

Expert recommendations for increasing adherence to low dose aspirin in the secondary prevention of cardiovascular disease

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Purpose

- Low dose aspirin (75–100 mg daily) is a well-established and effective treatment used in the prevention of atherosclerotic cardiovascular (CV) disease.¹
- Adherence to low dose aspirin is essential to the maintenance of a persistent antiplatelet effect. However, despite the potentially serious consequences of non-adherence, estimates of non-adherence to low dose aspirin range between 10% and 50% and the rate of patient-initiated discontinuation is thought to be up to 30%.²
- Factors affecting adherence vary among patients, and a patient's approach to adherence may change according to their circumstances, making understanding and influencing adherence a challenge.
- This study aimed to generate expert guidance for prescribers to support their patients' long-term adherence to low dose aspirin.

Methods

- In 2020–2021, an international panel of 11 experts† used a modified Delphi process to develop statements derived from the literature and from expert opinion relating to adherence to low dose aspirin.
- The experts were specialists in cardiology (n=7), internal medicine (n=2), diabetes (n=1), and gastroenterology (n=1).

- A preliminary list of 15 questions related to adherence to low dose aspirin in both primary and secondary prevention settings was identified by the expert panel during a virtual meeting.
- A 6-step Delphi process³ was then used to refine these questions and develop statements to address each question and provide practical guidance to prescribers (Figure 1).
- These statements were then used to develop expert recommendations.

Figure 1. Flow chart showing the modified Delphi process used in the development of adherence statements

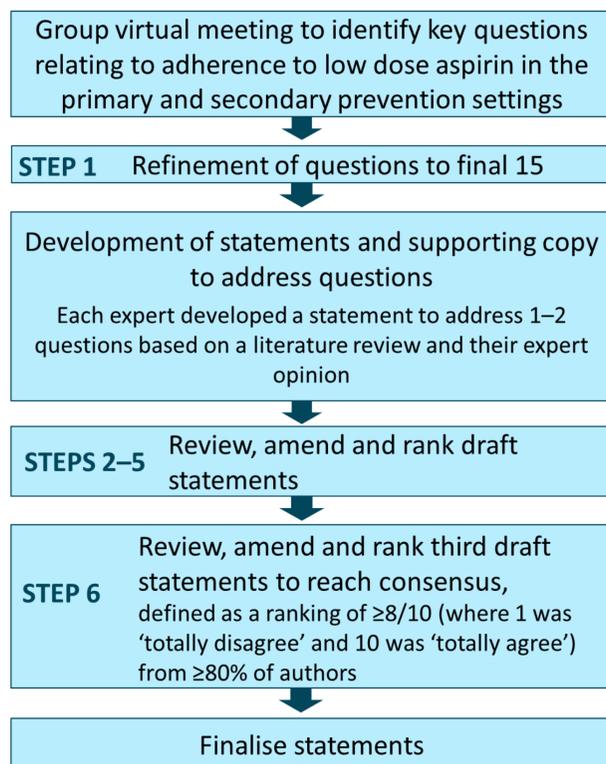
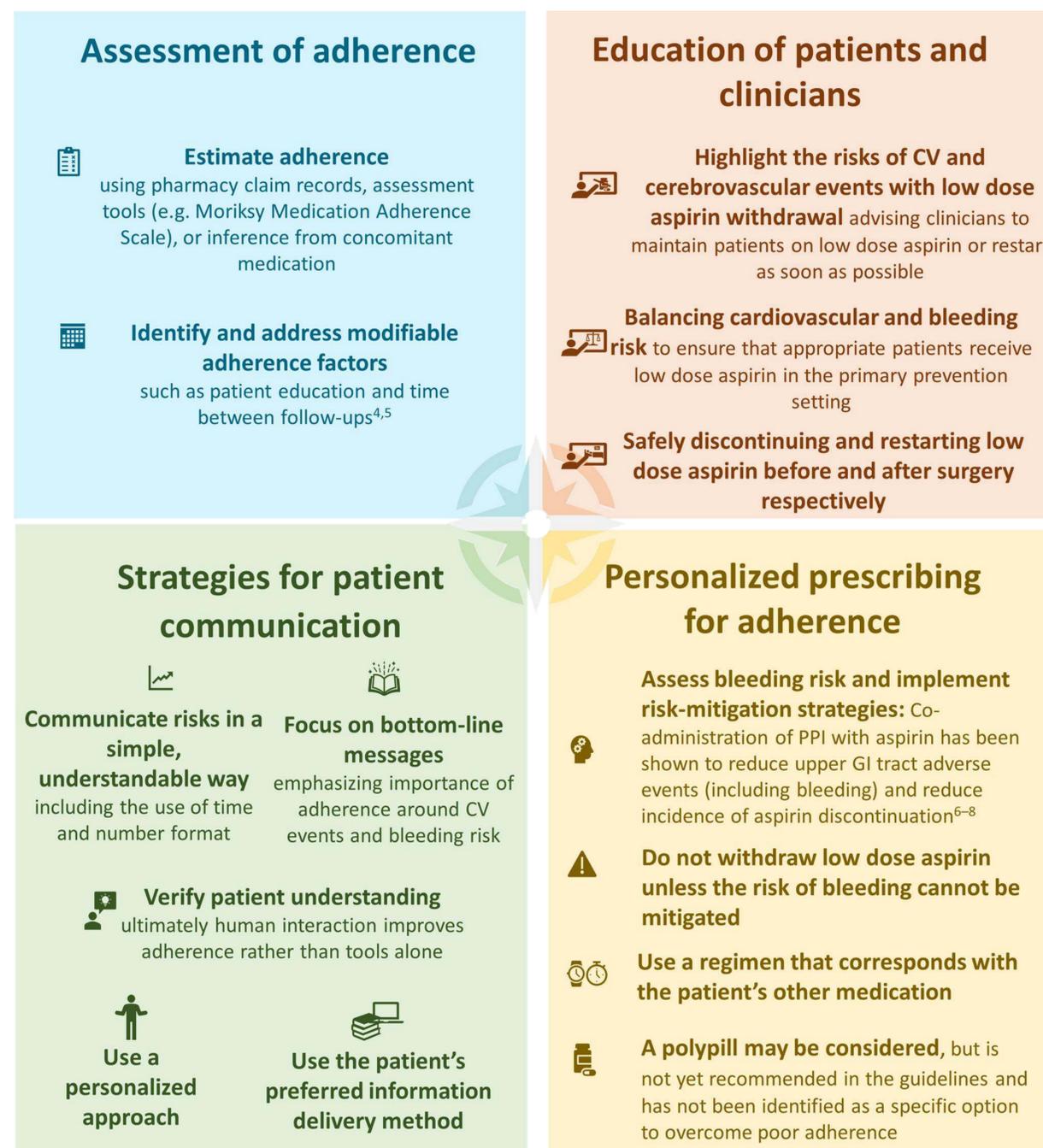


Figure 2. Summary of expert recommendations for improving adherence to low dose aspirin



Results

- The panel of experts produced strategic recommendations with the aim of improving adherence to low dose aspirin. These focused on the assessment of adherence, communication with patients, education of patients and clinicians, and personalized prescribing (Figure 2).

Conclusions

- No drug achieves its potential outcomes unless patients adhere to their prescribed regimen. As the cornerstone of treatment in secondary prevention settings, low dose aspirin (75–100 mg daily), taken as prescribed, is critical in reducing the risk of a recurrent CV or cerebrovascular event.
- This expert review has highlighted key actions for physicians to consider during treatment discussions with their patients to facilitate high adherence to low dose aspirin.

References

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†The experts were based in institutions Argentina, Brazil, China, Egypt, Germany, Italy, Mexico, South Korea, Spain, or the USA

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