Stroke medicines still unaffordable for some survivors, according to University of Michigan research

EurekAlert

LOS ANGELES, Feb. 10, 2011 — Young, uninsured stroke survivors or those covered by the Medicare Part D drug benefit often can't afford medications — increasing the risk for future strokes or other cardiovascular disease-related events, according to research presented at the American Stroke Association's International Stroke Conference 2011.

Researchers evaluated whether cost-related non-adherence to medication was a problem for stroke survivors even after the 2006 implementation of Medicare Part D, a federal government drug benefit that offers prescription drug coverage to all Medicare participants.

"Federal programs to reduce cost-related non-adherence to medication may not be working as intended, and a resulting large number of stroke survivors are at risk for subsequent stroke events," said Deborah A. Levine, M.D., M.P.H., the study's lead author and an assistant professor of medicine at the University of Michigan in Ann Arbor.

"Medicare Part D has not resolved the problem of cost-related non-adherence to medication among Medicare beneficiaries with stroke."

Despite the government prescription coverage, the data suggest that medicine is still unaffordable for some disadvantaged stroke survivors.

Levine and colleagues examined data from 2,656 stroke survivors 45 years and older, and assessed cost-related non-adherence to prescription drugs during the past 12 months. The patients had participated in the National Health Interview Survey conducted between 2006 and 2009.

Researchers compared the patients' responses with survey data collected between 1998 and 2002, before Medicare Part D was implemented. Survey respondents were asked: "Was there any time when you needed prescription medicines but didn't get them because you couldn't afford them?" The survey only included stroke survivors living outside institutional settings, such as hospitals or rehabilitation centers.

Researchers said more people appear to be surviving stroke, but those enrolled in Medicare Part D more often report they can't always afford their medication:

- In 2009, 11 percent or about 150,000 stroke survivors reported cost-related non-adherence to their medications.

- Forty-two percent of Medicare beneficiaries with stroke reported having Medicare Part D. However, cost-related non-adherence to medication was twice as high among Medicare Part D participants compared to those without the prescription drug benefit, 12 percent versus 6 percent. Many Medicare Part D participants were low-income and in poor health.

- Cost-related non-adherence to medication increased significantly among younger stroke survivors, particularly those ages 45 to 54, but was unchanged among older stroke survivors. Possible reasons include greater competing household costs or less prescription drug coverage among younger stroke survivors, which the researchers could not assess in their study.

- Cost-related non-adherence among uninsured stroke survivors increased sharply, from 39 percent in 1998-2002 to 60 percent in 2006-09.

Physicians may be able to help reduce the risk of recurrent stroke and other cardiovascular disease-related events among their patients by simply asking them about their abilities to afford their care, Levine said.

"Healthcare professionals need to screen for cost-related barriers to medication in stroke survivors, particularly those who are younger, uninsured or enrolled in Medicare Part D, and to improve access to affordable medications for post-stroke patients who need it," she said.

"Interventions that provide affordable health insurance and that reduce or eliminate costs for medications to prevent recurrent stroke are needed for vulnerable stroke survivors who cannot afford their medications. We hope to study whether full prescription drug coverage of secondary preventive therapies for stroke survivors will improve health outcomes and will be cost effective."

The findings should be interpreted with caution because the data are based on self-reports that didn't include information about stroke timing, the severity of patients' strokes or their attitudes and behaviors about taking medication, Levine said.

SOURCE [1]

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