



What are the factors that affect the decision to prescribe and take preventative medication for cardiovascular disease?

Starting and staying on medication for cardiovascular disease

Background

- Cardiovascular disease (CVD) is the leading cause of death in the developed nations. There are now effective medications to help prevent CVD, especially in patients at high risk. But GPs don't always prescribe even to those at high risk, nor do patients always accept the prescription or take the medication if it is prescribed.
- Research exploring the perceptions, values and experiences of GPs and patients around the use of medications helps us identify what helps and hinders prescribing and taking medication.
- The researchers drew together existing research into patients' experiences and perceptions of preventive medication, to find out why patients do or don't start and stay on these medications, the implications of this and how we can learn how to provide better CVD prevention.

Turn over to find out more

Findings

- Patients and GPs tended to prefer lifestyle changes to medication, and were concerned about the costs to the NHS and disliked taking medication.
- GPs did not always discuss medications with patients because they wanted to maintain a good relationship with them or ensure that they continued to take existing treatment, denying them the opportunity to be involved in making a decision about treatment.
- Healthcare professionals do not always understand the concept of 'risk' adequately, and are therefore unable to communicate it to patients. They make decisions based on the 'consensus' in their peer group, rather than by directly evaluating the evidence.
- Some patients found access to services was limited by time or work commitments, or were put off by uncomfortable environments. Lack of communication about treatment also deterred people from attending.
- People with challenging circumstances, such as multiple health problems, carer responsibilities or financial problems were much less likely to take medication.
- A tailored approach is required when making a decision about treatment.

References

Gale N, Marshall T, Bramley G. Starting and staying on preventative medication for cardiovascular disease. *Curr Opin Cardiol*. 2012;27(5):533-41.



Recommendations for practice

“Interventions that only seek to ‘educate’ patients do not reach all groups of society and make health inequalities worse. In the future, new interventions should be carefully tailored to the needs of local communities by focusing on reducing the obstacles to starting and staying on preventative medication.”

What is CLAHRC for Birmingham & Black Country?

The Collaborations for Leadership in Applied Health Research and Care (CLAHRC) is a partnership between the University of Birmingham and a number of NHS organisations in Birmingham and the Black Country. We are funded by the National Institute for Health Research with a mission to undertake high-quality applied health research focused on the needs of patients to improve health services locally and beyond.

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