

The dangers of nonadherence to cardiovascular medications

A 58-year-old man with a history of hypertension, diabetes, and hyperlipidemia was admitted to the hospital because of a non-ST-segment elevation myocardial infarction. He underwent successful percutaneous coronary revascularization, including placement of a drug-eluting stent in his left circumflex artery. He was discharged on a regimen of aspirin, clopidogrel, metoprolol, lisinopril, and simvastatin.

One week following hospital discharge, the patient returned to work as a construction worker and was able to resume strenuous work without symptomatic limitations; however, 8 months later, he developed sudden chest pain while at work. The pain was similar in nature to what he experienced with his initial myocardial infarction (MI).

He was taken to the hospital via ambulance, and a diagnosis of ST-segment elevation MI was made. The patient underwent primary percutaneous coronary intervention for thrombosis of the left circumflex artery stent. Discussions with the patient revealed that in the months following his initial MI, he became depressed because of marital problems and financial stress from having only intermittent work. He also said that it was not clear to him how long he needed to take all of the medications prescribed to him after his first MI. As a result, he cut back on his cardiac medications and recently stopped taking all of them, except aspirin.

This case report highlights the clinical scenario of recurrent cardiovascular events after stopping cardiac medications, reinforcing the im-

portance of medication adherence. Whether the recurrent cardiac event is directly related to cessation of cardiac medications is unclear, but several studies support that cessation of certain medications (eg, beta blockers and oral antiplatelets such as clopidogrel) is associated with adverse outcomes. This case also shows that the first sign of medication nonadherence may be presentation with a secondary cardiac event; thus, an important clinical implication is the need to incorporate assessment of medication nonadherence into routine clinical practice. This would allow clinicians to potentially detect nonadherence before the occurrence of adverse events, enabling them to work with patients to develop solutions to help them with medication adherence. •

Call for Papers—Do you have an interesting imaging case?

We seek images (eg, ECGs, chest radiographs, MRIs, CT scans, echocardiography) that illustrate common or unusual cardiac conditions. Images should be high-resolution (300 dpi) and saved as commonly used graphic files (eg, JPG, TIF, BMP); all patient identifiers should be removed. If images require arrows or label placement, two image files should be provided: one with arrows/labels and one without.

Images should be accompanied by a case report that includes pertinent patient history, physical examination

findings, diagnostic data, differential diagnosis, management, and outcome. These findings should be organized using the following subheads—Presentation and Evaluation; Diagnosis; and Patient Management and Outcome.

Articles should be no longer than 1,000 words. Documents should be submitted as Microsoft Word files or saved as text files when using another word processing format. Please send document and graphic files as separate attachments; images embedded in Word documents cannot be used.

For more information, or if you have an imaging case that you would like to submit for publication, please contact Brandon Kopceuch, Assistant Editor, at bkopceuch@cardiology-review.com.