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The USAGE Survey Healthcare Provider Discussion Guide is a downloadable resource based on insights from “Understanding Statin use in America and Gaps in Education” (USAGE)—the largest known cholesterol survey conducted in the United States—designed to help healthcare professionals improve patient adherence to dyslipidemia treatment. For more information on the USAGE survey findings, visit www.statinUSAGE.com.

The USAGE survey provided a detailed picture of patient attitudes and behaviors regarding high cholesterol and various therapeutic approaches, including lifestyle changes and medications—statins, specifically. The USAGE survey also explored patient perspectives about their relationships with their doctors, including the amount, type and value of information provided about cholesterol management.

THE FOLLOWING DISCUSSION GUIDE IS DESIGNED TO HELP YOU:

- Use key USAGE survey learnings to enhance communication with patients and improve adherence
- Involve patients more proactively in their care by specifically targeting gaps in patient understanding that lead to non-adherence
- Encourage patients to communicate with their entire healthcare team
- Overcome key obstacles by addressing common patient concerns in advance
- Re-engage patients who have discontinued important components of their treatment plan
- Keep communication lines open to ensure that patients don’t make decisions about their treatment without discussing with you first

As part of the USAGE survey educational initiatives, a Patient Discussion Guide also has been developed and offered to the public to help individuals with high cholesterol improve communication with their healthcare provider. It may be beneficial to review the Patient Discussion Guide on www.statinUSAGE.com to better anticipate what information patients may bring to you and the types of questions they might ask. When used together, the USAGE Survey Healthcare Provider Discussion Guide and Patient Discussion Guide are intended to facilitate a more productive dialogue between professional and patient.
Key Learnings on Which This Guide Focuses

The good news is that the USAGE survey participants report being highly satisfied with the information that their doctors provide to them about high cholesterol and its treatment, particularly with statins. In fact, the following statistics demonstrate how confident participants are about their physicians:

- More than eight in ten USAGE survey respondents (85%) consider their physician their most valuable resource for information about cholesterol.
- 81% are either satisfied or highly satisfied with the treatment information provided by their doctor.
- Despite today’s numerous channels for healthcare information, more than half (53%) of USAGE survey respondents use their physician as the sole source of information on statin therapy.

Unfortunately, the confidence and value that patients assign to their physician doesn’t always translate into awareness, understanding and appreciation for important elements of their care. In fact, the following findings may go a long way in providing some insight into possible gaps in communication and education that underlie non-adherence, a particularly worrisome problem in cholesterol management. The USAGE survey found that:

- Approximately half of respondents recall and track their cholesterol levels, even though the ability to remember cholesterol levels is correlated with treatment success.
- Only about half of respondents remember receiving recommendations on lifestyle adjustments at every visit.
- Side effects were the leading reason former statin users discontinued medication, and one out of three patients do so without discussing with their doctor.
- On average, patients currently use three medications/supplements from the list of potential interacting drugs provided to them, but only one in four respondents (26%) proactively discuss these risks with their physician.

The issue of non-adherence is complex and involves many variables. The Healthcare Provider Discussion Guide will help you address particularly relevant trends identified by the USAGE survey that offer a solid starting point for enhancing patient dialogue and minimizing obstacles to effective care.
YOU’VE GOT THEIR NUMBER: Motivating Patients to Remember Their Levels and Goals

While most participants had their cholesterol checked in the last year, their recollection of lipid levels remains low. Three-quarters of USAGE survey respondents remembered their initial total-cholesterol reading, but less than a third (29%) recalled their initial LDL-C levels. There is a need for improved lipid level tracking, as 73% of current statin users who recalled their total cholesterol levels from both the first and most recent doctor visit improved their LDL-C status, versus 46% of former users.

THE FOLLOWING ARE A FEW RECOMMENDATIONS FOR TARGETED DISCUSSIONS WITH PATIENTS ON THIS IMPORTANT ISSUE:

- Underscore that accurate recall of cholesterol levels is not an empty exercise. In fact, the USAGE survey demonstrated that better awareness of one’s own lipid levels correlates with reductions in LDL-C.

- State a clear and specific goal and discuss the reasons you designated this particular number. Use established but simple statistics in the medical literature to reinforce the goal.
  - According to ATP III, the relationship between LDL-C levels and relative risk for CHD suggest that for every 1 mg/dL reduction in LDL-C, the relative risk for CHD is reduced in proportion by about 1%.
  - Mortality is reduced with cholesterol-lowering statin therapy, such that a 20% reduction in cholesterol resulted in an all-cause mortality reduction of 22%.

- Re-visit patients’ initial and most recent numbers at each appointment. Highlight their progress from their first cholesterol panel. Probe them with questions that get them to repeat their numbers out loud or have them write them down on the back of their next-appointment card.

- There are special considerations with female patients. The USAGE survey uncovered that women are less likely than men to recall their lipid levels and treatment goals. In fact, three out of four female USAGE survey respondents can’t remember their initial LDL-C levels, and more than half can’t recall their most recent LDL-C levels.
TRY A LITTLE TLC: Overcoming the Obstacles to Therapeutic Lifestyle Changes

There is room for improvement regarding doctor/patient dialogue on therapeutic lifestyle changes (TLC). General discussion about these issues varied: four in ten respondents don’t discuss TLC with their doctor at every visit and 9% don’t recall any discussion about diet and exercise. Yet, most patients (58%) are open to lifestyle modification as a means to control cholesterol while avoiding medication.

THE FOLLOWING ARE SUGGESTIONS TO HELP TO IMPROVE PATIENT MOTIVATION AND OVERCOME EDUCATIONAL GAPS ON TLC:

- Ensure that your patients clearly understand the specific benefits of healthy low-fat diets and moderate exercise to cholesterol management. Illustrate how patients may lower total cholesterol, reduce LDL-C (“bad cholesterol”) and raise levels of HDL-C (“good cholesterol”) with modest lifestyle improvements.

- In the Patient Discussion Guide, patients are encouraged to ask their doctor for more definitive recommendations regarding diet and exercise. Most current statin users report that they currently receive general instructions to “get more exercise” (65%), “lose weight” (51%) or “eat less fatty foods” (49%). Discussion Guide users are urged to share with their healthcare providers brief lists of the foods that they usually eat, their general activity levels and any of their health or cultural restrictions. Consider vetting with them their diet and activities in a more detailed fashion, and helping them make informed, realistic and actionable decisions regarding lifestyle changes.

- When speaking with former statin users, remember that, as a group, discontinuers were more likely than current users to make lifestyle changes as an alternative to medication (72% vs. 57%). By maximizing their openness to healthier lifestyle choices, you may succeed in re-engaging them in discussions about medication.
MANAGING SIDE EFFECTS: The Biggest Obstacle to Statin Adherence

Side effects were the most common reason cited by USAGE survey respondents (62%) for discontinuing their statin. Medication cost was the second most common factor (17%). Side effects were also a leading cause given for switching statins (33% of total users) and for not refilling prescriptions (57% of former users). Muscle-related side effects—including worsened muscle aches, pain, cramps or weakness—were experienced by three out of ten respondents, and 34% of all respondents stopped taking their statin because of muscle effects without consulting with their doctor.

Given these statistics, it would be valuable to broaden discussion about side effects with every statin patient. The following are a few suggestions for accomplishing this:

- Integrate discussion about side effects regularly. The USAGE survey demonstrated that many patients are intolerant of side effects and may make decisions to stop medication without telling their doctor. One in four USAGE respondents (28%) waits three months or more for their first follow-up appointment, and the medical literature demonstrates that as many as half of patients discontinue their statins within months of starting on the drugs. Any lost opportunity to discuss side effects may, indeed, be the last one.

- Encourage patients to discuss their personal tolerance levels for side effects. The USAGE survey showed that 54% of former statin users would stop medication if they experienced side effects, while only 32% of current users agreed with that statement. A better understanding about patients’ degree of side effect tolerance may be helpful in anticipating adherence problems.

- Re-visit side effect conversations with discontinuers to explore whether their experience could have been managed in other ways that may have kept them on statin therapy, including by switching. Less than half of those who discontinued due to a muscle-related side effect were recommended something else, such as changing the dose, adding a supplement, or undergoing additional blood tests before they stopped taking their statins. It is possible that if patients understand that there are alternatives to stopping their medication, they would consider staying on statin therapy.
PROACTIVE ON INTERACTIONS: Establishing Awareness and Defining Roles Regarding Drug-Drug Interactions (DDIs)

Potential DDIs need to be part of the doctor-patient dialogue. Eight out of ten respondents use at least one prescription and/or non-prescription product with the potential for DDIs. Four of ten respondents (42%) who are concerned about DDIs, but did not speak with their doctor about it, say they rely on their pharmacist to identify potential interactions. Despite this, only 38% of respondents stated they were concerned with potential DDIs, and even fewer (26%) proactively spoke to their doctor about the possibility of their medications interfering with each other.

To further reduce the risk of DDIs and lower the likelihood that interactions could compromise the benefits of concomitant medications, consider the following suggestions for your patient discussions:

- Explain to patients the risks of DDIs, noting that, in some cases, interactions can cause health complications.
- Encourage patients to approach you directly with questions about DDIs in addition to their pharmacist. A majority (57%) believe the pharmacist is responsible for managing this issue, even though a pharmacist may not be aware of their complete treatment regimen (including prescriptions and non-prescription/supplement use).
- Discuss the importance of being fully informed about all medications a patient may be taking from various healthcare providers, and make sure they include over-the-counter (OTC) treatments and supplements when they provide you with the list. To assist in this dialogue, the Patient Discussion Guide includes a Medication Tracker with their concomitant medications.