



Summary of Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (CPSTF) recommends tailored pharmacy-based adherence interventions for cardiovascular disease prevention. Evidence shows interventions delivered or guided by pharmacists increase the number of patients who report taking medications as prescribed.



Major Findings

The recommendation is based on a systematic review of 48 studies published through August 2018.

- The proportion of patients considered adherent increased by a median of 6.9 percentage points.
- Based on a subset of 13 studies, there was a median increase of 13.9 percentage points in the proportion of patients who achieved blood pressure control.

What are tailored pharmacy-based interventions?

Tailored pharmacy-based interventions aim to help patients who are at risk for cardiovascular disease take their medications as prescribed. Patient interviews or assessments tools are used to identify adherence barriers, and pharmacists use results to develop and deliver guidance and services intended to reduce patients' barriers.

Facts about Cardiovascular Disease and Medication Adherence

- About 630,000 Americans die from heart disease each year—that's 1 in every 4 deaths.¹
- Patients who take high blood pressure medications as prescribed have a greater chance of keeping their blood pressure under control, while patients who do not use medications properly increase their chance of death from 50% to 80%.²
- Patients with high cholesterol who do not adhere to their medications have a 26% greater likelihood of a cardiovascular-related hospitalization compared to patients who adhere to their prescriptions.³

Learn More

Summary of Evidence and CPSTF Finding

www.thecommunityguide.org/findings/cardiovascular-disease-tailored-pharmacy-based-interventions-improve-medication-adherence

CDC, Division of Heart Disease and Stroke Prevention
www.cdc.gov/dhdsp

CDC, Million Hearts
<https://millionhearts.hhs.gov>

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

² Ho PM, Bryson CL, Rumsfeld JS. Medication adherence: its importance in cardiovascular outcomes. *Circulation*. 2009;119:3028-3035.

³ Levine DA, Morgenstern LB, Langa KM, Piette JD, Rogers MA, Karve SJ. Recent trends in cost-related medication nonadherence among stroke survivors in the United States. *Annals of Neurology*. February 2013; 73(2): 180-188.

Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. The CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for the CPSTF, the recommendations developed are those of the CPSTF and do not undergo review or approval by CDC. Find more information at www.thecommunityguide.org.