The use of antiplatelet agents after an ACS in a large community Italian setting of more than 12 million subjects

MAGGIONI A. P. (1), DONDI L. (2), PEDRINI A. (2), RONCONI G. (2), CALABRIA S. (2), PICCINNI C. (2), CIMMINIELLO C. (3), MARTINI N. (4)

(1) ANMCO Research Center, Florence ITALY(2) CORE, Collaborative Outcome Research, Bologna ITALY(3) Studies and Research Center Italian Society of Angiology and Vascular Pathology (Società Italiana di Angiologia e Patologia Vascolare), Milan ITALY(4) Drugs & Health, Rome ITALY

THEME: Coronary Interventions
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AIMS

Antiplatelet agents are the cornerstone of medical treatment in acute coronary syndromes (ACS). Aim of this study was to evaluate the clinical epidemiology of patients after an ACS treated with different antiplatelet agents regimens in a large real community setting.

METHODS AND RESULTS

The ARCO database, including more than 12 million inhabitants, was evaluated. Antiplatelet agents prescriptions were analyzed as follows: aspirin, clopidogrel, other antiplatelet agents used alone, the free and fixed combination of clopidogrel and aspirin, the free combination of aspirin with other antiplatelet agents. Healthcare costs included drug prescriptions (prices reimbursed by the Italian National Health System), outpatient specialist services and hospitalizations (Italian national tariffs).From January 1 to December 31, 2014, 26,834 patients were discharged after an ACS. Of these, 19,333 (77%) were prescribed with an antiplatelet agents. Among patients treated invasively (47% of the total population), antiplatelet agents were prescribed in 90% of the cases. Dual antiplatelet therapy (DAPT) was prescribed in 49.6% of the total population and in 68.5% of those treated invasively.Prescription continuity was observed just in 75% of patients. The highest adherence was observed for the fixed combination of aspirin/clopidogrel (81.5%). Throughout 1-year follow-up: re-hospitalization occurred in 47.9% of the patients and the direct cost per patient treated with an antiplatelet agents was ? 13,297 vs ? 16,647 in patients not treated with antiplatelet agents.

CONCLUSIONS

This study highlights that the rate of antiplatelet agent prescriptions, specifically DAPT, is at least suboptimal. A treatment with at least one antiplatelet agent as well as prescription of DAPT after ACS is strongly driven by interventional procedures. More than 25% of the patients does not show prescription continuity at 1 year follow-up.Re-hospitalizations are frequent, being a new ACS the most frequent cause of re-hospitalization. The costs for the National Health Service are really consistent, and higher in patients not treated with an antiplatelet agent at discharge. The major reason for the high costs for the Italian National Health System are related to the re-hospitalizations.