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Factors influencing adherence to secondary prevention medication after ischemic stroke: a prospective population-based cohort study in Rhône area of France

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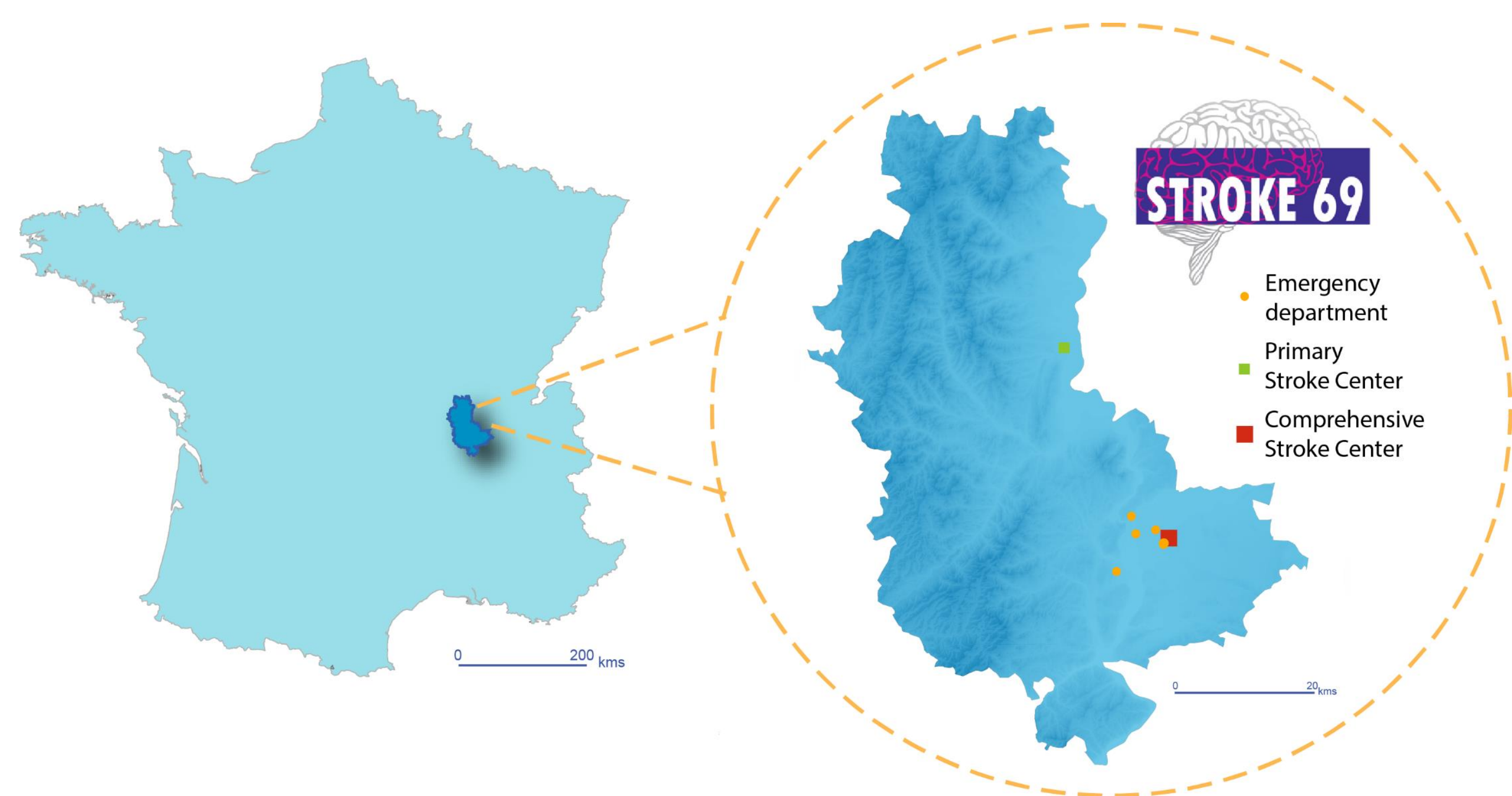
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Background and aims

Adherence to secondary prevention medication is important among ischemic stroke (IS) patients to reduce the risk of recurrence. We aimed to identify factors associated with medication adherence among IS patients taking their medication alone.



Methods

- The prospective and population-based STROKE 69 cohort study included all consecutive patients aged 18 years or older with a suspicion of acute stroke within 24 hours of symptoms onset, admitted to seven emergency department (ED) or Primary Stroke Center (PSC) of Rhône county from November 2015 to June 2016.
- We studied medication adherence among patients with acute IS, not institutionalized and taking their medication alone.
- Medication adherence was evaluated with the 8-items Morisky scale 3 months after the IS by standardized phone survey:
 - Low adherence: Morisky < 6,
 - Medium adherence: $6 \leq \text{Morisky} < 8$,
 - High adherence: Morisky = 8.

Results

- Among the 752 patients with acute IS, 254 patients participated to the phone survey (98 died before 3 months, 115 took medication with help and 285 were lost of follow-up).
- Characteristics of patients and IS management were compared between adherence group (table 1).

Table 1: Characteristics of patients and Ischemic Stroke management according to adherence group

	Morisky < 6 (N = 21)	$6 \leq \text{Morisky} < 8$ (N = 88)	Morisky = 8 (N = 145)	p
Women, n (%)	10 (48)	34 (39)	65 (45)	0.58
Age, mean (SD)	61.8 (11.3)	65.9 (15.4)	69.6 (15.0)	0.01
Stroke/TIA history, n (%)	8 (38)	13 (15)	28 (19)	0.06
Professional activity, n (%)	10 (48)	25 (28)	35 (24)	0.08
Education level, n (%)				
Primary education	2 (13)	13 (19)	27 (23)	0.84
Secondary education	11 (73)	43 (61)	66 (57)	
Higher education	2 (13)	14 (20)	22 (19)	
Call EMS, n (%)	8 (38)	58 (66)	95 (66)	0.05
Stroke Unit, n (%)	15 (71)	70 (80)	104 (86)	0.38
Rehabilitation Unit, n (%)	3 (14)	16 (18)	31 (21)	0.74
3-months mRS, n (%)				
0-1	18 (85)	66 (77)	110 (77)	0.70
2-3	3 (15)	20 (23)	34 (23)	

Conclusion

Aging and calling EMS tended to be associated with a higher adherence. Surprisingly, having a history of stroke/TIA and being professionally active tended to be associated with a decreased adherence. These results will be further investigated in a larger cohort with multivariate analyses.