

# UMPIRE

## Use of a Multidrug Pill In Reducing Cardiovascular Events

**Introduction:** Preventive therapies that address multiple CV risk factors are limited. Novel approaches are needed. A CVD preventive strategy consisting of a combination of aspirin, a statin and two blood pressure [BP] lowering agents is one option that may reduce cardiovascular events.

**Objective:** Test the polypill compared to usual medications in pts. with established CVD and those who are at high risk to increase adherence to guideline-indicated therapy and improve BP and LDL-cholesterol (LDL-C) in people at high risk.

**Methods:** 2004 subjects from India and Europe randomized to a polypill strategy, fixed dose combination (FDC) or usual care (UC). Two versions were applied: 1 -- aspirin 75mg, simvastatin 40mg, lisinopril 10mg and atenolol 50mg; 2 -- hydrochlorothiazide 12.5mg instead of atenolol.

**Primary outcomes:** Adherence based on self-reported to indicated medications. (Current use of antiplatelet, statin and combination ( $\geq 2$ ) BP-lowering therapy). BP and LDL-C changes from baseline. Differences of 3 mmHg systolic BP, 0.20 mmol/L LDL-C and 10% adherence rates, were detected.

**Results:** 86% adherence on FDC, 65% UC with 1.22 treatment effect 95% CI (1.24; 1.41)

**Conclusion:** Improvement in adherence occurs with FDC including antiplatelet, statin and BP lowering drugs. BP and cholesterol also improved in pts. with CVD and a 33% increase in adherence in 15 months was reported.

Effects of Treatment on Adherence to Indicated Medications And Systolic BP at Study End

