The Effect of Early, Intensive Statin Therapy on Acute Coronary Syndrome

Hulten and colleagues conducted a meta-analysis of randomized controlled trials to assess cardiovascular outcomes of patients who received statin therapy within 14 days of acute coronary syndrome. Early, intensive therapy with statins decreased cardiovascular death and recurrent ischemia over 2 years of follow-up. Survival curves revealed that this benefit begins to occur between 4 and 12 months, achieving statistical significance by 12 months. There was no significant hazard reduction for recurrent myocardial infarction. These benefits were not explained through reduction in low-density lipoprotein cholesterol level reduction alone. Early, intensive statin therapy was not associated with increased adverse effects.

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Physician Communication When Prescribing New Medications

Using transcribed audiotaped patient visits to primary care and cardiology physicians, combined with patient and physician surveys, Tarn et al found that physicians discussed only about 3 of 5 expected elements of information when prescribing new medications and often failed to communicate critical elements about medication use. Differences in the amounts of counseling were found based on medication type and the patient’s functional status.

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Effect of Medication Nonadherence on Hospitalization and Mortality Among Patients With Diabetes Mellitus

The objective of this study was to evaluate the association between medication nonadherence and achievement of treatment targets, including hemoglobin A1c, blood pressure, and low-density lipoprotein cholesterol levels, and the association between medication nonadherence and all-cause hospitalization and all-cause mortality among patients with diabetes mellitus. Based on pharmacy refill data, 21% of the patients were nonadherent. During follow-up, nonadherent patients had higher hemoglobin A1c, and low-density lipoprotein cholesterol levels and higher systolic and diastolic blood pressures. Furthermore, nonadherent patients had higher all-cause hospitalization and all-cause mortality. Medication nonadherence is prevalent among patients with diabetes and is associated with adverse outcomes. Interventions are needed to increase medication adherence so that patients can realize the full benefit of prescribed therapies.

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Diabetes Mellitus and the Risk of Cancer

An association between diabetes mellitus (DM) and cancer has long been speculated. Inoue et al prospectively examined this association in 97 771 Japanese men and women aged 40 to 69 years, who were followed up from 1990 through 2003. A total of 6462 cases of newly diagnosed cancer were identified. In men, a 27% increase in the risk of total cancer incidence was observed in those with a history of DM. The risk was especially high for cancer of the liver, pancreas, and kidney. In women, a 21% increase in risk was observed for the incidence of total cancer, and the risk was especially high for cancer of the stomach, liver, and ovary. These findings indicate that patients with DM drawn from the general Japanese population may be at increased risk of total cancer and of cancer in specific sites.

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Cost-Related Medication Nonadherence Among Elderly and Disabled Medicare Beneficiaries

Given the implementation of the Medicare drug benefit, it is important to estimate baseline prevalence of cost-related medication nonadherence (CRN) among Medicare enrollees, especially among disabled enrollees for whom data are limited. Soumerai et al introduced detailed measures of CRN into the Medicare Current Beneficiary Survey. Among 13 869 noninstitutionalized Medicare enrollees, 29% of the disabled and 13% of the elderly reported CRN; those in fair to poor health with multiple comorbidities and without coverage were most at risk. Among the disabled enrollees with 4 or more morbidities, 51% without drug coverage skipped prescriptions or doses compared with 27% of those with generous Medicaid drug coverage. Those with partial coverage reported intermediate rates of CRN. Because of complex changes in cost sharing and coverage limitations, the Medicare Part D drug benefit creates the potential for both benefits and risks in terms of medication adherence (especially among the disabled enrollees), which requires careful monitoring during the first several years of implementation.

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