

# Patients' and healthcare professionals' preferences regarding lipid-lowering therapies for patients with very high cardiovascular risk and established atherosclerotic cardiovascular disease

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## Introduction

Controlling LDL cholesterol (LDL-C) can reduce atherosclerotic risk<sup>1,2</sup>. However, not all available therapies are equally effective and safe, or use the same route of administration<sup>3</sup>. Involving patients and considering their preferences in treatment decision-making can help treatment success.

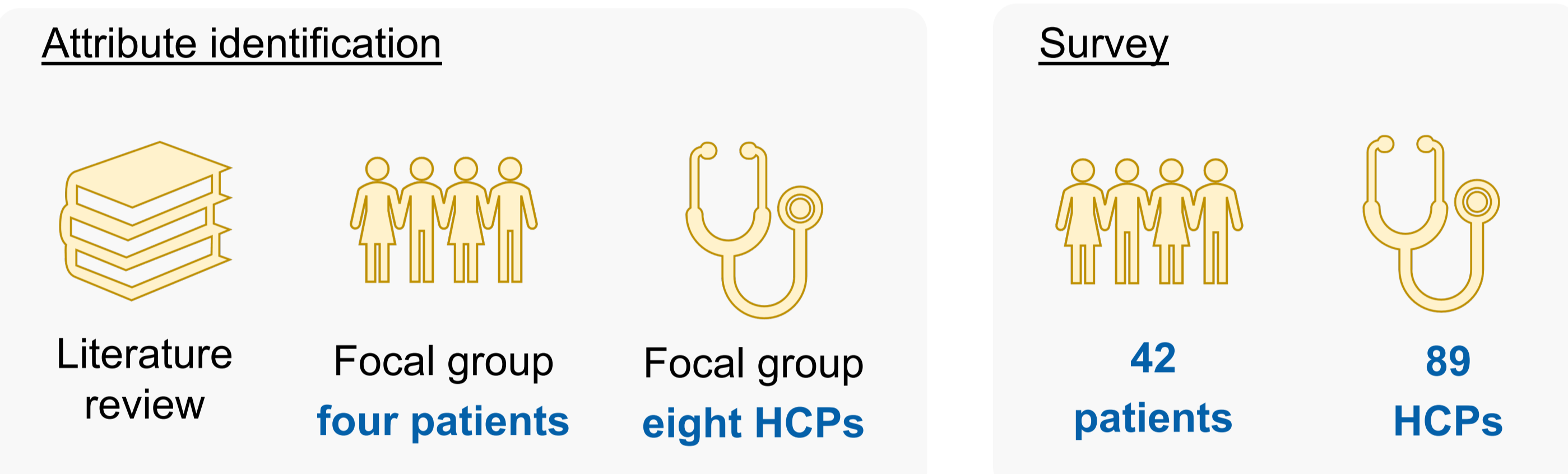
## Objectives

The main goal was to assess patients' and healthcare professionals' (HCP) preferences regarding the characteristics (attributes and levels) of lipid-lowering therapies.

## Methods

A discrete choice experiment (DCE) was conducted to determine participants' preferences<sup>4</sup>.

## Preference study design



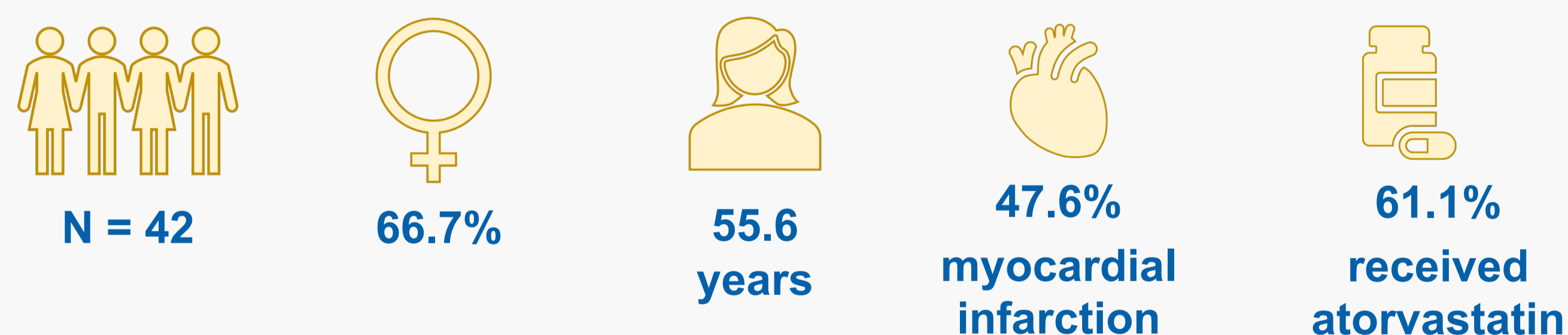
## Attributes

The DCE included **five attributes** (safety, medication collection location, LDL-C reduction, prevention of cardiovascular problems, route of administration) with **2-3 levels each**, resulting in **36 scenarios**.

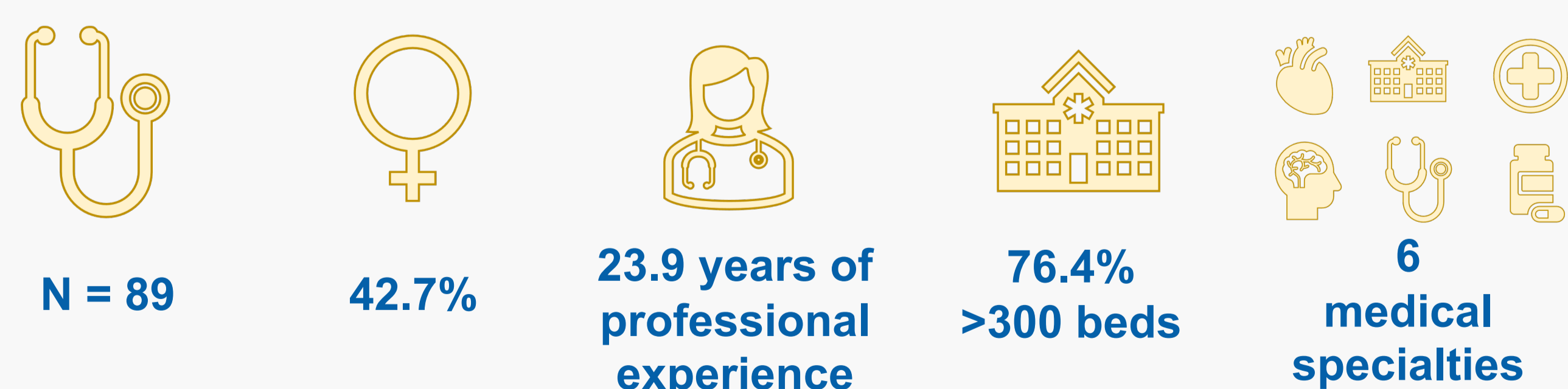
The relative importance (RI) given to each attribute was estimated using a **conditional logit model**. The model considers that the choice depends on the characteristics shown, omitting heterogeneity between individuals. However, it allows estimators or partial utility values to be obtained.

## Results

### Patients



### Healthcare professionals



## References

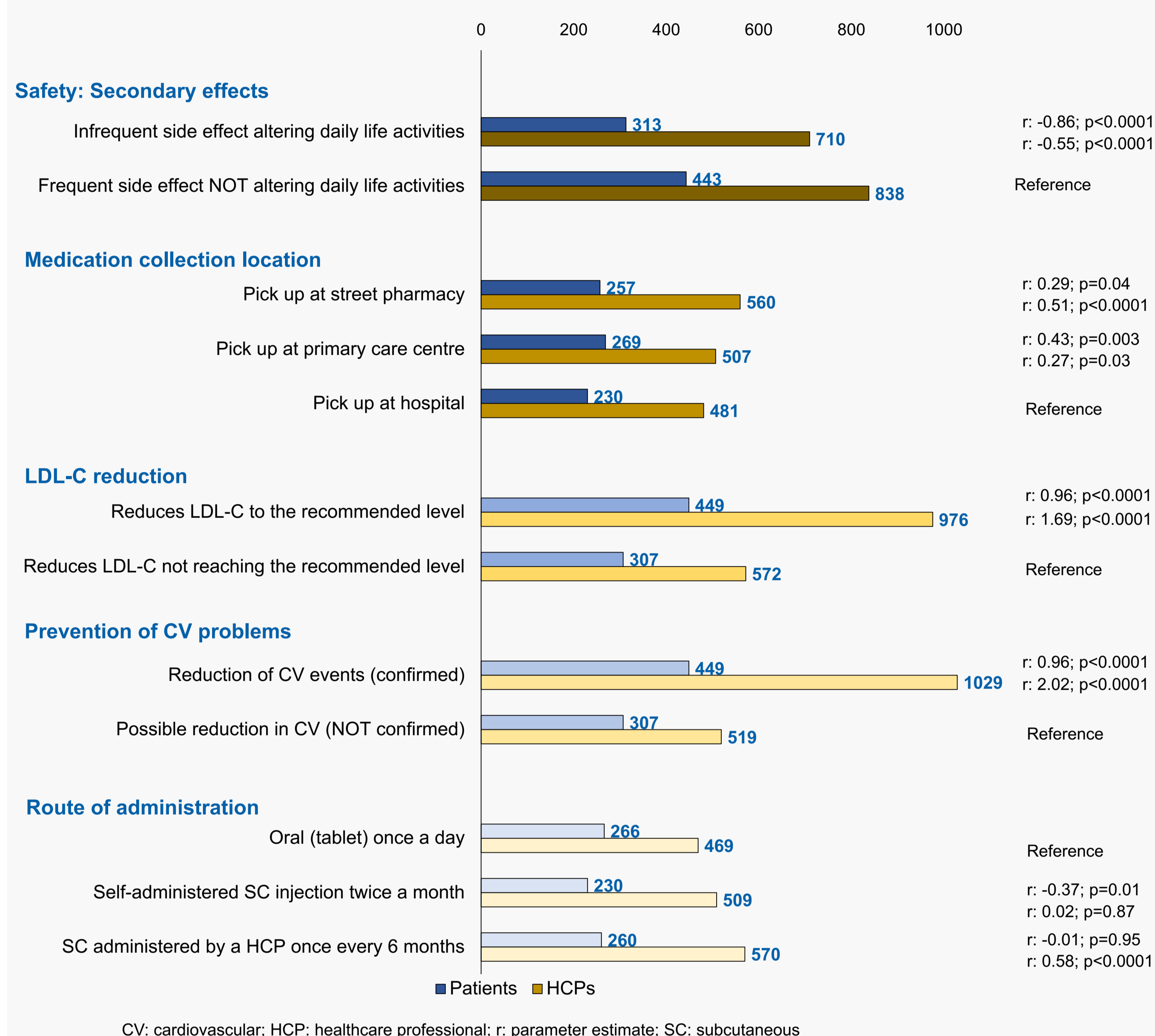
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## Acknowledgements

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## Preferences

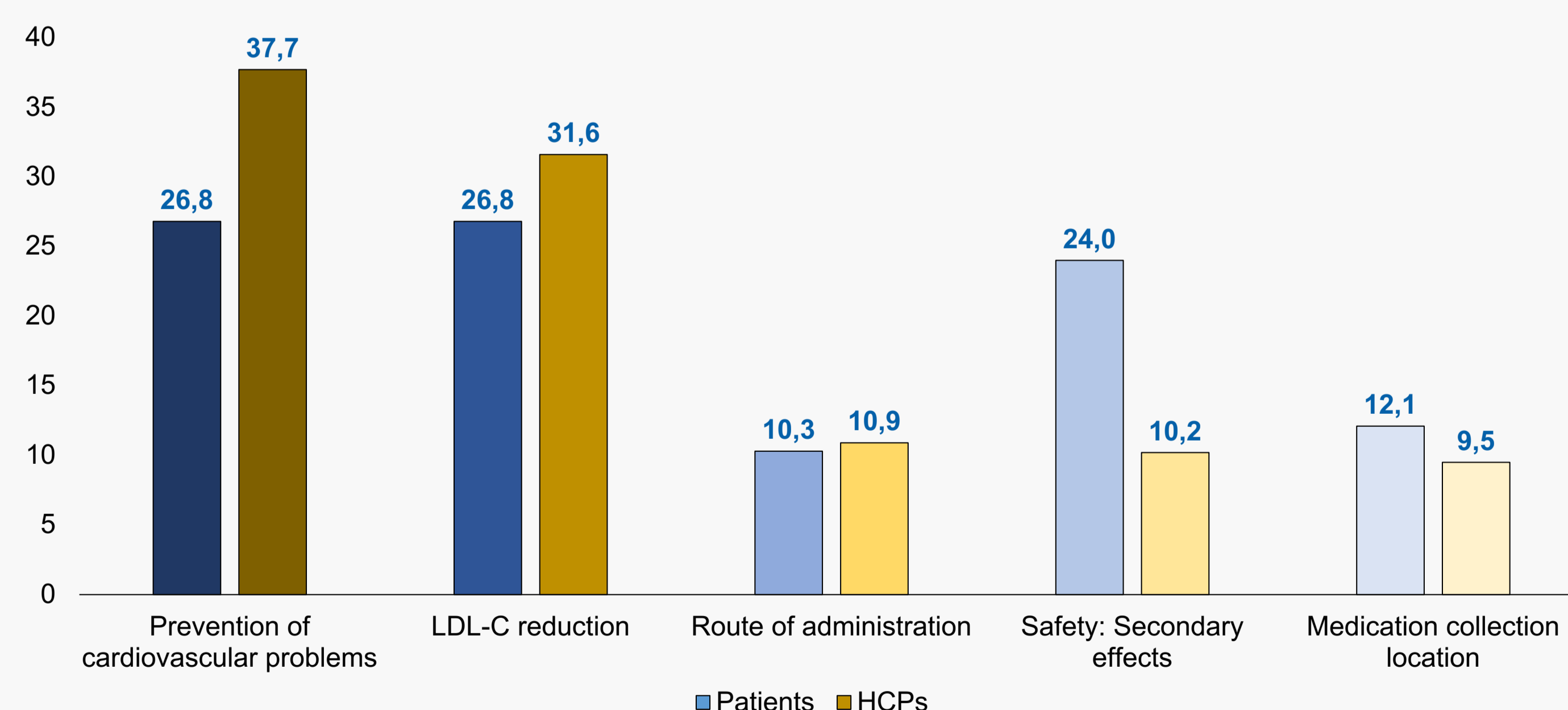
Both patients and HCPs preferred a treatment able to reduce cardiovascular events (patients:  $r = 0.96$ , HCPs:  $r = 2.02$ ) and LDL-C to the recommended levels (patients:  $r = 0.96$ , HCPs:  $r = 1.69$ ) (Figure 1).



**Figure 1 Selection frequency and preference by patients and HCPs for each level and attribute**

## Relative importance

Patients estimated the same RI for prevention of cardiovascular problems and LDL-C reduction (26.8%), followed by treatment safety (24.0%). HCPs estimated a higher RI for prevention of cardiovascular (37.7%) and LDL-C reduction (31.6%) and considered that the route of administration (10.9%) was more important than treatment safety (10.2%) (Figure 2).



**Figure 2 Relative importance (%) estimated for each attribute by patients and HCPs**

## Conclusion

When selecting a lipid-lowering treatment, patients valued similarly efficacy (LDL-C reduction and prevention of cardiovascular problems) and safety, while HCP considered efficacy the most important attribute, followed by route of administration.

The results of the study can contribute to improve decision-making.