

28th International Conference on

CARDIOLOGY AND HEALTHCARE

August 09-11, 2018 Abu Dhabi, UAE



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Patient adherence to heart failure medications: Where are we going wrong?

Background & Aim: Poor adherence to medications is a common problem among Heart Failure (HF) patients. Inadequate adherence leads to increased HF exacerbations, reduced physical function and higher risk for hospital admission and death. Many interventions have been tested to improve adherence to HF medications, but the overall impact of such interventions on readmissions and mortality is unknown. We conducted a study to explore patients' understanding and adherence to Heart Failure (HF) medications at a general hospital setting.

Method: We prospectively studied 196 patients (outpatients plus inpatients) of HF at our hospital. The information was gathered by oral interview as well as using questionnaire. There is currently no Heart Failure nurse working in our hospital.

Result: There were 110 male and 86 female patients with average age of 54 years. Most patients (78%) in NYHA class II and III. 15% of patients stopped or reduced the dose of diuretics on their own as they thought they didn't need them anymore or they were thought to interfere in their life style. 36% patients believed that ACE inhibitors or ARBs were for blood pressure and therefore they had either stopped or were intending to stop. 43% patients were not keen on taking beta-blocker because of fear of various side effects and 12% of them already stopped the beta-blocker on their own. 56% of patients did not like the idea of increasing the dose of ACE Inhibitor, ARBs or beta-blocker to the maximum. Patients were ignorant of the role of different HF medications Aldosterone antagonists (86%), ACE Inhibitor or ARBs (76%), Beta blocker (70%). None of the patients who were on Ivabradine knew the role of the drug in HF but at the same time were not informed of any known side effects.

Conclusion: Heart Failure (HF) medications are evidence based with stringent research and scientific back up. They have proven benefit in terms of reducing morbidity and mortality significantly. However, compliance amongst patients to adhere to prescribed medications is poor. This is largely because of their lack of knowledge and poor understanding about the medications. It is therefore worth spending time and resources in educating patients with the help of multi-disciplinary heart failure team to achieve better outcome.

Biography

Syed Raza graduated from Aligarh University in India in 1993. After completing his postgraduate degree in Medicine from the same university, he moved to the UK for higher specialist studies. He successfully completed MRCP and CCT and later also awarded Fellow of the Royal College of Physicians of Edinburgh. He was awarded Professor John Goodwin prize for outstanding performance in Diploma Cardiology exam at Hammersmith Hospital, University of London in 2001. Dr Raza is Fellow of American College of Cardiology, American College of Chest Physicians as well as Fellow of European Society of Cardiology. He is also on the committee of Acute Cardiovascular Care, Heart Failure and Cardiovascular Imaging (European Society of Cardiology). He is currently serving as consultant in Cardiology and Head of the department of Medicine at Awali Hospital, Bahrain. He is the educational coordinator and chairman of resuscitation committee of the hospital. He is the regional coordinator and examiner for MRCP exam for the Royal College of Physicians of Edinburgh. He is external examiner for Arabian Gulf Medical University. He has to his credit numerous publications and he has presented his work in different parts of the world. He is peer review author for some well-respected International journals. He is Review author for abstracts for European Society of Cardiology Annual Congress 2018.

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