

ADHERENCE AND PERSISTENCE TO HEART FAILURE GUIDELINE-DIRECTED MEDICAL THERAPY AND THEIR LINK TO CLINICAL OUTCOMES

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Background and importance

- **Context:** Sustained adherence to guideline-directed medical therapy (GDMT) is essential for heart failure (HF) management.
- **The Problem:** Non-adherence is associated with worse clinical outcomes, including increased hospitalisations, readmissions, and mortality

Aim and objectives



- To synthesise evidence on the association between adherence and/or persistence to HF GDMT and clinical outcomes

Material and methods

Study design: Systematic review conducted in September 2024, following PRISMA guidelines



Inclusion criteria:

- Observational studies of adults with HF.
- Data source: Electronic health databases (EHDs).
- Focus: Medication adherence or persistence and their association with clinical outcomes

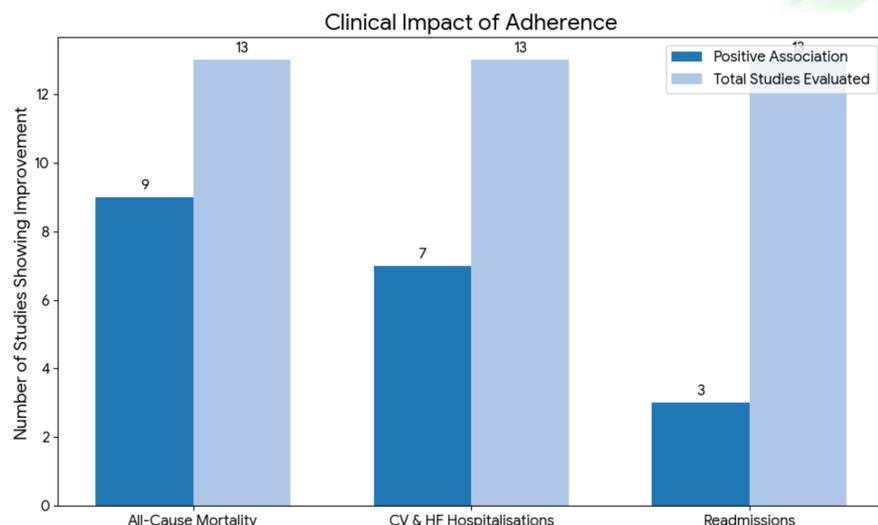
Results

Adherence Studies (n=13)

- **Definitions:** 11/13 used threshold-based definitions.
 - Proportion of days covered:
 - ≥80% (6/11),
 - ≥75% (1/11),
 - ≥90% (1/11).
 - Medication possession ratio >80% (1/11).
 - fill frequency ≥80% (1/11),
 - Patient Adherence Index ≥50% (1/11)



- **Outcomes:** higher adherence was associated with improved outcomes

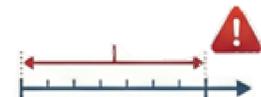


- **Risk Estimates:**
 - Adherent vs. non-adherent: **HR 0.72–0.85.**
 - Non-adherence risk: **HR 1.8–3.0.**



Persistence Study (n=1)

- **Definition:** Non-persistence defined as a ≥90-day gap between refills.
- **Mortality Impact:** Non-persistence was associated with higher mortality for:
 - renin–angiotensin–aldosterone system inhibitors (HR 1.37; 95% CI 1.31–1.42)
 - β-blockers (HR 1.25; 95% CI 1.19–1.32)



Conclusions and relevance

In real-world HF cohorts, better adherence to GDMT is consistently associated with improved clinical outcomes

Hospital pharmacists should prioritise adherence-supportive strategies, including:

Medication review and counselling.



Routine real-world monitoring

Early follow-up and refill coordination.

Discharge reconciliation.