

# INTERNATIONAL HYPERLIPIDEMIA PATIENT UNDERSTANDING OF CARDIOVASCULAR DISEASE RISK FACTORS AND THERAPEUTIC OPTIONS: RESULTS FROM A PATIENT-LED STUDY

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## Purpose

- The European cardiovascular disease community is actively promoting a shift towards delivering more personalized cardiovascular care.<sup>1,2</sup>
- This shift requires a reassessment of current clinical approaches, including approaches to shared decision-making.
- Shared decision-making should be grounded in factors impacting treatment adherence and oriented toward patient-relevant outcomes.
- The purpose of this research is to learn from people with hyperlipidemia about their experiences, priorities and needs inside and outside the health system

## Methods

- Semi-structured interviews were conducted among 50 people in the US, Brazil, and Australia, who were diagnosed with high LDL-C by a physician at least two years ago.
- Half of the participants were required to have been hospitalized for an ASCVD event at least one year after their high LDL-C diagnosis.
- Interview transcripts were coded by two analysts using a grounded theory approach.
- The study protocol (Pro00074986) was submitted to Advarra and deemed to have met the criteria for exemption from IRB oversight under 45 CFR 46.104(d)(2).

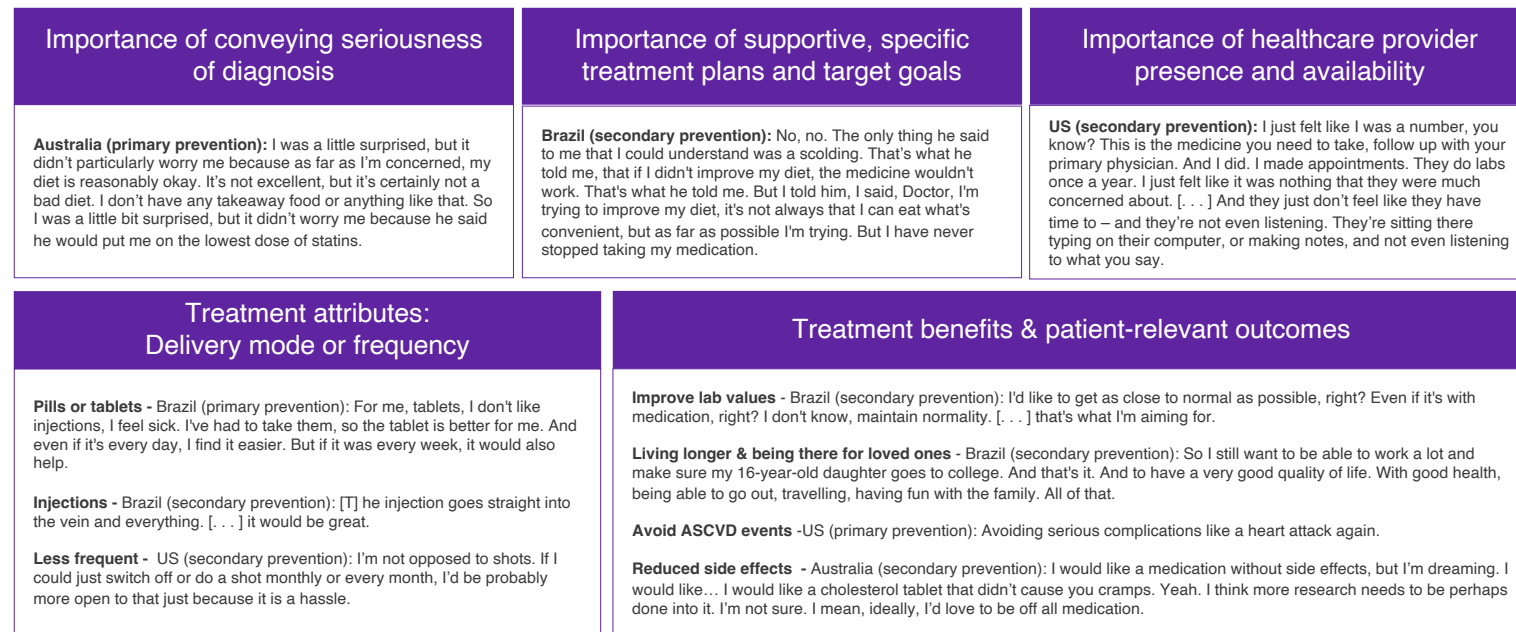
## Results

Participants in the Insights from People living with Elevated Cholesterol (IPEC) study described how healthcare providers can work with patients to personalize care through realistic, individualized care plans.

**Table 1.** IPEC Participant Characteristics

| n (%)                      | 50 | 100% |
|----------------------------|----|------|
| <b>ASCVD event (n, %)</b>  |    |      |
| Yes                        | 22 | 44%  |
| <b>Age Category (n, %)</b> |    |      |
| Under 45                   | 12 | 24%  |
| 45 to 65                   | 27 | 54%  |
| Over 65                    | 11 | 22%  |
| <b>Sex (n, %)</b>          |    |      |
| Female                     | 25 | 50%  |
| <b>Rurality (n, %)</b>     |    |      |
| Rural                      | 3  | 6%   |
| Suburban                   | 32 | 64%  |
| Urban                      | 15 | 30%  |
| <b>Comorbidity (n, %)</b>  |    |      |
| Diabetes                   | 20 | 40%  |
| High Blood Pressure        | 33 | 66%  |

**Figure 1.** Themes and illustrative quotes for how providers can personalize care with patients



## Conclusion

- This study identified topics patients want their HCP to include in shared decision-making. It can inform HCP efforts to deliver personalised cardiovascular care.
- Many health systems have structural barriers to effective shared decision-making, including the time HCPs have allotted to appointments, administrative burden, and access. Patient advocacy organisations and HCP organisations can partner to drive policy changes to overcome these barriers.

## References

- Backman WD, Levine SA, Wenger NK, Harold JG. Shared decision-making for older adults with cardiovascular disease. *Clinical cardiology*. 2020 Feb;43(2):196-204.
- European Society of Cardiology. Guidelines for Patients - What patients need to know. <https://www.escardio.org/Guidelines/guidelines-for-patients>



Global Heart Hub's Insights from Patients living with Elevated Cholesterol (IPEC) study is a patient-led initiative made possible with the support of Novartis Pharma AG.