Antiplatelet therapy – the education gap

There is a widespread lack of awareness amongst the British public of the link between myocardial infarction and stroke, and about secondary prevention. This paper describes a recent survey which highlighted this 'education gap'.

Abstract

The overall death rate from coronary heart disease has fallen in the UK but the decline is still much lower than in many other countries and varies widely across different regions.

A recent MORI Social Research Institute survey revealed a lack of awareness among the public of the link between heart attacks and strokes, as well as highlighting the poor awareness of the usage of antiplatelet therapy for secondary prevention. Furthermore, there is marked regional variation in the levels of antiplatelet prescribing. This has implications for health professionals, who also need to improve communication with patients to ensure that they are informed about their future risks and the methods with which to reduce them.

Increased prescribing of antiplatelet agents is an important step; we also need to educate patients so that they understand the importance of the medication and why they should be taking it.

Key words: antiplatelet therapy, coronary heart disease, secondary prevention, patient education.

Br J Cardiol 2004;**11**:158–60

Introduction

Recent British Heart Foundation (BHF) statistics that show that deaths from coronary heart disease (CHD) are falling across the UK, were greeted with a wave of positive publicity.[1] Whilst welcome, the decline in death rates across the UK is much lower than in many other countries in the Western world. The BHF statistics show that although the decrease in death rate from CHD in the UK between 1988 and 1998 was 39% for men and 38% for women,[2] the decline during the same period for men in Denmark and Australia was 49% and 45% respectively, with women showing similar rates of reduction as men.[1]

'The area where people were least concerned about having a heart attack was Scotland despite its high death rate'

Jonathan Morrell

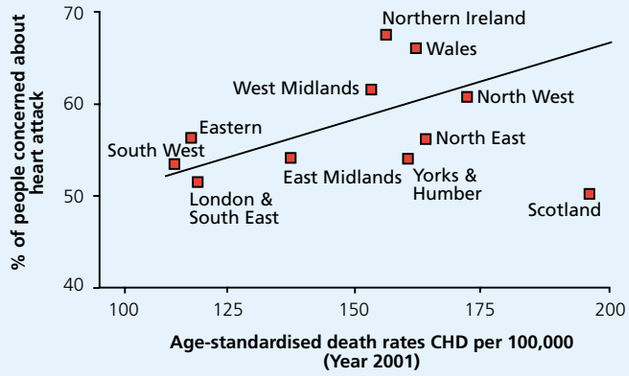
Just as death rates vary across the Western world, significant regional variations in mortality are also seen in this country. Mortality from CHD in the north continues to be higher than in the south; patterns of risk behaviour, such as smoking, follow the same trend. Despite this, the greatest reduction in CHD death rates, a drop of about 10% between 2000 and 2001,[1] has been in the North of England for women, and in Scotland for men.

Recently, a MORI Social Research Institute survey[3] of 2,757 adults aged 35 or older has been conducted to ascertain the public's knowledge and concerns about CHD and stroke and, in particular, the role of antiplatelet therapy. This was done in well individuals, with 72% of the population being over the age of 45 years (the age bands used in the survey were 35 to 45 years, and over 45 years). The results show that, overall, only 56% of the public is concerned about having a heart attack and there is considerable regional variation. Surprisingly, the area where people were least concerned (50%) was Scotland,[3] despite its high death rate of 180 per 100,000 people in 2001[1] (see figure 1). Although the survey showed that people (93%) were generally aware of making lifestyle changes to reduce their risk of having a second heart attack,[3] they were less aware (over 50%) of the pathophysiological links between heart attacks and strokes[3] and of the need, for example, to take antiplatelet agents for secondary prevention (table 1).

Under-use of antiplatelet therapy

Antiplatelet treatment, including aspirin and clopidogrel, is a cornerstone of vascular disease management, including myocardial infarction (MI), unstable angina, stroke and peripheral vascular disease. Despite this, there is poor public awareness of the need to take antiplatelet therapy to reduce the risk of having a second event. The MORI survey found that 46% of people were unaware that the risk of a further heart

Figure 1. Concern about heart attack in different UK regions



Key: Base: All adults aged 35+ (n=2,757)
Survey population: n=2,757
Source: MORI/British Heart Foundation

Table 1. Awareness of the need for antiplatelet medication for secondary prevention, by region

Region	% of people aware that aspirin can help reduce chance of having a second myocardial infarction
Scotland	57
North East	54
North West	48
Yorks/Humber	63
East Midlands	51
West Midlands	46
Wales	51
South West	62
Eastern	60
London	49
South East	54
Northern Ireland	45

attack could be reduced by taking aspirin[3] and more than 40% of those questioned were unaware that this regimen should be adhered to for life.[3]

Recent prescribing audits suggest that while prescribing of antiplatelet agents is on the increase, they are still significantly under-used.[4-6] There is marked regional variation in antiplatelet prescribing levels for patients who have had a heart attack. The nationwide average of MI patients prescribed antiplatelet agents is only 62% (IMS Health data, 2002).[7] Even in Scotland, where 82% of MI patients were prescribed antiplatelet agents by their general practitioners (GPs), there is obvious room for improvement.

What are the implications for management?

Primary and secondary care

The regional variation in the use of antiplatelet therapy has implications for health professionals in both primary and secondary care.

Dr Marcus Flather, Consultant Cardiologist at the Royal Brompton Hospital, and one of the principal UK investigators of the Clopidogrel in Unstable angina to prevent Recurrent Events (CURE) trial,[8] feels that "despite the welcome drop in mortality, there is plenty of scope for improvement".

"Data from the PRAIS-UK registry, published in 2000, showed that antiplatelet prescribing actually dropped amongst patients with unstable angina/NSTEMI in the six months after discharge (from 87% to 78%).[9] This is in a condition associated with a one in three chance of death, further heart attack, further episodes of angina or readmission to hospital in the six months after the primary event," he said.

"In the CURE trial, patients were on an antiplatelet regimen (in this case clopidogrel on top of standard therapy including aspirin) for 12 months.[8] As physicians, we must be more vigilant and devise practical ways of liaising with primary care colleagues to ensure continuity of care once these high-risk patients are discharged. This is all about good communication between patients, hospitals and GPs. The National Service Framework (NSF) requires that patients who have had an event should receive appropriate antiplatelet treatment on an ongoing basis."

Primary care teams should ensure that high-risk patients are aware of their risk of future events and the preventative treatments they need. This demands a process of engagement with the patient to ensure good patient concordance in the longer term. To meet the targets of the NSF and the new GP contract, primary care needs to develop systems of care with in-built quality assurance, ensuring that simple interventions, such as antiplatelet therapy in vascular disease, are implemented effectively.

'Primary care teams should ensure that high-risk patients are aware of their risk of future events and the preventive treatments they need'

Key messages

- Despite a decline in deaths from CHD in the UK, we are still lagging behind many other countries in improving our cardiovascular health
- A MORI survey showed that 46% of people were unaware that simply taking aspirin daily could reduce the risk of a further heart attack
- There is wide regional variation in both level of knowledge and level of antiplatelet prescribing across the UK
- There is growing public interest in gaining more information about the risks of heart disease. Health professionals must help fulfil this need for further education

Patients

Charities involved in the prevention of vascular disease such as H·E·A·R·T UK, The British Cardiac Patients Association and The Stroke Association, all work hard to raise public awareness. Recently, these three charities launched a joint initiative to educate patients and their families about risk factors and antiplatelet therapy. They produced a leaflet for patients *Reducing your risk of heart attacks and strokes* and more than 155,000 have been distributed nationwide to date. Many requests for leaflets came from patients and their carers, highlighting the level of public interest.

Summary

Surveys such as the MORI poll continue to underline our patients' education gap. As health professionals, we need to work on effective communication with our patients if we are not to continue to be left behind by other countries in the drive to reduce vascular disease.

- Copies of the leaflet *Reducing your risk of heart attacks and strokes* can be obtained by sending a stamped addressed envelope to New Leaflet, PO Box 31412, London, W4 1FJ.

Conflict of interest

The survey was conducted by MORI on behalf of Sanofi-Synthelabo and Bristol-Myers Squibb.

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