

Understanding the Patient Perspectives of Post-Discharge Care and Impact of Treatment in the First Year Post-AMI

M. Cecilia Bahit^{1,2}, Serge Korjian^{2,3}, Gerald Chi³, Yazan Daaboul^{2,3}, Ginger Jiang^{2,3}, Deepak L. Bhatt⁴, Roxana Mehran⁴, Paul Nara⁵, Alka Shaunik⁵, C. Michael Gibson^{2,3}

¹INECO Neurociencias, Rosario, Argentina; ²Baim Institute for Clinical Research, Boston, MA, USA; ³Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA; ⁴Icahn School of Medicine at Mount Sinai, New York, NY, USA; ⁵CSL Behring, King of Prussia, PA, USA.

- **Presenting author:** Alka Shaunik
- **Presenter email:** alka.shaunik@cslbehring.com/paul.nara@cslbehring.com
- **Author emails:** ceciliabahit@gmail.com; serge.korjian@baiminstitute.org; geraldchi@gmail.com; yazan.daaboul@gmail.com; ginger.yjiang@gmail.com; Deepak.Bhatt@mountsinai.org; Roxana.Mehran@mountsinai.org; paul.nara@cslbehring.com; alka.shaunik@cslbehring.com; charlesmichaelgibson@gmail.com
- **Disclosures:** Paul Nara and Alka Shaunik are employees of CSL Behring. C. Michael Gibson has received research grant support from CSL Behring. M. Cecilia Bahit has received consultancy fees from CSL Behring.
- **Conference:** ISPOR 2024; May 5–8, Atlanta, USA
- **Submission deadline:** January 11, 2024; 11:59 pm PST
- **Abstract category:** Research
- **Main Topic:** Patient-centered research
- **Subtopics:** Patient-reported outcomes & quality of life outcomes; Stated preference & patient satisfaction
- **Specific diseases & conditions:** Cardiovascular disorders (including MI, stroke, circulatory)
- **Specialized treatment areas:** Drugs
- **Geographical Region:** US
- **Preferred format:** Poster only
- **Title character count:** 113/225 (including spaces)
- **Word count:** 300/300

Sponsorship: BAIM Institute & CSL Behring

Objectives: Patients have a high risk of recurrent cardiovascular events post-acute myocardial infarction (AMI) and require long-term guideline-directed secondary prevention medical therapy. Understanding treatment experiences post-AMI from patients' perspective is important for optimizing care.

Methods: Data were collected through an online survey in the US (October–December 2022). Patients were grouped according to AMI timing: AMI within 90 days (<90 days) versus 90 days–1 year before survey completion (>90 days).

Results: The 151 patients who responded had a mean age of 50.2 years and 69% were male. Most common comorbidities were arterial hypertension (87%) and hypercholesterolemia (77%); 75% of patients underwent ≥ 1 procedure post-AMI, and 38% of patients had experienced AMI within the past 90 days. Regarding treatment adherence, 28% of patients reported forgetting to take their

treatment in the past month. More patients in the >90 days group versus the <90 days group received post-discharge, standard-of-care pharmacotherapies (e.g., statins: 71% vs. 29%, respectively); however, a higher proportion of patients in the <90 days group reported remembering to take medication as tedious (50% vs. 37%; $p=0.04$). More patients in the >90 days group reported improving their diet and/or physical activity levels (90% vs. 81%; $p=0.002$). Regarding financial burden, 43% of patients in the <90 days group reported an extreme impact on household finances compared with 25% in the >90 days group, $p=0.034$). Treatments/prescriptions, tests and AMI-related appointments were the main out-of-pocket costs in the <90 days group, whereas lost income was most commonly reported in the >90 days group.

Conclusion: Post-AMI treatment causes a significant burden on patients' lives until at least 1 year post-AMI. Understanding the changing needs of patients will inform development of novel, patient-preferred strategies that improve adherence to guideline-recommended care, particularly in the initial 90 days post-AMI, when risk of recurrent cardiovascular events is high.