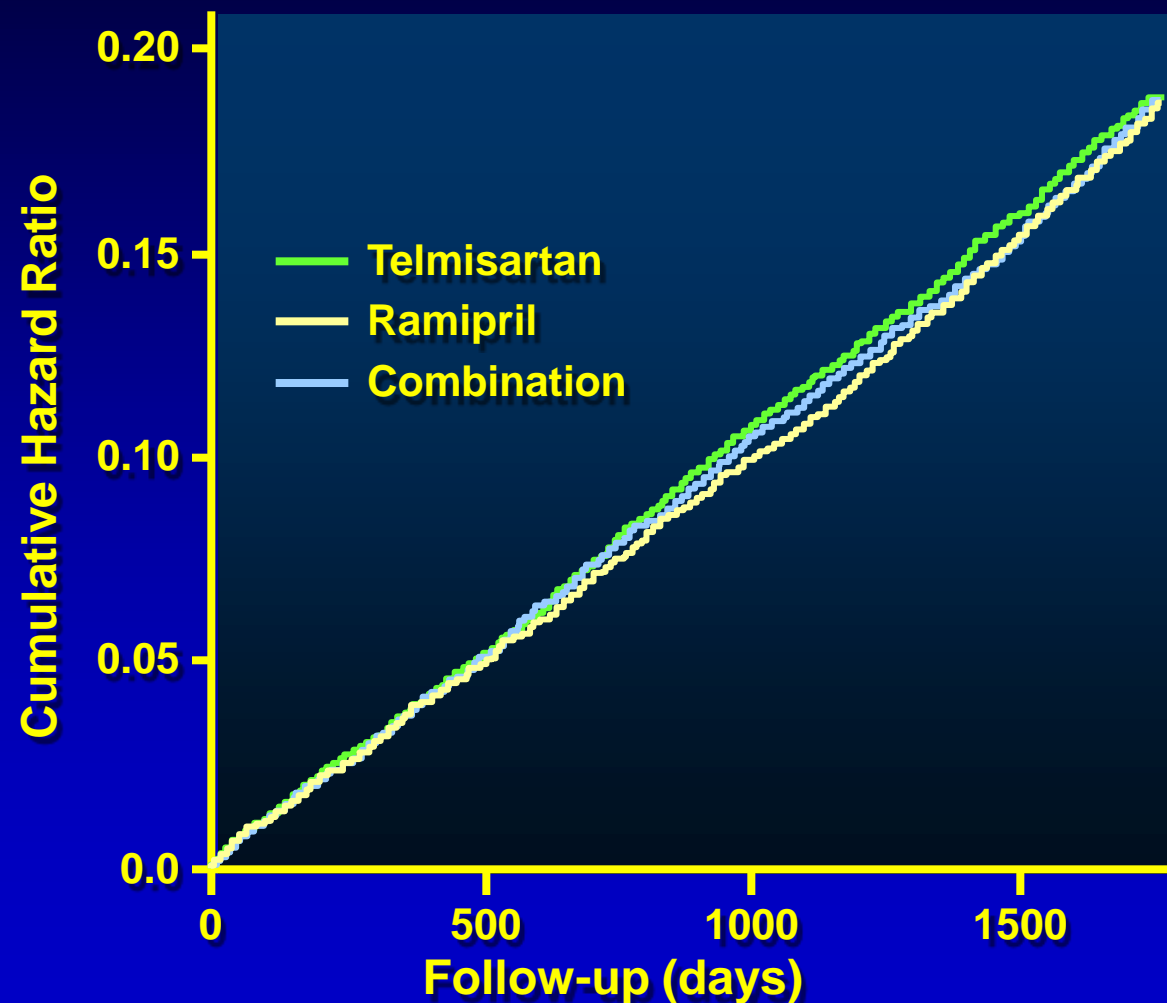
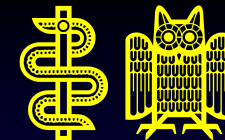
Questions:

1. Is telmisartan “non-inferior” to ramipril?
2. Is the combination superior to ramipril?

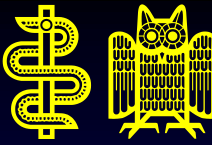
Outcome:

1. Primary: CV death, MI, stroke, CHF hosp
2. Key secondary: CV death, MI, stroke (HOPE trial outcome)
3. Single Components of the primary

Primary Outcome Telmisartan vs. Ramipril vs. Combination

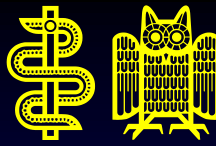


Objective of Current Analysis



- Identification of patient characteristics for nonadherence
- Effect of nonadherence on outcomes
- Effect of CV-outcomes on adherence

Definitions and Methods

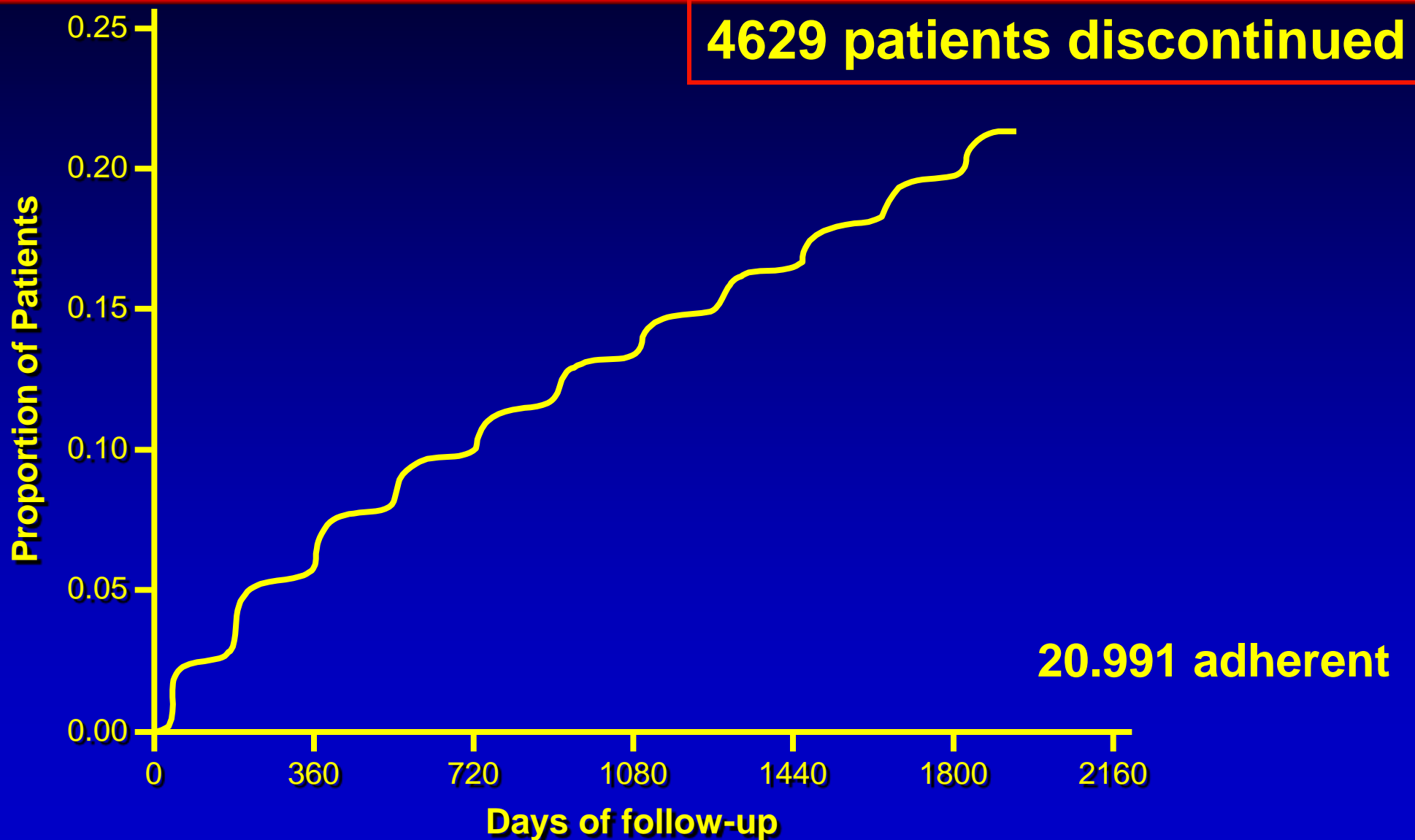


Nonadherence: Complete and Permanent Discontinuation of All Study Medications

Statistical Analysis:

- differences tested by Chi-square (categorical) or Student's t-test (continuous)
- Cox proportional hazard model
- nonadherence as time-dependent covariate
- multiple regression
- $p < 0.01$

Permanent Stop of Study Medication Continuously Increased Over Time



Cox Regression on Time to Permanent Stop of Study Medication (Non-Adherence, adjusted)

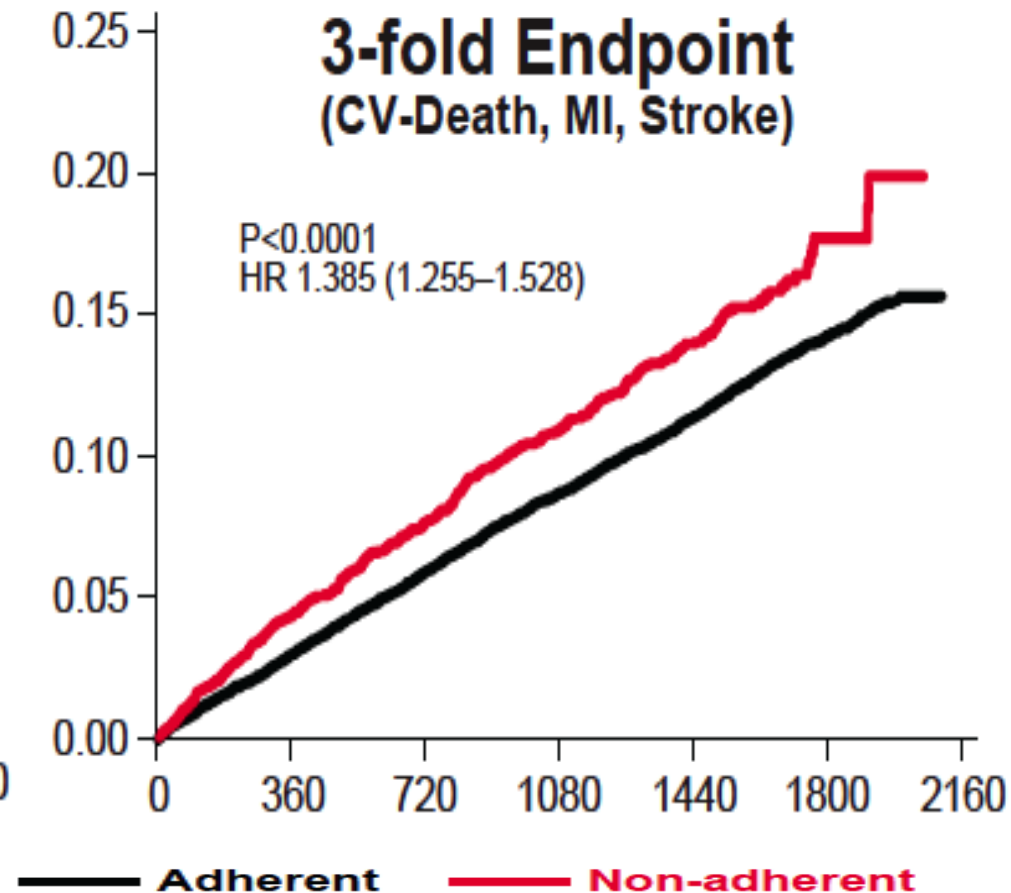
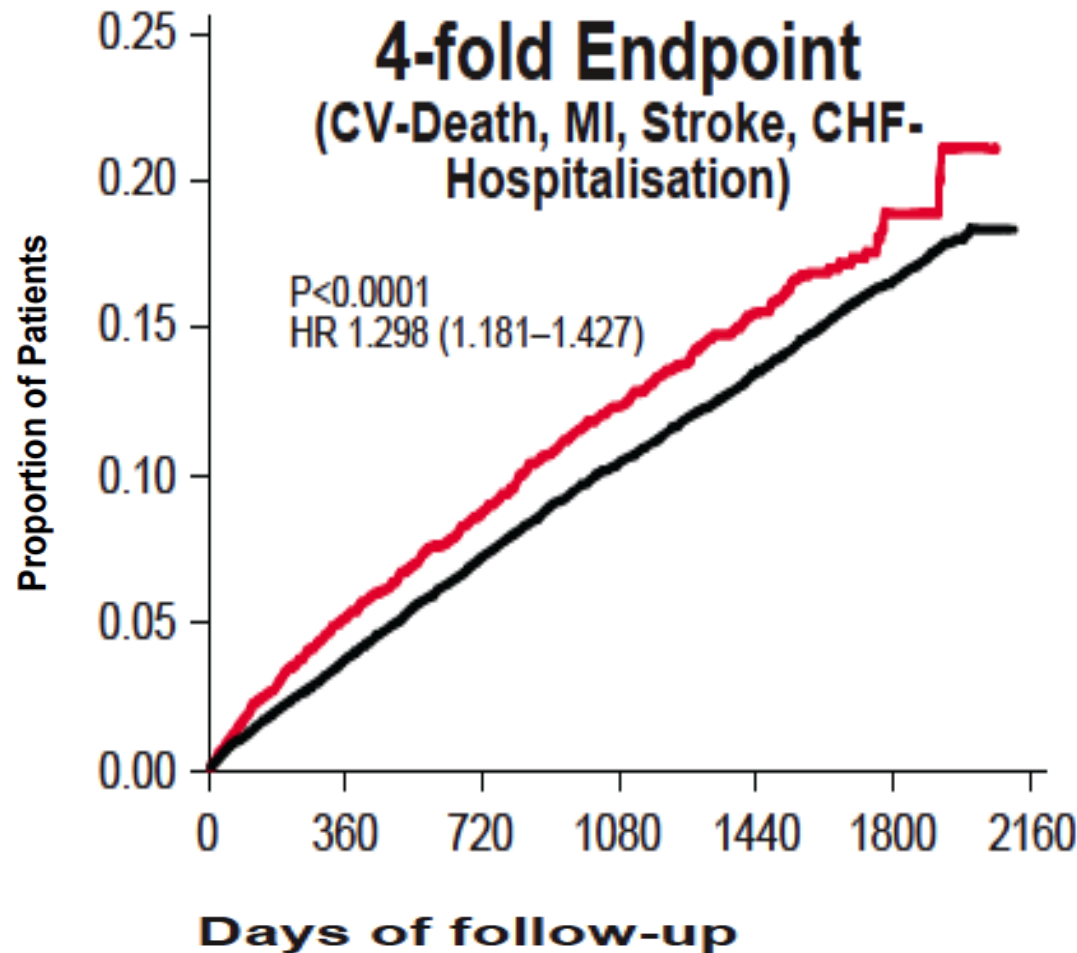
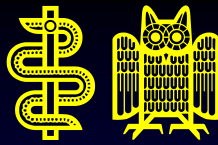
<i>Variable</i>	<i>Pr > ChiSq</i>	<i>HR</i>	<i>95% CI</i>
Age, linear	<0.0001	1.035	(1.030 – 1.039)
Female vs Male	<0.0001	1.200	(1.117 – 1.289)
Black vs White	0.0009	1.302	(1.115 – 1.521)
Asian vs White	<0.0001	0.569	(0.511 – 0.639)
Other vs White	<0.0001	0.645	(0.574 – 0.726)
Activity 2-6/week vs ≤ 1/week	<0.0001	0.863	(0.804 – 0.927)
Every day vs ≤ 1/week	<0.0001	0.806	(0.750 – 0.865)
Smoking Current vs Never	0.0005	1.193	(1.080 – 1.316)
Smoking Formerly vs Never	0.0026	1.113	(1.038 – 1.192))
Stroke / TIA	0.0013	1.128	(0.974 – 1.128)
History of diabetes	<0.0001	1.223	(0.927 – 1.104)
Episodes of depression	<0.0001	1.111	(0.867 – 1.036)

 Age, Gender, Ethnics, Physical Activity, Smoking, Diabetes, neuro-psychiatric disorders

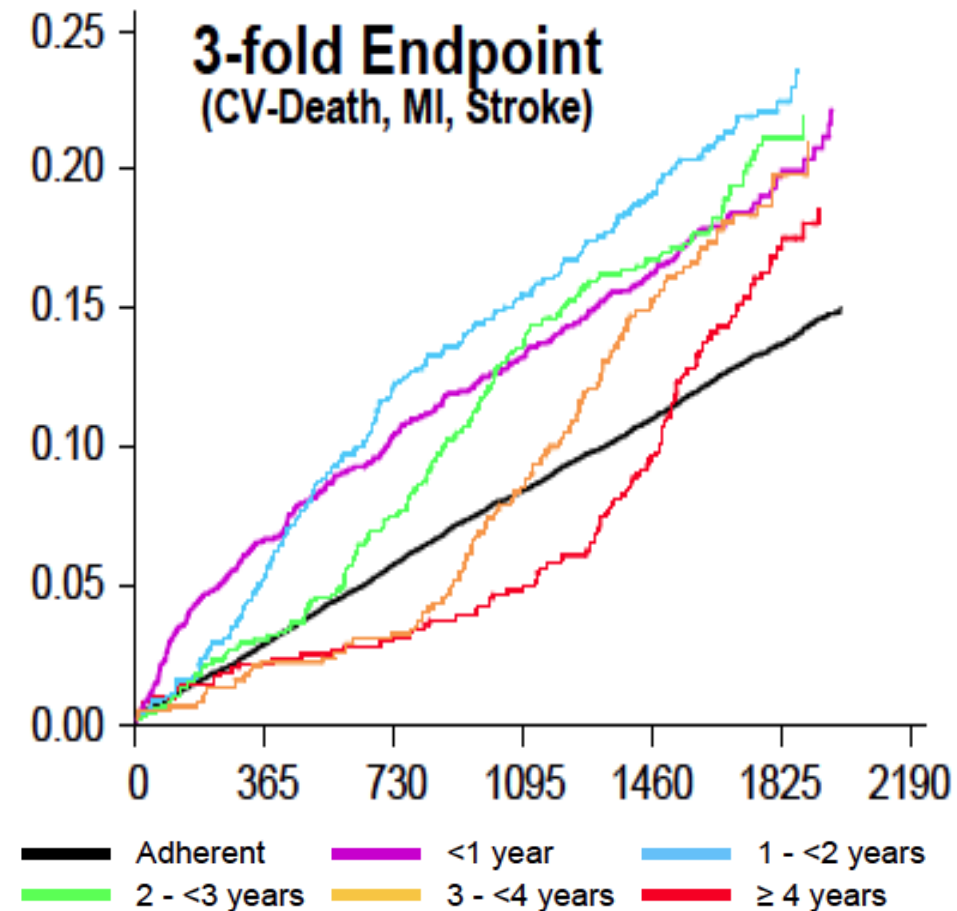
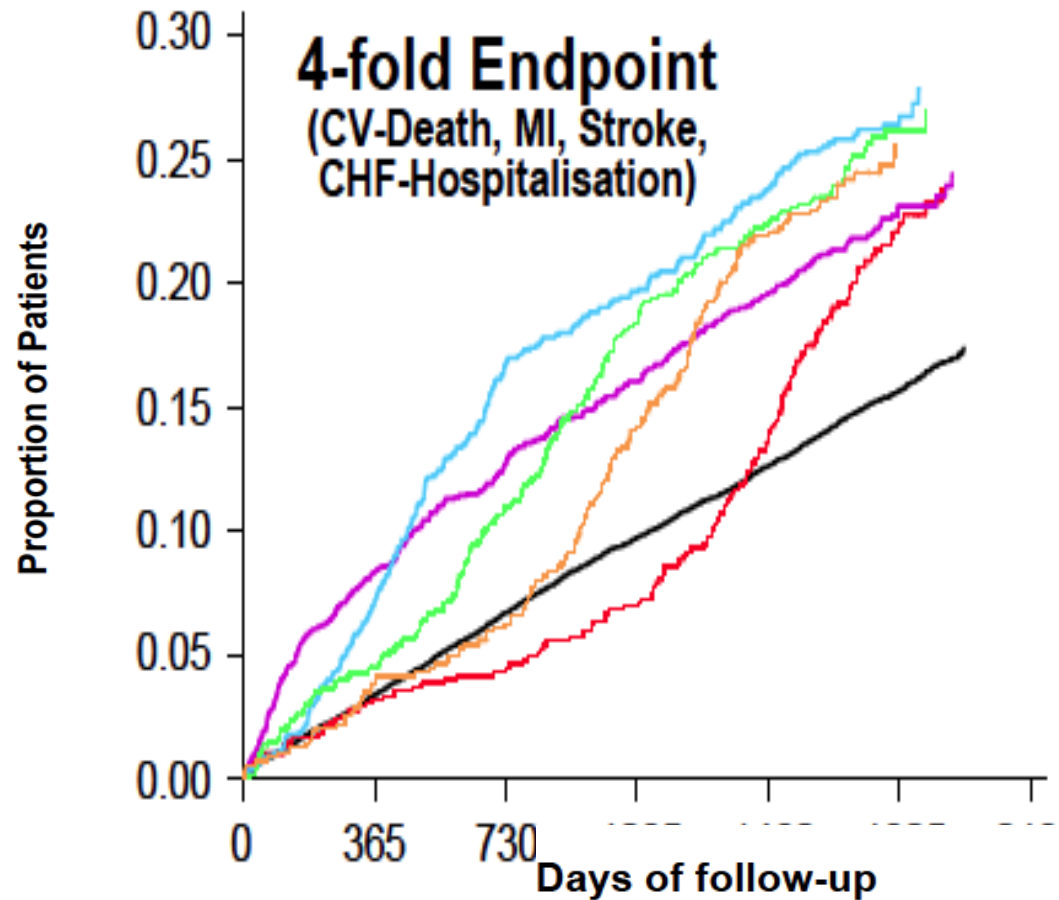
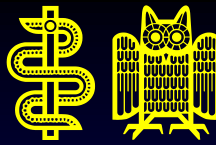
Distribution of Premature Permanent Discontinuations of Study Medication - By Time

<i>Permanent discontinuation</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Frequency</i>	<i>Cumulative Percent</i>
<i>< 6 weeks</i>	<i>354</i>	<i>7.7</i>	<i>354</i>	<i>7.7</i>
<i>6w - < 6 months</i>	<i>585</i>	<i>12.6</i>	<i>939</i>	<i>20.3</i>
<i>6m - < 1 year</i>	<i>619</i>	<i>13.4</i>	<i>1558</i>	<i>33.7</i>
<i>1y - < 2 years</i>	<i>1038</i>	<i>22.4</i>	<i>2596</i>	<i>56.1</i>
<i>2y - < 3 years</i>	<i>785</i>	<i>17.0</i>	<i>3381</i>	<i>73.0</i>
<i>3y - < 4 years</i>	<i>613</i>	<i>13.2</i>	<i>3994</i>	<i>86.3</i>
<i>≥ 4 years</i>	<i>635</i>	<i>13.7</i>	<i>4629</i>	<i>100.0</i>

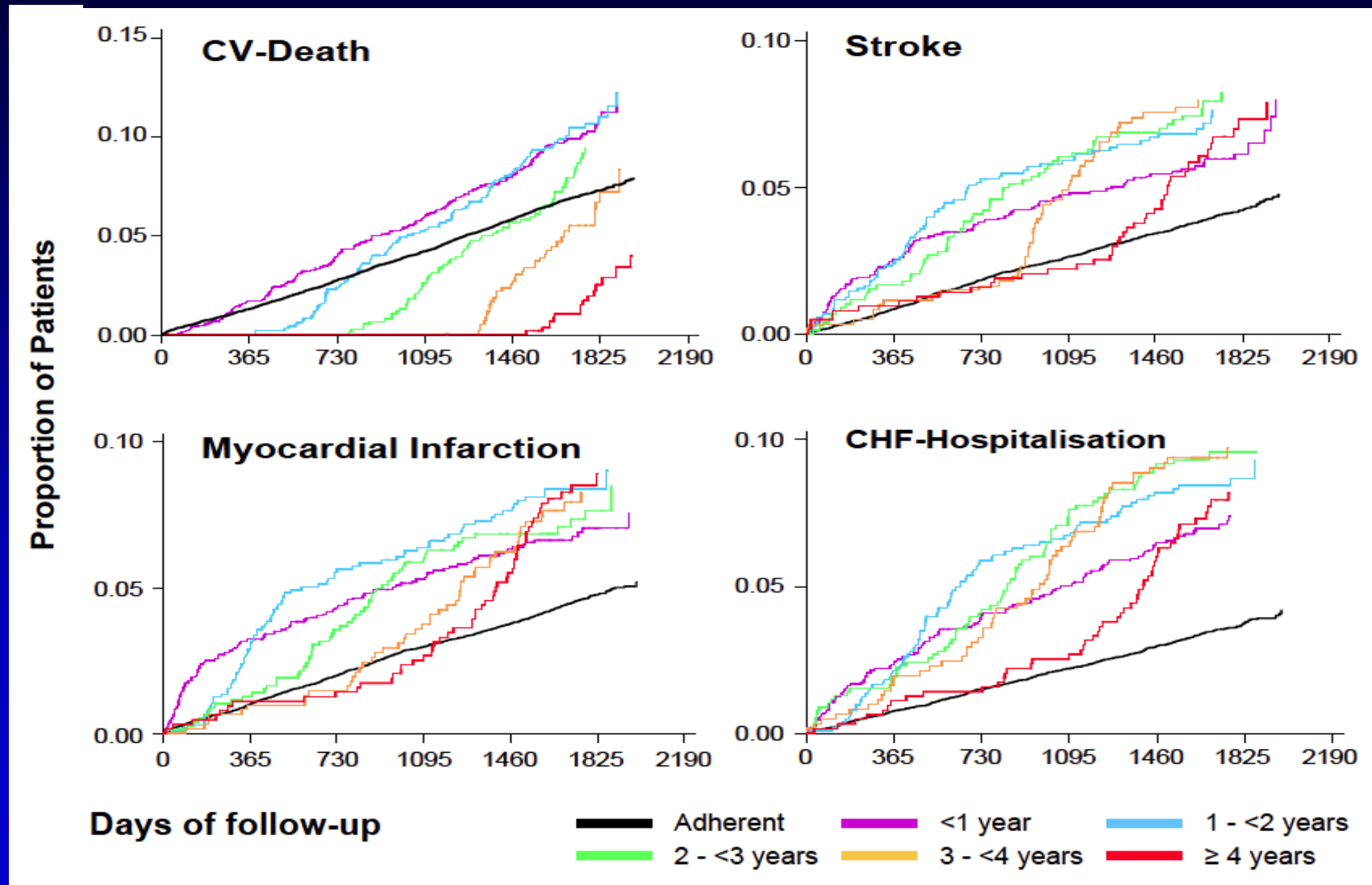
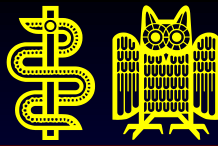
Nonadherence Increases Overall Event Rates



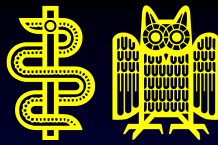
Rapid Increase of Events by Year After Permanent Discontinuation of Study Medication



Rapid Increase of Events by Year After Permanent Discontinuation of Study Medication

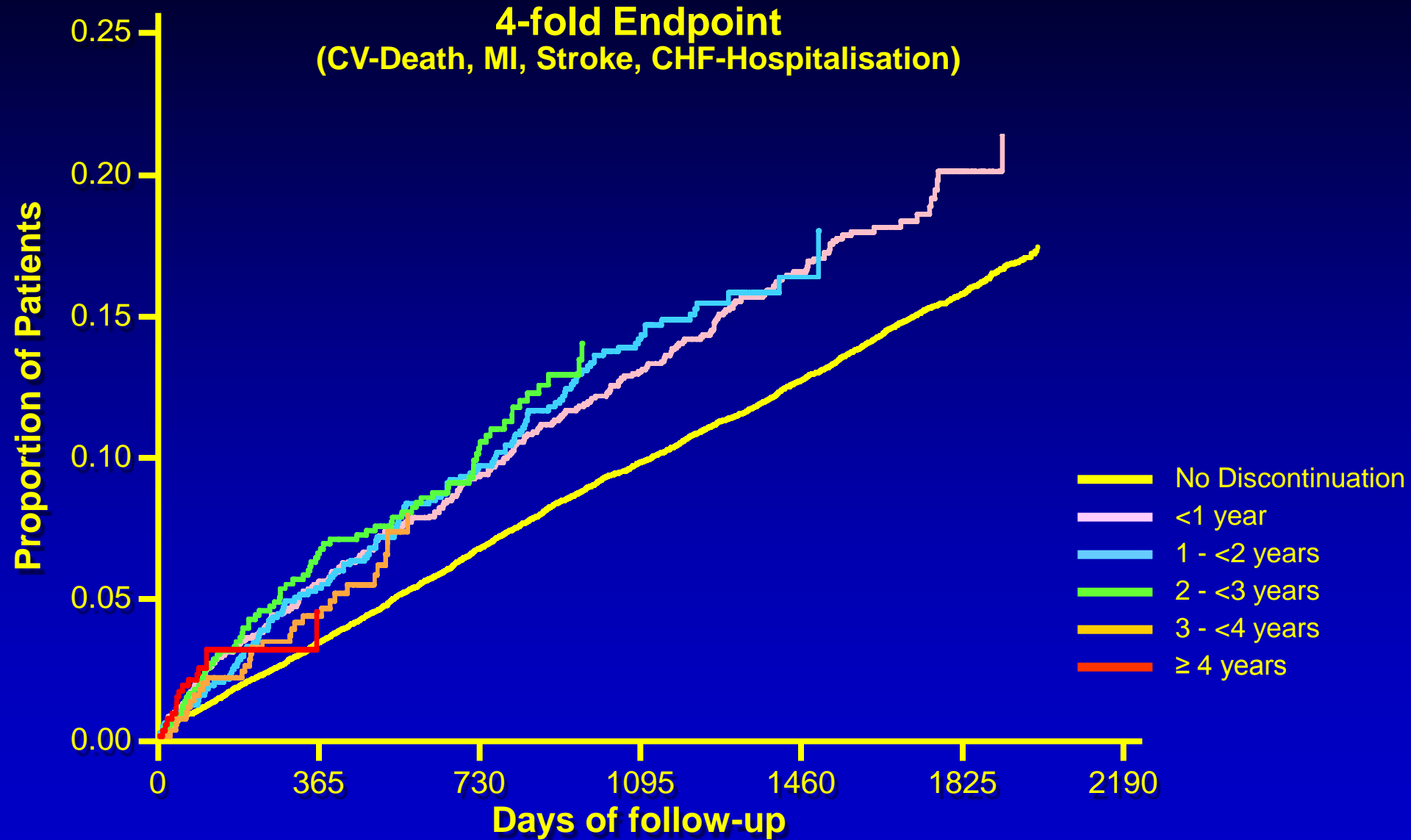


Cox Model with Time-Dependent Covariate

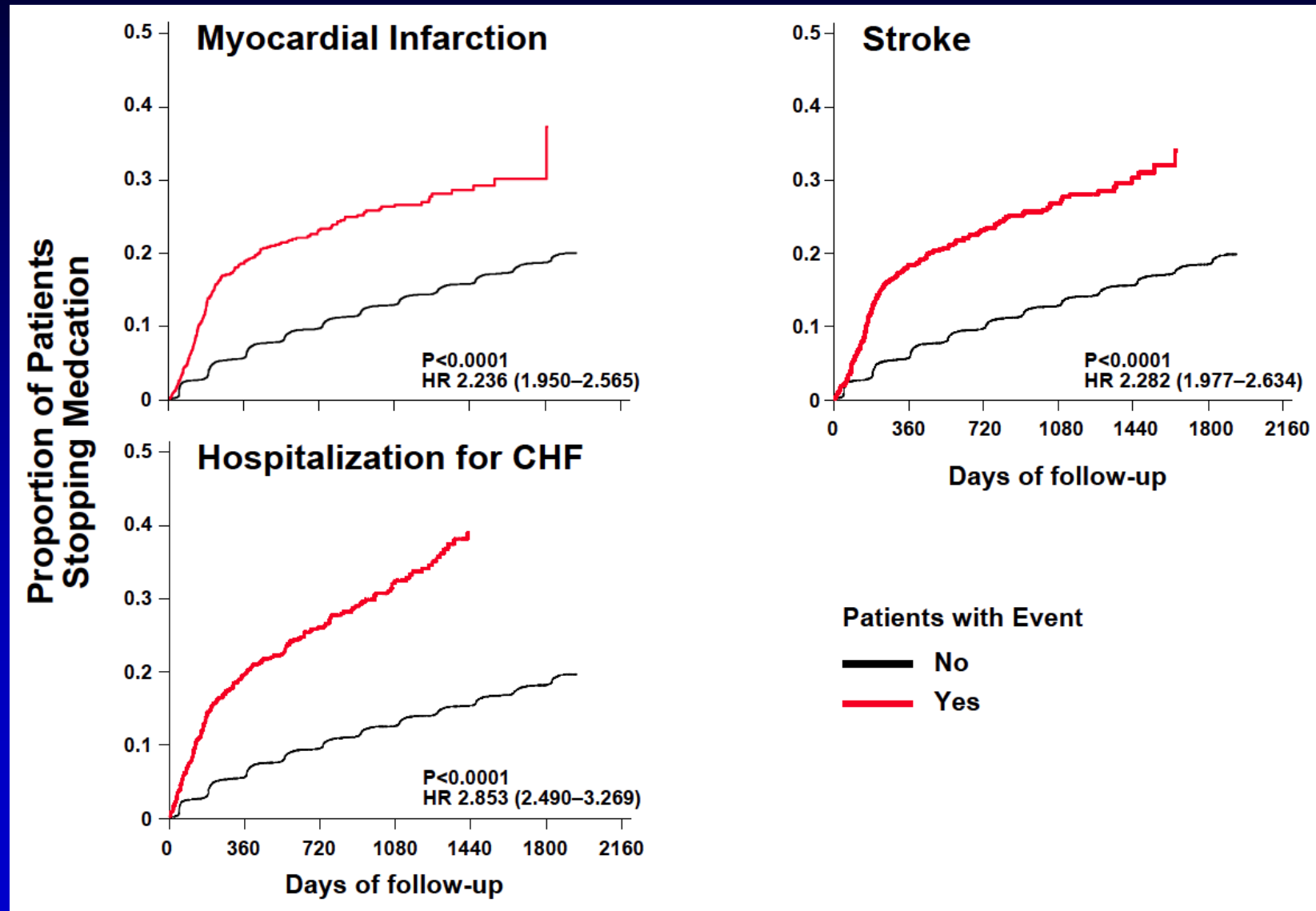


<i>Time-dependent (HR for being off medication)</i>		
	<i>p</i>	<i>Hazard Ratio (CI)</i>
4-fold endpoint	<.0001	1.298 (1.181 – 1.427)
3-fold endpoint	<.0001	1.385 (1.255 – 1.528)
CV death	<.0001	2.050 (1.824 – 2.303)
MI	0.6569	1.043 (0.866 – 1.256)
Stroke	0.5171	1.066 (0.879 – 1.293)
CHF Hospitalisation	<.0001	1.464 (1.228 – 1.745)

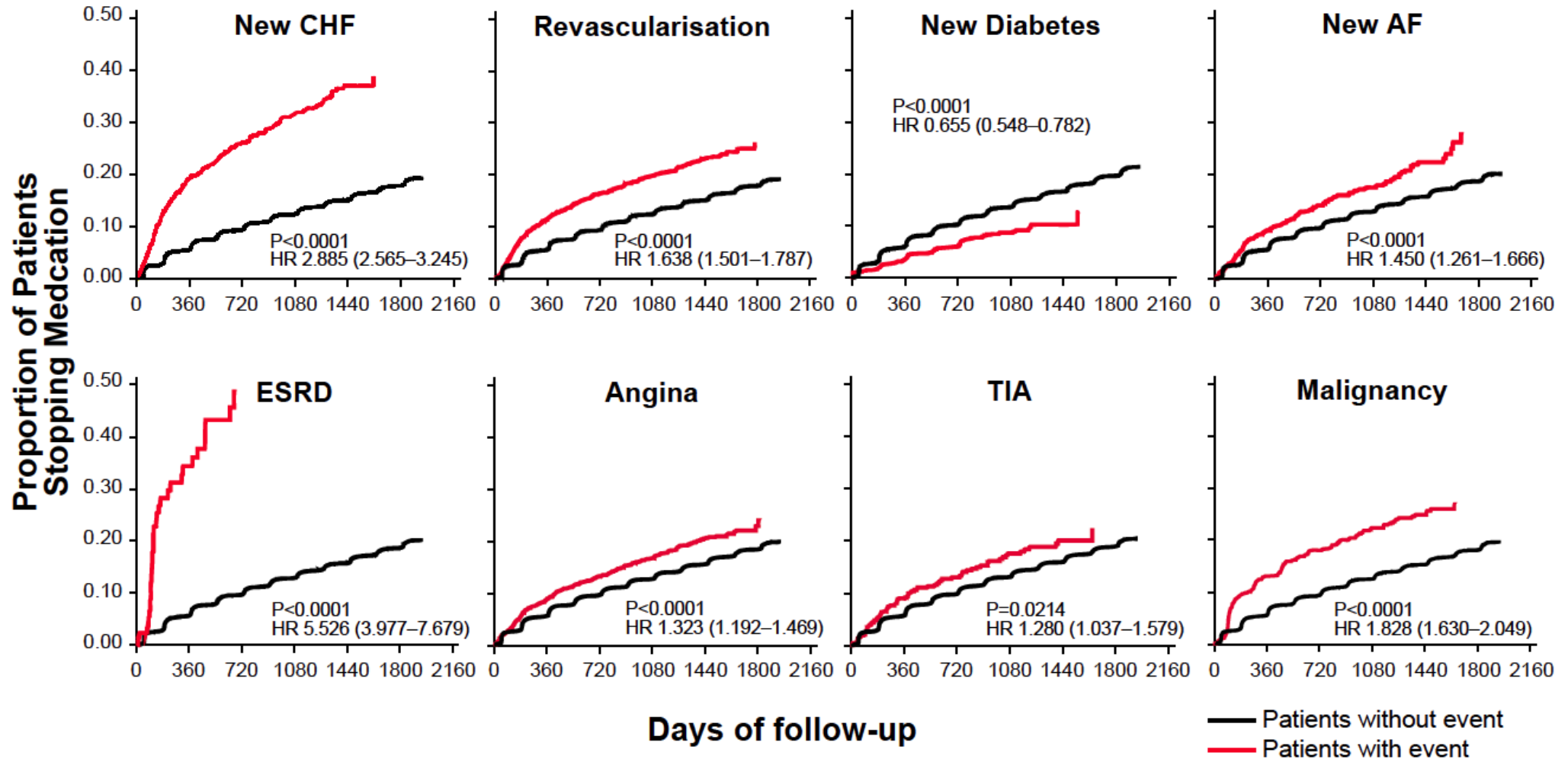
Rate of Rise of Event Rates after Stop of Study Medication is Similiar Between Years of Discontinuation



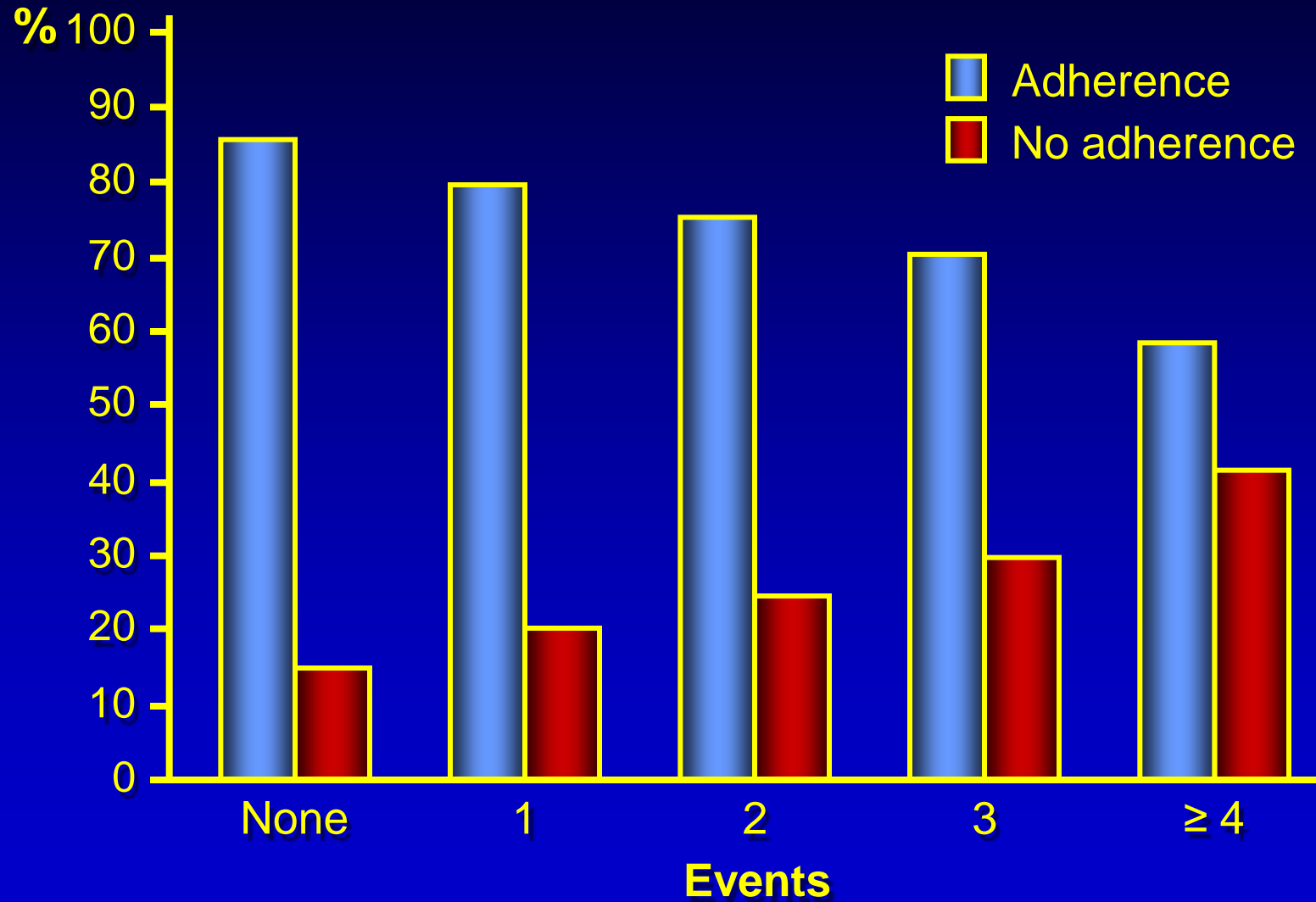
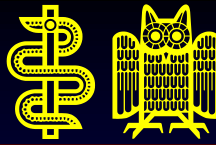
Risk for Discontinuation of Medication is Increased After Nonfatal Primary Event



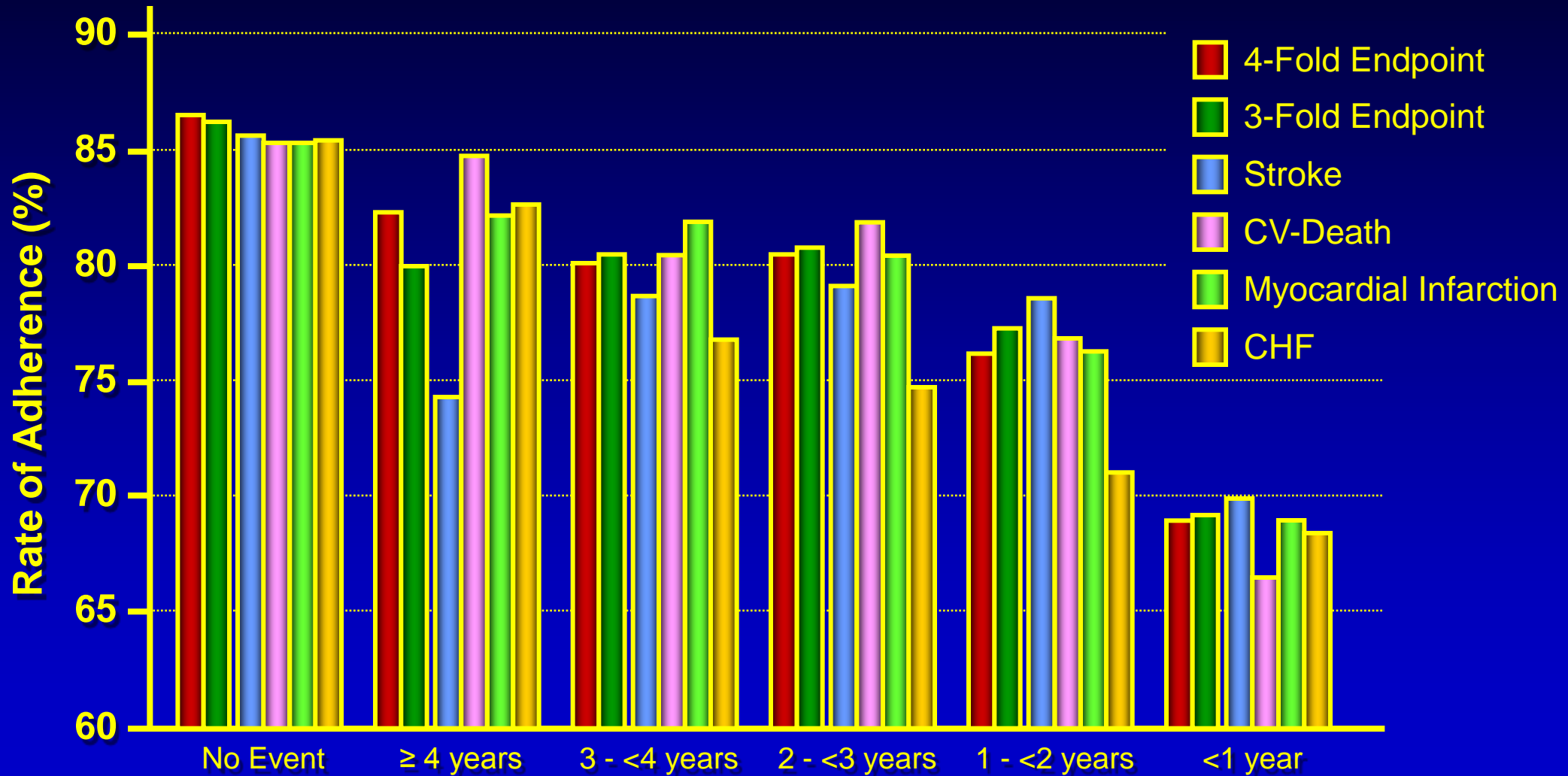
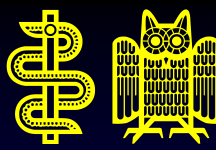
Risk for Discontinuation of Medication is Increased After Nonfatal Other Events



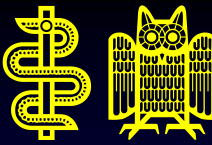
Number of Events Increases Nonadherence



Patients with an Early Event Have Worse Mean Adherence Rates



Conclusions:



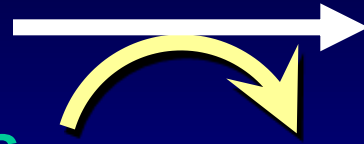
- Ageing, females, ethnics, low physical activity, smoking, diabetes, neuro-psychiatric disorders are predictors of nonadherence
- becoming nonadherent rapidly increases events
- the event itself reduces adherence leading into a vicious cycle!

Concept: Nonadherence-Event Vicious Cycle

Age, Gender, Ethnicity,
Physical Activity,
Smoking, Diabetes,
neuro-psychiatric disorders

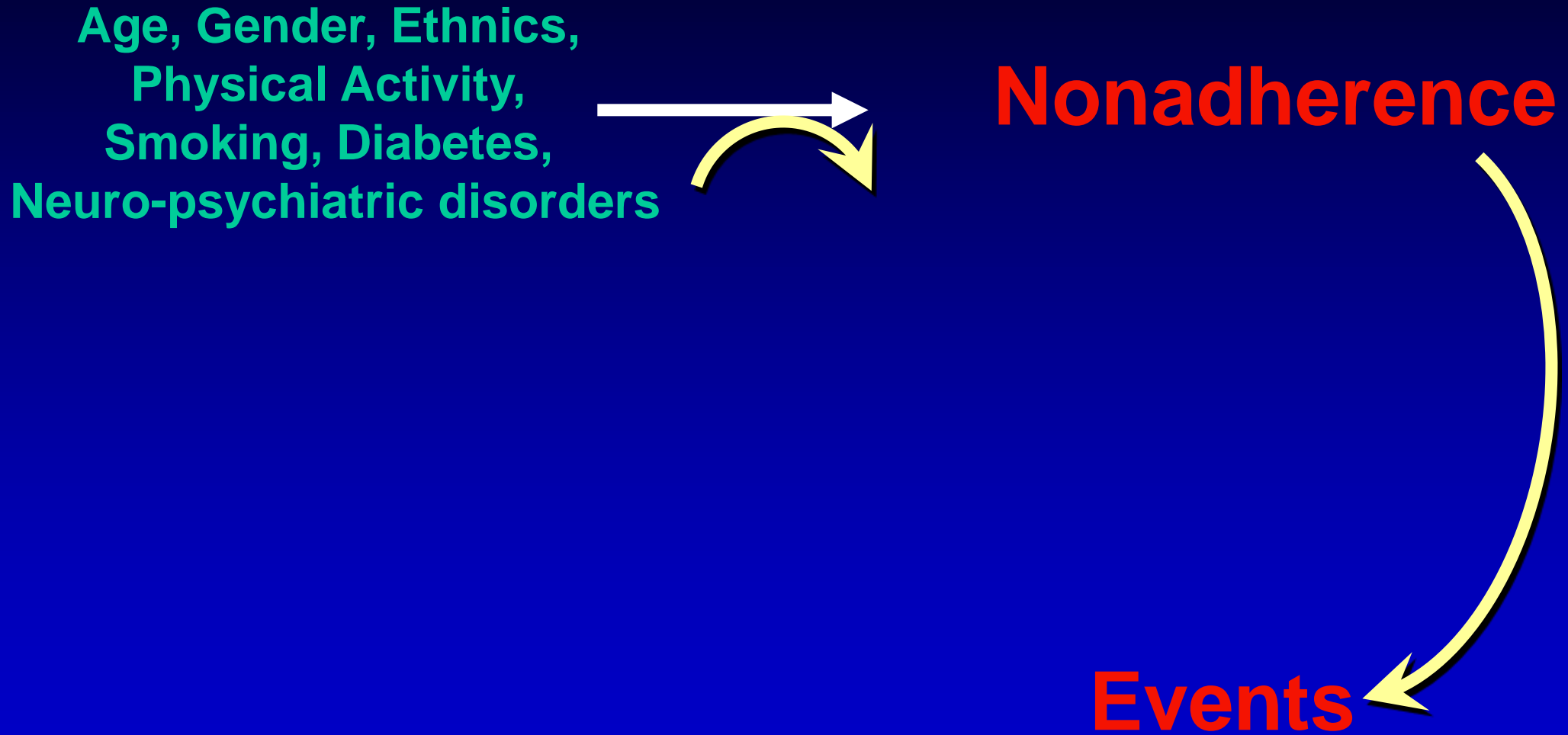
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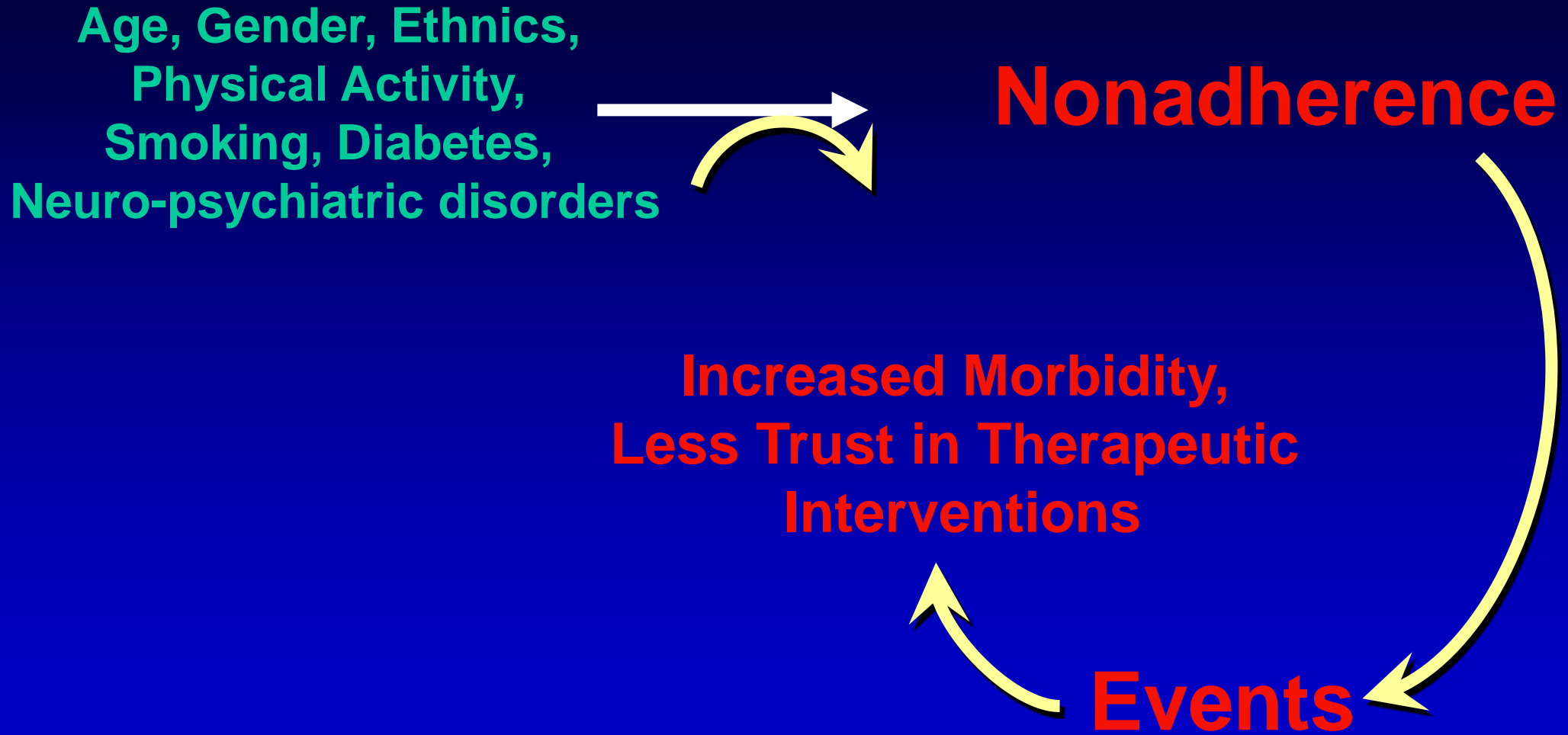


Nonadherence

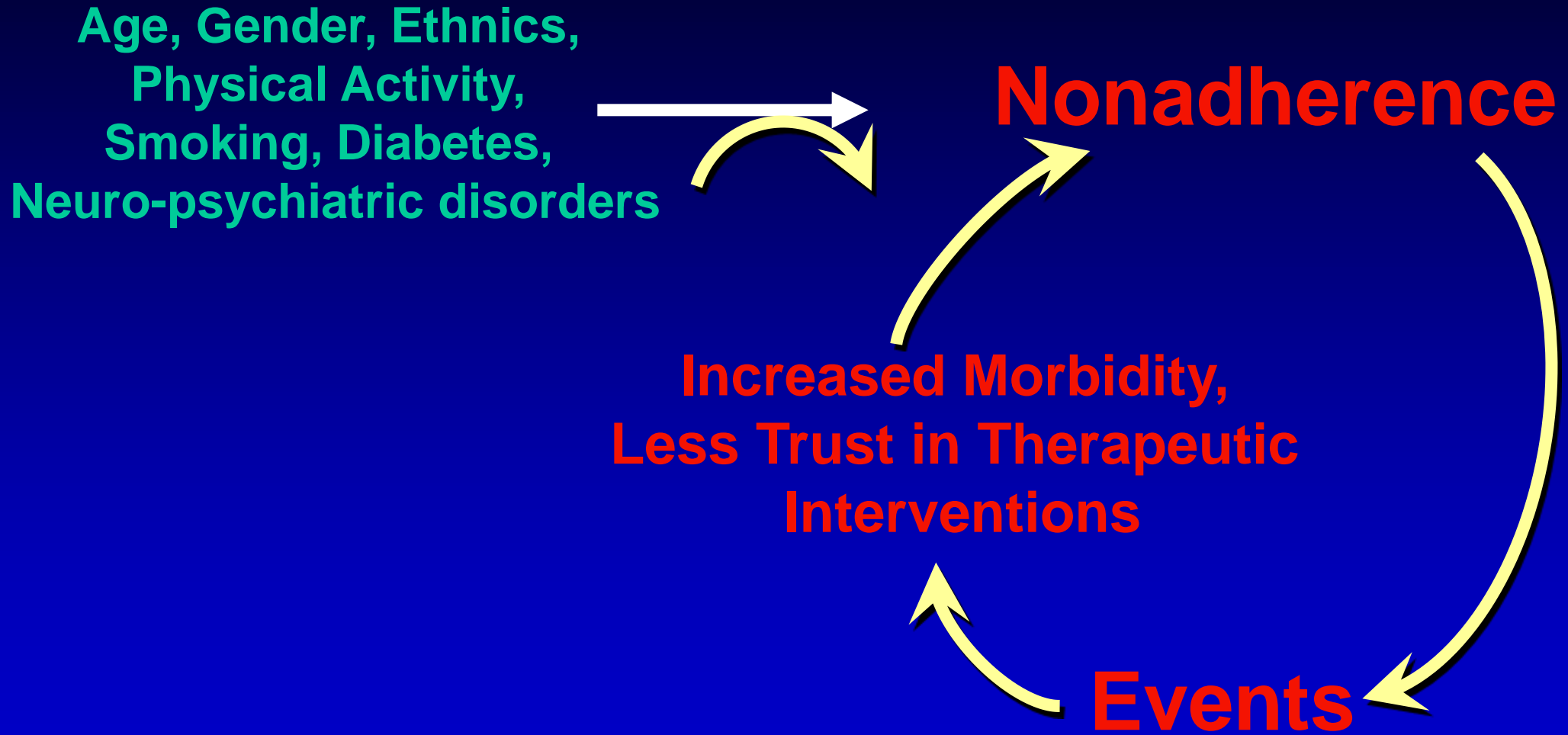
Concept: Nonadherence-Event Vicious Cycle



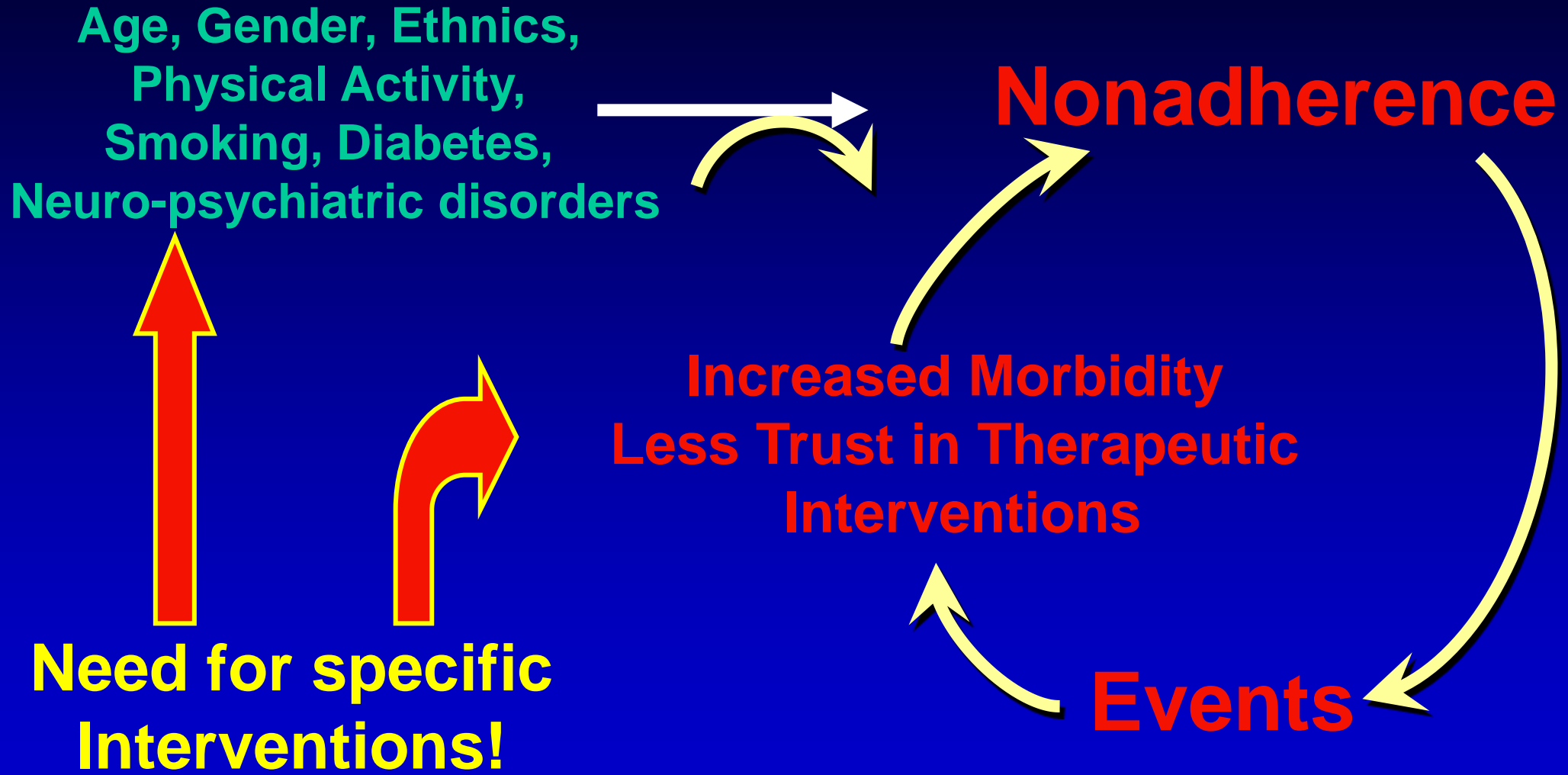
Concept: Nonadherence-Event Vicious Cycle



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Concept: Nonadherence-Event Vicious Cycle





Thank You!

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