UNDERSTANDING THE PATIENT PERSPECTIVES OF POST-DISCHARGE CARE AND IMPACT OF TREATMENT IN THE FIRST YEAR POST-ACUTE MYOCARDIAL INFARCTION

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Background and objectives

- Patients have a high risk of recurrent cardiovascular events following an acute myocardial infarction (AMI), particularly in the initial 90 days post-AMI[1]
- Following an AMI, long-term guideline-directed secondary preventative medical therapies are prescribed to patients to reduce their cardiovascular risk[2]
- Understanding treatment experiences post-AMI from patients' perspectives is important for optimizing care

Methods

- In this institutional review board-approved study, patient perspectives post-AMI were gathered via an online, self-administered survey
- Adults in the US who experienced an AMI in the year prior to survey completion were eligible for inclusion
- Data were collected from October 30 to December 30, 2022
- Patients were grouped according to the timing of their latest AMI:
  - **<90 days:** AMI within 90 days prior to survey completion
  - **>90 days:** AMI between 90 days and 1 year before survey completion

Table. Key demographics and characteristics

	Total respondents N=151
Age (years), median (IQR)	50 (40–60)
Sex, n (%)	
Male	104 (69)
Female	46 (30)
Transgender	1 (1)
Most recent MI, n (%)	
<90 days ago	58 (38)
>90 days to 1 year ago	93 (62)
Number of MIs experienced per person, median (IQR)	1 (1–2)
Comorbidities, n (%)	
Arterial hypertension	131 (87)
Hypercholesterolemia	116 (77)
Chronic anxiety	81 (54)
Obesity	76 (50)
Diabetes	64 (42)
Other	44 (29)
None	1 (1)

IQR, interquartile range; MI, myocardial infarction

Results

- Of the 151 patients in the overall cohort, 69% were male and the median age was 50 years **(Table)**
  - The most common comorbidities were arterial hypertension (87%) and hypercholesterolemia (77%)
  - In total, 58 patients had their latest AMI <90 days ago and 93 patients had their latest AMI >90 days prior to survey completion
- Approximately 75% of patients underwent ≥1 procedure to treat their latest AMI
  - Of those who did not undergo surgery to treat their AMI, 23% were managed with medication and 2% did not receive medical or surgical treatment
- A higher proportion of patients in the >90 days group versus the <90 days group received post-discharge, standard-of-care pharmacotherapies **(Figure 1)**

Figure 1. Medications patients were prescribed post-AMI in the <90 days and >90 days groups

ACE, angiotensin-converting enzyme inhibitors; AMI, acute myocardial infarction
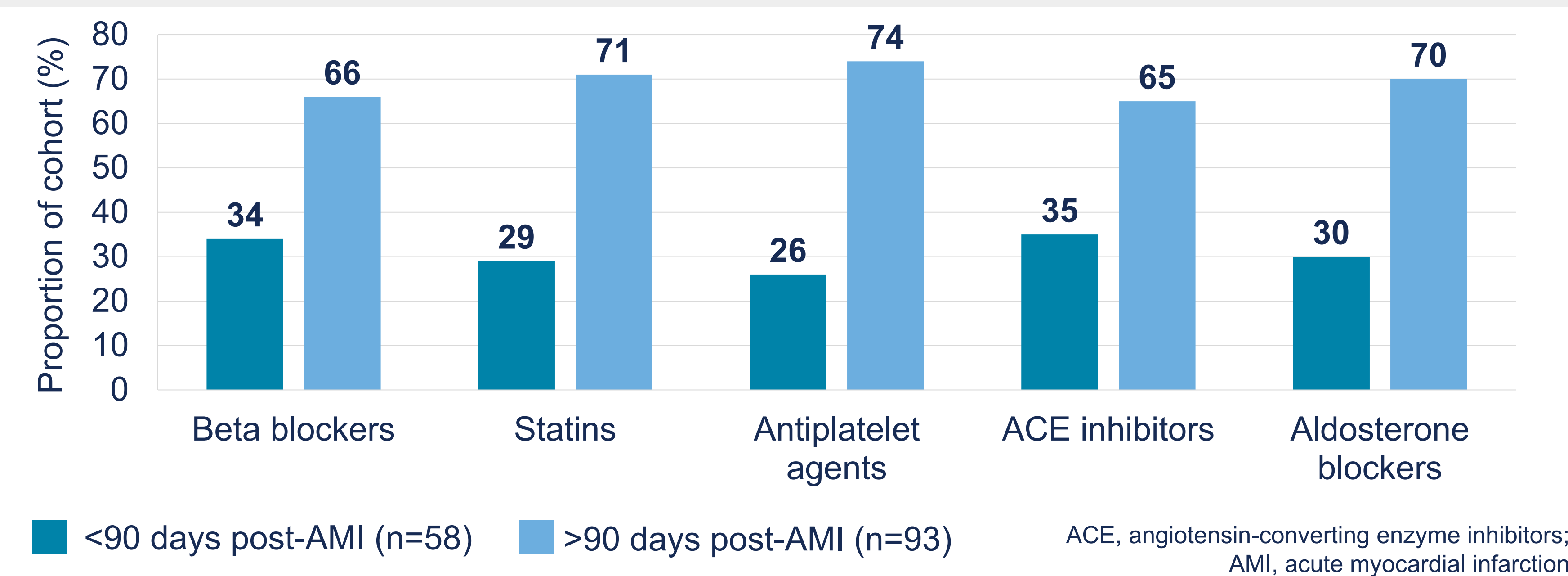
Conclusions

- **Patients within 1 year post-AMI exhibit considerable disease burden on their lives, with treatment burden being a substantial negative contributor**
- **Understanding the changing needs of patients will inform development of patient-preferred strategies that improve adherence to guideline-recommended care, particularly in the initial, high-risk 90-day period post-AMI**

Results

- Overall, 42 (28%) respondents reported forgetting to take their secondary preventative medication in the past month **(Figure 2)**
- A higher proportion of patients in the <90 days group felt that remembering to take their medication was "tedious" versus the >90 days group (50% vs. 37%, p=0.04)

Figure 2. Treatment adherence in the overall cohort (N=151)

AMI, acute myocardial infarction
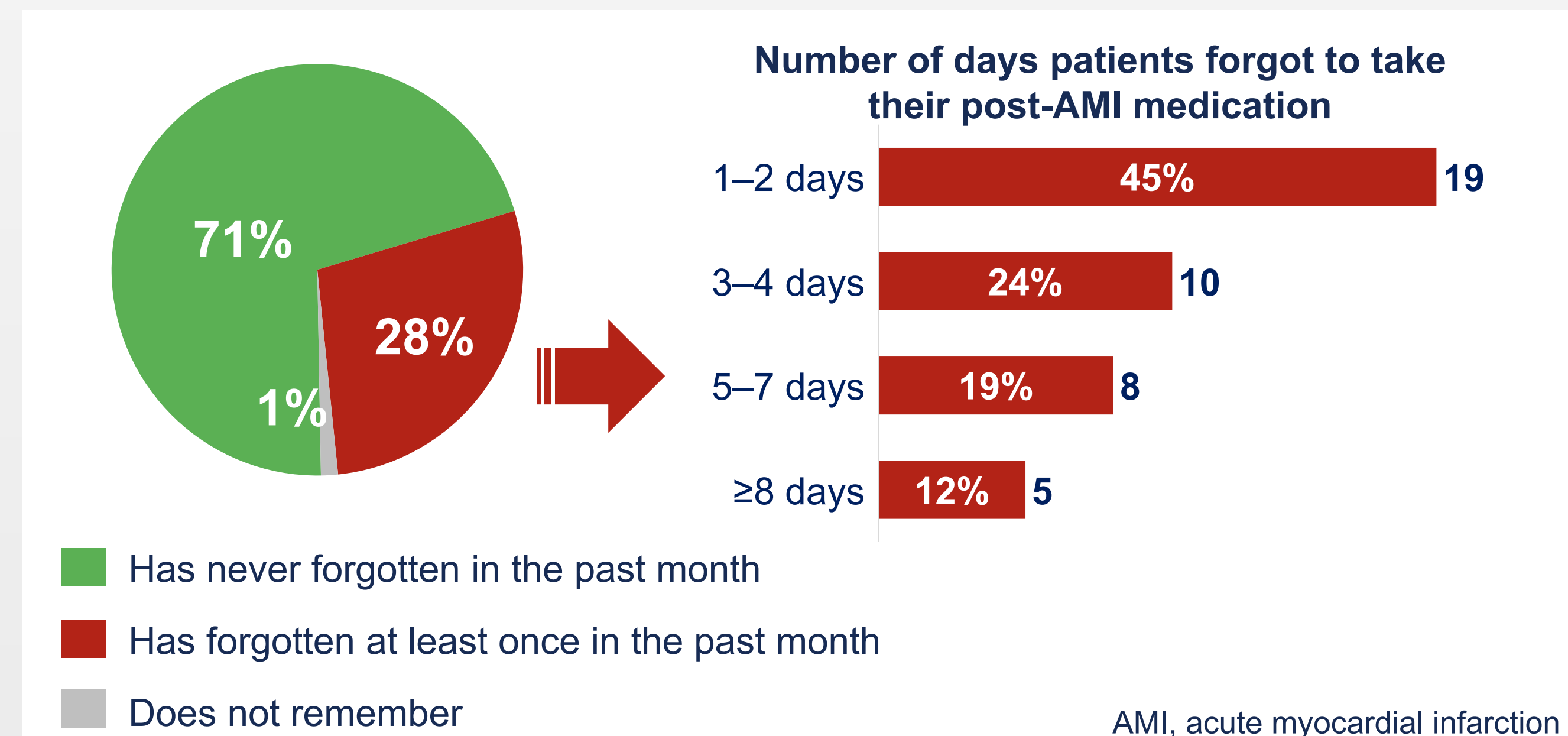
- Regarding financial burden, 43% of patients in the <90 days group reported an extreme impact on household finances compared with 25% in the >90 days group **(Figure 3)**
- Treatment/prescriptions, tests, and AMI-related appointments were the main out-of-pocket costs in the <90 days group, whereas lost income was most commonly reported in the >90 days group

Figure 3. Impact on household finances post-AMI

p=0.034; Chi² test

AMI, acute myocardial infarction
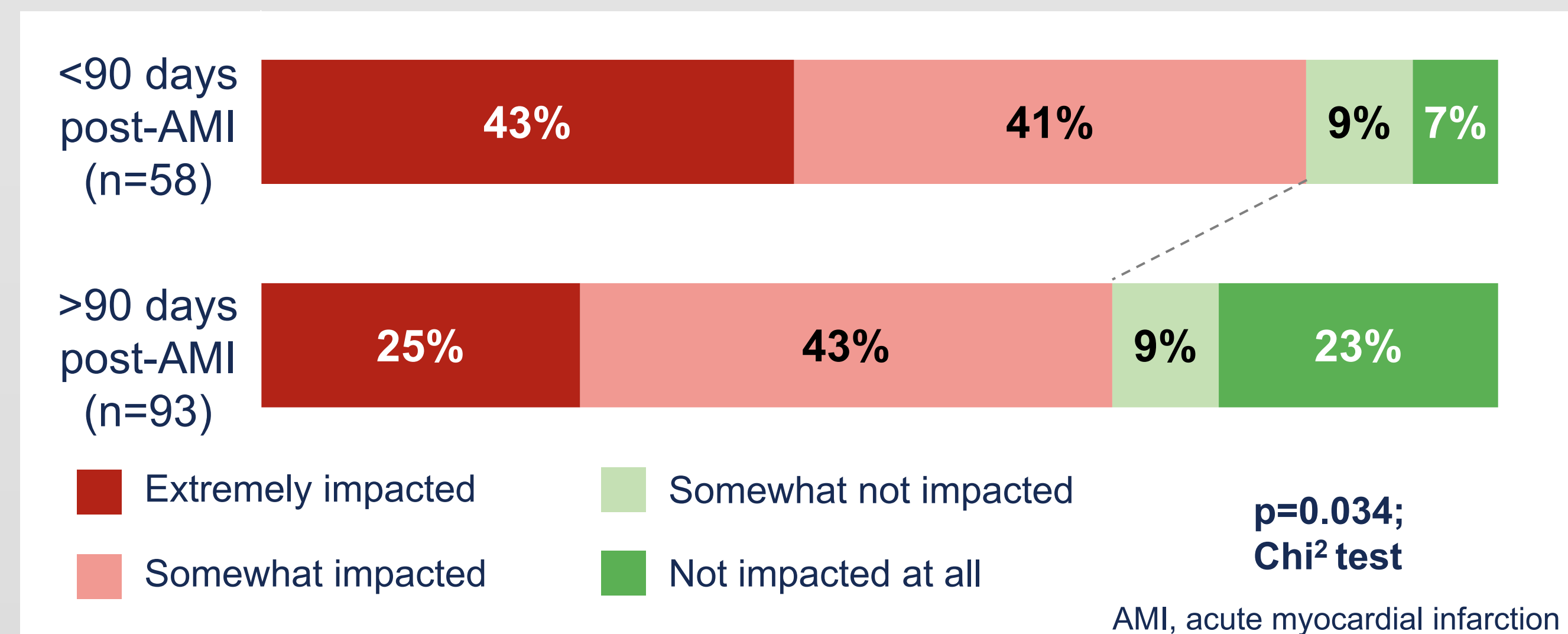
References:
1. Chi G, et al. Clin Cardiol. 2022;45(3):299–307; 2. Byrne RA, et al. Eur Heart J. 2023;44(38):3720–826.