RWD156

Real-World Use and Discontinuation of Hypertension Therapies: Insights from the EnligHTN Study Using Primary Care Data in Italy

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EnligHTN

INTRODUCTION

Hypertension (HTN) is a major modifiable risk factor for cardiovascular disease, yet suboptimal adherence and early treatment discontinuation remain common in routine clinical practice. Understanding real-world treatment patterns and persistence across antihypertensive therapies may help identify opportunities to improve blood pressure (BP) management

OBJECTIVE

To characterize **real-world antihypertensive treatment patterns** and evaluate **adherence and persistence** over 12 months among adults with **newly diagnosed hypertension**

METHOD

EnligHTN-IT is a retrospective study of adults with coded hypertension (HTN; ICD-9 401–405) identified in an Italian primary care database. We describe baseline characteristics and starting treatments within a maximum follow up time of 5 years among an incident HTN cohort comprising patients newly diagnosed in 2018. Adherence and persistence over 12 months were evaluated for 15 selected antihypertensive drug (AHD) molecules or molecule combinations, initiated as first-line therapy, and for spironolactone, independently of treatment line

RESULTS

Incidence of hypertension in 2018 in Italy was 3.7 per 100 person-years

Table 1. Demographic and clinical features of patients with newly diagnosed HTN

	Incident HTN N=29,629		
Mean age, years (SD)	61.9 (14.1)		
Sex	50.4% ♀	49.6% ♂	
BMI	n	Mean	SD
BMI (kg/m²)	3215	27.8	5.4
Number of Comorbidities	n	%	
0	17552	59.2	
1	7342	24.8	
2	3018	10.2	
≥3	1717	5.8	
Comorbidities	n	%	
Metabolic disorders	4311	14.6	
Disorders of the immune system	3047	10.3	
Psychiatric disorders and symptoms	2479	8.4	
Atherosclerotic disease	1789	6.0	
Malignancies	1575	5.3	
Obesity	1248	4.2	
Chronic Kidney Disease	908	3.1	

Among 25,651 (86.6%) incident HTN patients receiving ≥1 AHD during follow-up, approximately 60% initiated monotherapy, one third dual therapy, and a minority combinations of ≥3 molecules. 3,978 (13.4%) were not prescribed any AHD.

Figure 1. Adherence (proportion of days covered- PDC) and persistence (time to discontinuation) over 12 months across 16 antihypertensive therapies. First-line treatment for all therapies except spironolactone, assessed regardless of treatment line.

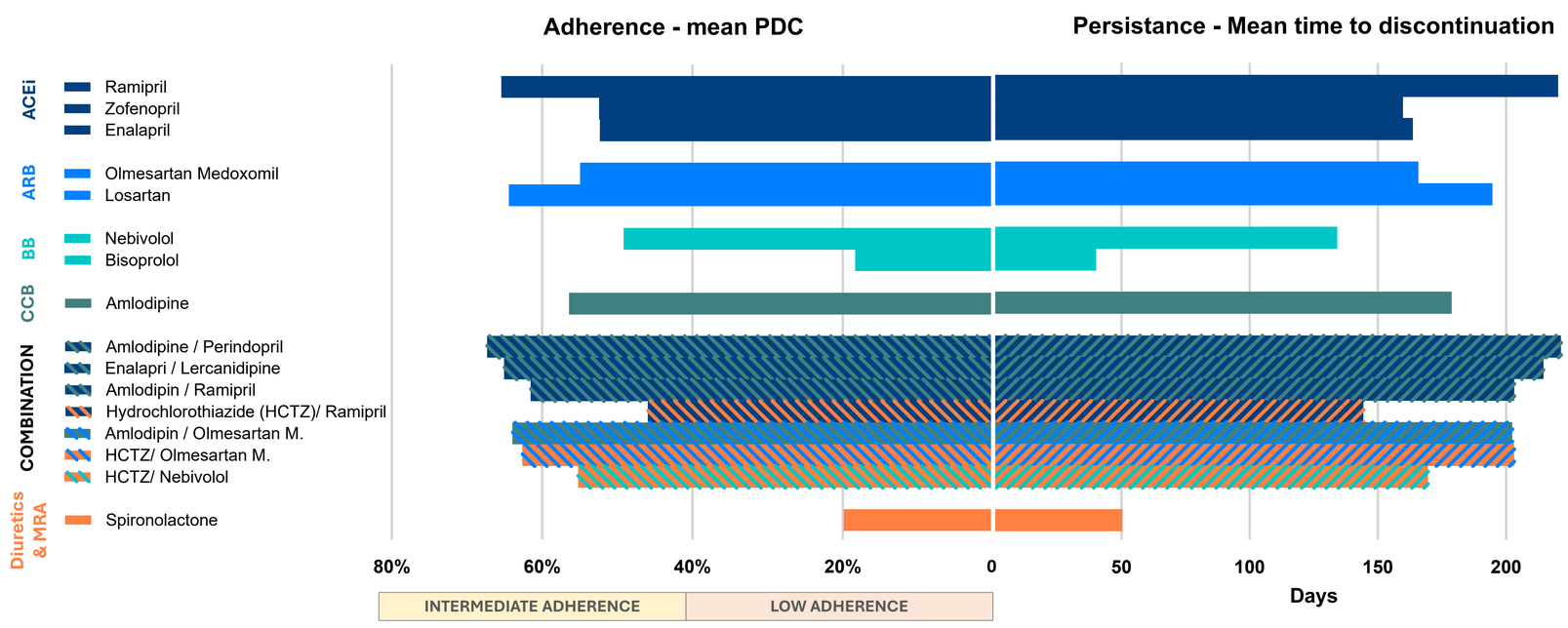
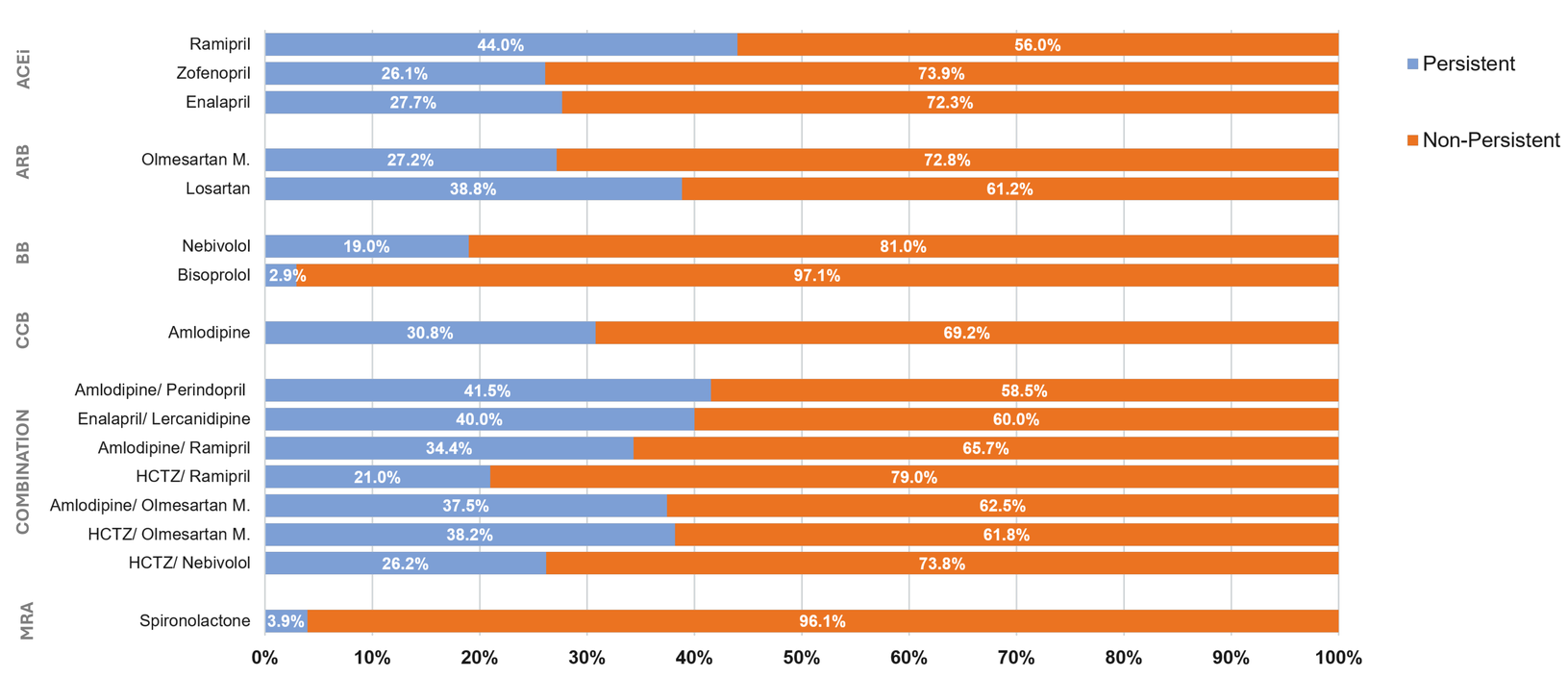


Figure 2. Percentage of persistent and non-persistent patients at 12 months



CONCLUSIONS

Clinical profile

The incident HTN cohort had a mean age of 61.9 years and a balanced sex distribution. Overall, 40.8% had ≥1 recorded comorbidity, most commonly metabolic disorders (14.5%)

Initial treatment

Around 60% started monotherapy and one third dual therapy. Monotherapy predominated despite guideline recommendations favoring combination therapy as first-line treatment

Adherence and persistence

Treatment discontinuation was common. Bisoprolol and spironolactone showed poorer adherence and persistence, highlighting differences across therapies and opportunities to improve HTN management

REFERENCES:

FUNDING: This study is sponsored by AstraZeneca SpA