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Impact of interventions on statin medications adherence: A systematic review

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Background: Statin medications have been shown in wide spectrum randomized-controlled trials to be effective in reducing cardiovascular mortality and morbidity. However, the adherence rate for statins is below optimal levels, which affects their therapeutic benefit.

Objective: The objective of this systematic review is to identify the impact of various interventions on improving adherence to statin medications.

Methods: Three online databases were searched for relevant articles: the Cochrane Register of Controlled trials, EMBASE, and MEDLINE. Studies were selected according to pre-determined inclusion criteria. All articles to be included were agreed by two independent reviewers.

Results: Twenty-three studies were chosen for this systematic review, covering interventions aimed at improving adherence to statin medications. Six studies found that improving patients'knowledge through attendance at regular counselling sessions, and reminders using telephone calls or reminder cards, were the most successful interventions. These showed significantly improved adherence outcomes, from 14% to 22%.

Conclusion: Complex interventions aiming to both improve patients' knowledge of medications and enhance patient care through reminder strategies had more success in improving adherence to statin medications. However, this study has several limitations and the results must be considered with caution. Well-designed studies are required to explore the effect of interventions on outcomes.

Biography

Hanan AL-Ghibiwi has completed his Master's degree from University of Glasgow with distinction degree on December 2014. She is a Lecturer of Pharmacology and Toxicology department in King Saud University, Saudi Arabia. She was awarded the honor and excellent degree in the Bachelor Pharmaceutical Science (2010). She was awarded Gordon T McInnes Prize as the most outstanding student in Clinical Pharmacology Master Program from University of Glasgow (2013-2014).

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