

The USAGE Survey

Key Findings and Implications



USAGE Survey Overview

The USAGE survey—the largest known cholesterol survey conducted in the U.S., involving more than 10,100 statin users—provides a comprehensive picture of patient and doctor knowledge, attitudes and concerns about statins, a class of drugs that are the most commonly prescribed medications to treat high cholesterol or hyperlipidemia. The USAGE survey results are particularly timely given that 2012 marks the 25th anniversary of the first statin approval in the U.S.

About the USAGE Survey Respondents

All participants self-reported they were over 18 years old and diagnosed with high cholesterol by a doctor. They were either taking statins currently (88%) or had used them previously but discontinued (12%). Among current users, 63% were taking a generic statin. Fewer former users (45%) were on a generic version. Among all respondents, 11% had requested a specific statin.

USAGE survey respondents were predominantly Caucasian (92%), female (61%), middle income (\$62,912/yr), with health insurance (93%) and with a mean age of 61 years. The average age at statin initiation was 50 years. It should be noted that the respondents are neither a representative sample of the U.S. population nor of all former and current statin users.

Current users had lower total cholesterol on average (173 mg/dL) than did former users (223 mg/dL). Drug compliance was good among statin users, with 82% of current statin users reporting missing zero or one dose per month. Forgetfulness was cited as the primary reason for missed doses among current users (69%).

The majority of respondents had other medical conditions, such as high blood pressure, arthritis and/or diabetes, in addition to high cholesterol.

The USAGE survey was fielded from September 21, 2011 to October 17, 2011 via an Internet-based, self-administered questionnaire developed by Kantar Health. The USAGE survey respondents were identified through the Ailment Panel of Lightspeed Online Research, a worldwide registered consumerpanel cohort. The USAGE survey protocol and questionnaire were Health Insurance Portability and Accountability Act compliant and were reviewed and approved by the Essex Institutional Review Board (Lebanon, NJ).

Following are some of the most compelling key findings identified in the USAGE survey related to non-adherence and other cholesterol-management issues.



Understanding Why Patients Discontinue Their Medication

The USAGE survey has been particularly valuable in uncovering information that may help provide greater insight into statin non-adherence—when respondents stop taking their medications—one of the biggest barriers to effective treatment today. Previous studies indicate that as many as 50% of statin users discontinue medication within months of the initial prescription and up to 25% stop after one month—quite possibly after filling only a single order at the pharmacy. Nearly 75% of new users discontinue their therapy by the end of the first year.

1. Side effects were the leading reason why patients stopped taking statins

More than six in ten respondents (62%) said they discontinued their statin due to side effects, with the secondary factor (17%) being medication cost. Only 12% of respondents cited lack of efficacy in cholesterol management as a reason for stopping their medication. On average, respondents who experienced side effects due to their statin stopped after trying two different statins.

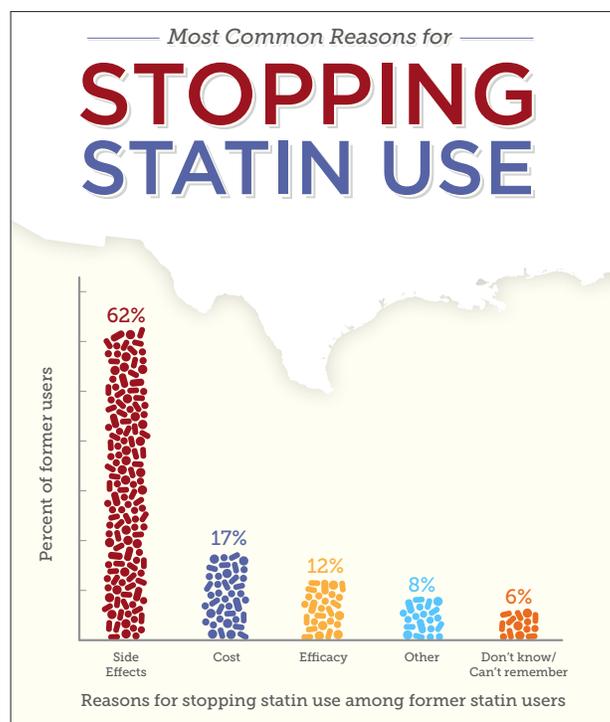
Three out of ten respondents experienced side effects of muscle pain and/or weakness, and 34% stopped taking their statin because of these side effects without consulting with their doctor.

Side effects also cited most often for not refilling prescriptions

Approximately 57% of former statin users who did not refill a prescription did so because of side effects. Also, 32% of all former statin users were told by their doctor they were at significant risk for heart disease based on their low-density lipoprotein cholesterol (LDL-C) level—the form of cholesterol often described as “bad cholesterol.”

2. Nearly half of patients surveyed have switched, and costs play a major role

Cost concerns still exist, despite the availability of generic statins. While side effects were cited as the leading reason for discontinuing therapy, of those who cited cost, it was reported as a similarly important reason for switching statins (34% vs. 33% citing side effects). While most switches were recommended by a doctor, nearly one out of five respondents drove the decision to switch statins.



Understanding Patient Behaviors and Attitudes

1. **There is room for improvement regarding doctor-patient dialogue on therapeutic lifestyle changes**

Former statin users are less likely to tolerate side effects and claim that they are more willing to make therapeutic lifestyle changes—eating a heart-healthy diet, exercising regularly, managing one’s weight—in order to avoid prescription treatment. Although it is well understood that diet and exercise play a crucial role in reducing cholesterol levels, approximately half of USAGE survey respondents reported that they received specific recommendations on these topics. Discussion about these issues varied: half of all respondents reported diet and exercise were discussed at every visit, and 9% can’t recall a discussion regarding diet and exercise.

2. **Recollection and tracking of cholesterol levels is poor, especially in women**

While three-quarters of all respondents recall their initial total cholesterol, only 29% were able to recall their initial LDL-C levels and only 23% recalled establishing an initial LDL-C goal with their doctor at their first appointment. There is a need for improved lipid level tracking, as 73% of current statin users who recalled their total cholesterol readings from both the first and most recent doctor visit improved their LDL-C status.

Women are less likely than men to recall their lipid levels and treatment goals. Three out of four female USAGE survey respondents can’t remember their initial LDL-C readings, and more than half can’t recall their most recent LDL-C levels. Additionally, women are more likely to remember their pant or waist size from high school than they are to remember their most recent LDL-C level (58% vs. 54%). This is concerning, given all of the current attention to building awareness of cardiovascular risks for women.

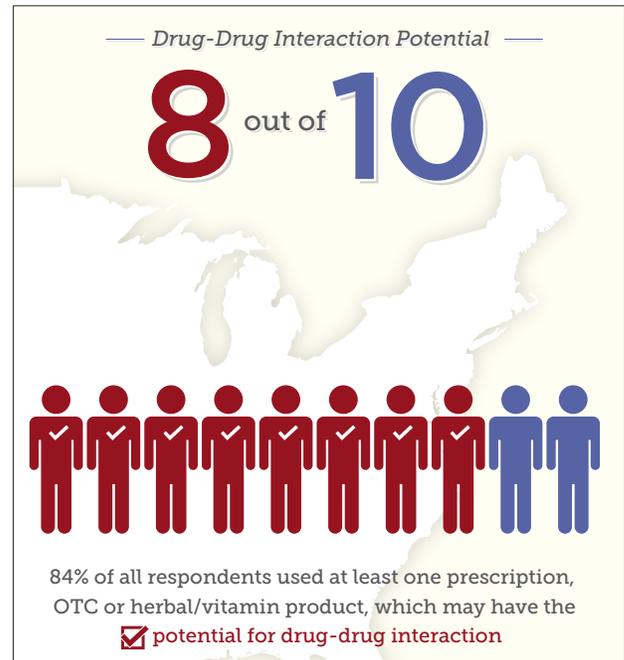
3. **Use of multiple medications and low respondent concern indicates that drug-drug interactions (DDIs) should be more top-of-mind**

Surprisingly, the USAGE survey revealed that a low number of respondents are concerned about drug-drug interactions, a potential risk factor for clinically significant side effects.* The average respondent uses three prescription and/or nonprescription products with DDI potential.

*When self-reporting concomitant medications, respondents were provided a list of prescription and non-prescription medications with a known drug-drug interaction potential, including other cardiovascular medication, diabetes medication, hormone therapies, pain medication/anesthetics, HIV medication, OTC/non-prescription medications and vitamins. The USAGE survey did not inquire about the use of specific statins or dosage levels, so a comprehensive analysis of DDI potential was not possible.

Eight out of ten respondents use at least one product with known interaction potential. Despite this, only 38% of all respondents stated they were concerned with potential DDIs, and even fewer—26% of all respondents—proactively spoke to their doctor about the possibility of their medications interfering with each other.

The doctor is the most frequently used resource for cholesterol management, yet patients perceive their pharmacists as the healthcare provider responsible for telling them about potential drug interactions. 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. Importantly, 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, non-prescription/and supplement use) since patients may get their prescriptions filled at more than one pharmacy.



Despite the fact that 15% of respondents said their doctor spoke to them about DDIs, there is a clear need for discussion and education around DDIs within the doctor-patient conversation. Of the respondents who expressed concern about potential DDIs, but have not talked to their doctor about those concerns, 20% said their doctor has not brought up the subject, 11% said there isn't enough time during their visit and 5% said they were unsure how to talk to their doctor about it.

4. Doctors are the main source of statin information and patient satisfaction is high

More than eight in ten respondents are both satisfied with their current statin and the treatment information supplied by their doctor. Likewise, 93% of current statin users state that they are likely to continue their therapy.

The majority of patients (85%) consider their doctor to be one of their two most valuable sources for health information. As a result, despite today's numerous channels for healthcare information, half of the respondents use their doctor as the sole source of information on statin therapy. The Internet was cited as the second most common source for medical information (30%).

5. Former statin users were less likely to be satisfied with their statin

Former statin users are less likely to reduce their LDL-C or triglyceride levels or have their total cholesterol levels monitored as frequently as recommended. More than three in ten (32%) former users were told at their last doctor's visit that they are at high risk of heart disease, while only 22% of current users were told that they are at high risk (based on LDL-C levels).

Dissatisfaction with statins was much more likely to be seen in respondents who already had stopped treatment. Among former users, 53% said they were dissatisfied with their last statin and 35% said they were not satisfied with treatment information provided by their doctor. Gaps in education may be a factor, as former users are less likely to perceive that their doctor explained cholesterol treatments in an easy-to-understand way and/or taught them well about how high cholesterol can hurt them.

Four Steps Toward a Solution for Improved Total Cholesterol Management

There is a clear need to continue to enhance the quality of doctor-patient dialogue. To help facilitate conversation, doctors and patients are encouraged to use the USAGE survey insights to improve conversation around effective cholesterol management and treatment adherence.

The USAGE Survey Discussion Guides are downloadable resources based on USAGE survey insights, available to patients and their doctors to help to bridge gaps in understanding and improve treatment.

I. Re-focus Communication about Barriers to Effective Treatment

The USAGE Survey Healthcare Provider Discussion Guide is designed to help doctors engage in a clearer conversation about treatment barriers, including side effects, medication cost, cholesterol level tracking, and the importance of therapeutic lifestyle changes.

With the USAGE Survey Patient Discussion Guide, patients can prepare for their next doctor visit by downloading the document, keeping a centralized place for cholesterol treatment details, and reviewing the completed document with their doctor.

2. Remember the Numbers that Matter Most: There is a Correlation to Improved Adherence

When patients are aware of their LDL-C levels, they are shown to have more success reducing their LDL-C levels and achieving treatment goals. The Patient Discussion Guide is designed to help patients chart their cholesterol levels, enabling a clearer understanding of treatment efficacy against doctor-defined cholesterol goals and empowering the patient to have an effective dialogue tool about their lipid levels.

3. Re-engage Former Statin Users on Heart Health Education

There is a need to re-engage former statin users and facilitate a renewed sense of commitment to managing their high cholesterol, a known risk factor for heart disease, and protecting their long-term health. The USAGE survey helps to inform doctors of the reasons why patients discontinue their medication, and can identify opportunities to partner with their patients to address these concerns and discuss alternate treatment options, including other statin and non-statin options. To initiate this conversation, the USAGE Survey Healthcare Discussion Guide is designed to help educate current and former statin users about key treatment considerations.

4. Rally the Healthcare Provider Network for Improved Communication

The USAGE survey findings indicate a need to help the broader health system of doctors and pharmacists better understand and manage patients with high cholesterol more comprehensively. One potential problem associated with medication use is the use of multiple medications at one time, also referred to as “polypharmacy,” which can lead to drug interactions.

As many patients see more than one doctor and possibly several pharmacists, maintaining dialog across the network of pharmacists and treating doctors is particularly important. The American Society of Consultant Pharmacists Research and Education Foundation recommends patients keep a running list of their medications including prescriptions, non-prescription and supplement use.