

## **PS1.252**

### **How we treat patients of high cardiovascular risk in primary prevention and which their adherence to the treatment is**

*Antonio Sánchez Calso (1), L de la Rosa González(2), C Lorenzo Coss(2), GM Roben(2), M Leclercq(2), MC Antón Sanz(3)*

*(1) Family Practice, Galapagar Health Center, Madrid Health Service, Spain*

*(2) Family Practice, Escorial Hospital, Madrid Health Service, Spain*

*(3) Family Practice, Alpedrete Health Center, Madrid Health Service, Spain*

*Corresponding author: Dr Antonio Sánchez Calso, Sermas, Family Practice, Collado Villalba, Spain. E-mail: ascalso@gmail.com*

#### **Background and Aims:**

- To describe the pharmacological treatment in patients with diabetes mellitus type 2 associated with arterial hypertension and dislipemia in primary prevention.
- To evaluate the adherence to the treatment in these patients.
- To describe the profile of the high risk diabetic in our Primary Care.

#### **Method:**

- Descriptive cross-sectional study.
- Studied population: 103 patients between 35-74 years registered in IT system with diagnosis of diabetes mellitus type 2, arterial hypertension and dislipemia without isquematic cardiopathy, not ictus, not peripheral arteropathy.
- Variables of study: sex, age, body max index (BMI), smoking, pharmacological treatment, Morisky-Green test.

#### **Results:**

103 patients. 51.85% women. Average age 65.85 years.

Average BMI 30.95 Kg/m<sup>2</sup>. 44.5% BMI > 30.

16.5% smokers

Morisky-Green test: 51.45% non-adherent.

72.81% takes 6 or more drugs.

46.55 antiattaches or anticoagulated.

Antidiabetic treatment: 85.43% metformine, 33% insulin, 22.33%

IDPP-4, 13.59% sulfonylureas, 3.91% GLP-1, 7.76% others.

Antihypertensive treatment: 86.4% rennin-angiotensin-aldosteron system inhibitors ( 51.45% IECA inhibitors and 34.95% ARA-II), 56.31% diuretics, 23.3% beta blockers, 22:3% calcium antagonist, 5.82% others.

Hypolipidoemic therapy: 81.55% statins, 7.76% fibrates, 7.76% ezetimib.

#### **Conclusions:**

- The breach of the treatment degree is high in diabetic patients with arterial hypertension and dislipemia.
- High percentage of these patients should take six or more medicaments.
- These treatments are adapted to the recommendations.
- Patient profile in our environment: obese woman, non smoker, non adherent to the treatment, capture breaks six or more medicaments, among which these are included: SRAA-inhibitors, metformine, statins and not antiadded , not anticoagulated

We should analyze which factors that influence the lack of adherence to treatments and apply measures.