Multifaceted Intervention to Improve Medication Adherence and Secondary Prevention Measures (Medication Study) After Acute Coronary Syndrome Hospital Discharge

**History:** Adherence to cardioprotective therapies – including clopidogrel, beta-blockers, HMG-CoA reductase inhibitors, and ACEI/ARB medications – after hospitalization for acute coronary syndrome (ACS) is generally poor. Multiple studies have shown that nonadherence is associated with increased risk of rehospitalization and mortality.

**Question to answer:** Can a multifaceted intervention improve adherence to cardioprotective medications during the year after ACS hospital discharge?

| Trial Design | Randomized, controlled trial at 4 VA Medical Centers; N=253  
**Randomization:** Multifaceted intervention (INT) including: (1) pharmacist-led medication tailoring; (2) patient education; (3) collaborative care among pharmacist, PCP, and/or cardiologist; and (4) voice messaging reminder calls, or usual care (UC)  
**F/U:** 12 months |
| Primary Endpoint | Adherence to 4 classes of cardioprotective medications based on prescription refill data (i.e., percentage of patients with proportion of days covered [PDC]>0.80) |
| Trial Results (INT vs usual care) | Composite: 73.9% vs 89.3% (P=0.003)  
Statin: 71.3% vs 93.2% (P<0.001)  
ACEI/ARB: 81.7% vs 93.1% (P=0.03)  
Clopidogrel: 70.7% vs 86.8% (P=0.03)  
Beta-blocker: 88.1% vs 84.8% (P=0.59) |
| **Take Away:** Patients who received a multifaceted intervention demonstrated improved adherence to cardioprotective medications following ACS hospitalization compared with patients who received usual care. |