

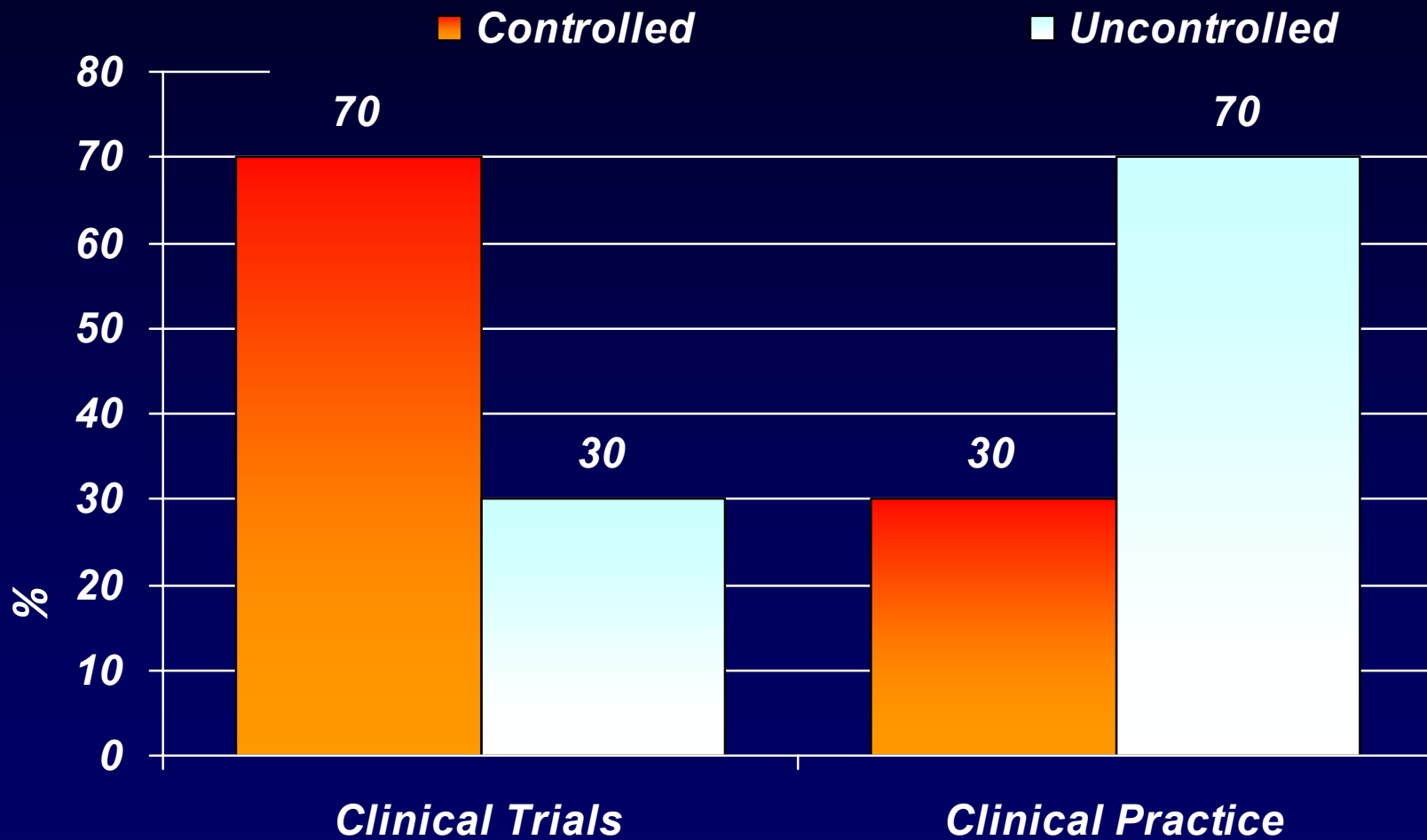
# **The Impact of Non-Compliance on Patient Management**

**Professor Ettore Ambrosioni**

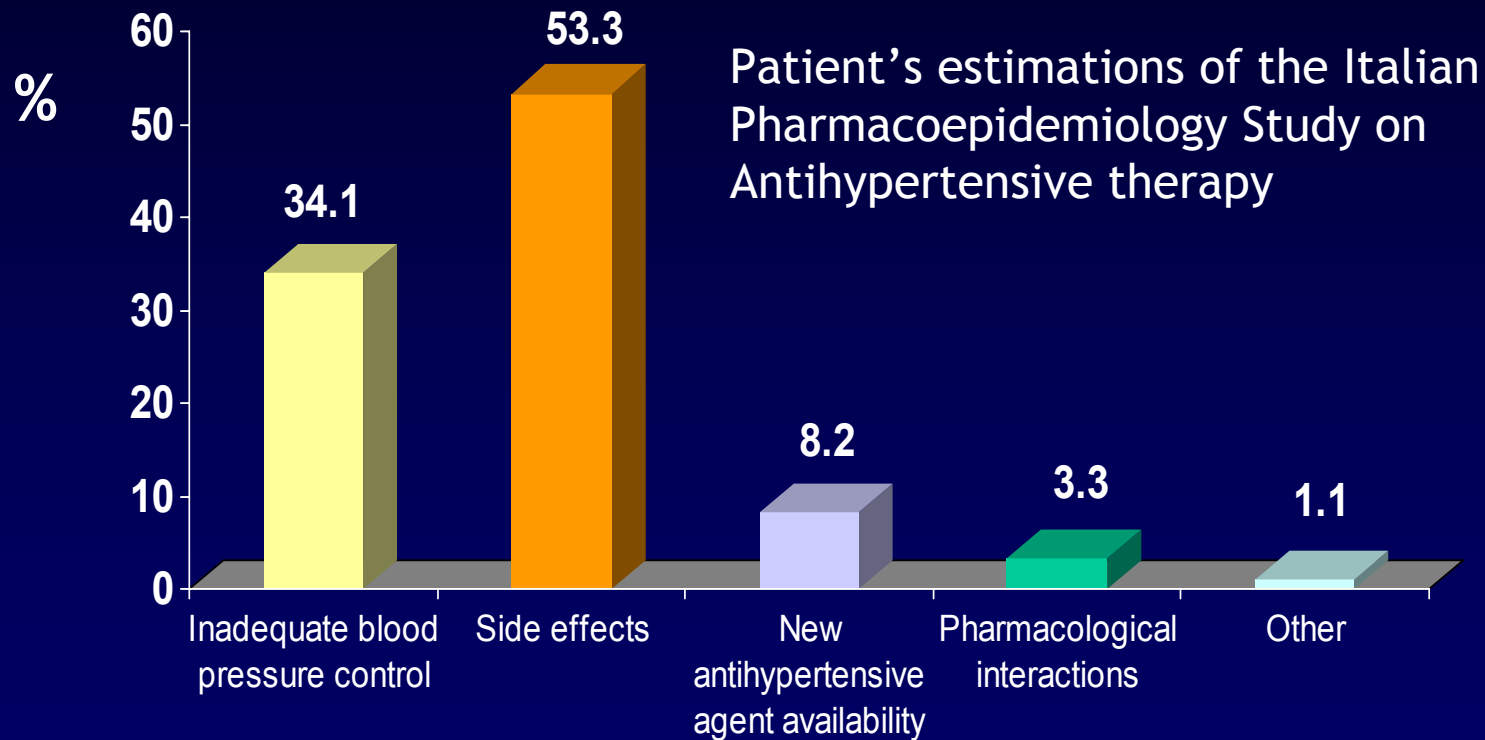
# COSTS OF HYPERTENSION

HEALTHCARE COSTS	NON HEALTHCARE COSTS	CONTRIBUTORS TO THE COST OF DRUG THERAPY
<ul style="list-style-type: none"><li>- Hypertension related visits</li><li>- Clinical and laboratory evaluation</li><li>- Consultations</li><li>- Hospitalization</li><li>- Cardiovascular complications</li><li>- Drug Therapy</li></ul>	<ul style="list-style-type: none"><li>- Informal Care</li><li>- Productivity loss</li></ul>	<ul style="list-style-type: none"><li>- Price of Drug</li><li>- Clinical and laboratory costs</li><li>- Compliance</li><li>- Persistence</li></ul>

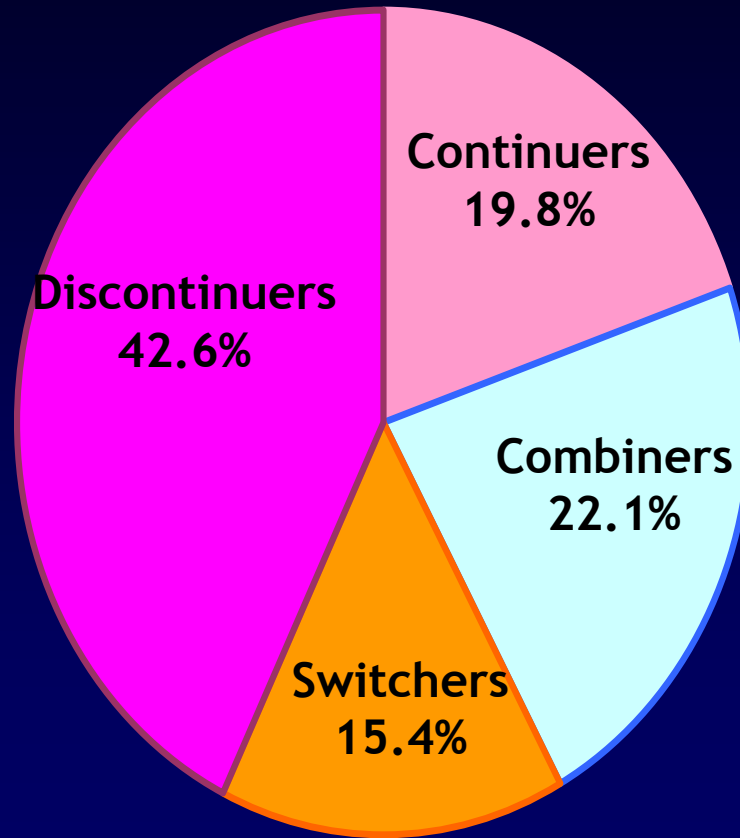
# Blood Pressure Control in hypertensive patients



# Reasons for discontinuing antihypertensive therapy



# Analysis of persistence pattern in 13303 newly diagnosed hypertensive patients (Italy, 2001)



# Hazard ratios versus diuretics of initial treatment discontinuation

Drug Class	Hazard ratio	95% CI	P
Alpha-blockers	0.91	0.83-1.00	
Beta-blockers	0.70	0.65-0.75	0.070
CCBs	0.56	0.52-0.60	<0.001
ACE-Inhibitors	0.50	0.47-0.54	<0.001
ARBs	0.44	0.41-0.48	<0.001
			<0.001

Annual expenditures for AMI, CHF and Stroke in Italy with HTN prevalence 38% of population (billions €, 2003)

Current Situation		If 100% pts treated	
Drugs	2,84		6,08
Costs for NHS of CV events	16.30		10,24
Total costs	19.14		16,32
<b>Savings 2.82 billions €/yr!</b>			

# Annual expenditures for HTN treatment and HTN-related comppliance according to adherence levels

(Billions €, 2003)

Level of Adherence	High	Intermediate	Low
Drugs	1,28	1,23	0,33
Costs for NHS	2,82	6,50	6,98
Total Costs	4,10	7,73	7,31

Level of adherence: High >80%, Intermediate 40-79%, Low <40%