Statins, Niacin, ASA, and Co-enzyme Q10 Combo Pill?

1. When will a convenient combo pill with a statin, niacin, ASA and co-enzyme Q10 be available? What is the argument against using such a pill for CVD?

Question submitted by: Dr. Chris Lam, Victoria British Columbia

The development of a single polypill capable of providing effective cardiovascular risk reduction without the concerns of non adherence from polypharmacy is a solution that has been sought for some time now. One such formulation, the Polycap, includes a combination of low dose thiazide, atenolol, ramipril, simvastatin, and ASA. It was shown in The Indian Polypill Study (TIPS) trial, to be successful in treating multiple risk factors in a South Asian population with acceptable tolerability.[1]

Clinical trials of coenzyme Q10 for the reduction of cardiovascular events have been contradictory and inconclusive, and its use is, therefore, not recommended under any current guidelines.

The proposed combination of statin, niacin, and ASA would likely provide a significant cardiovascular event reduction in high-risk patients. However, the current tolerability of niacin may limit widespread uptake of such a combination pill. In addition, as with any fixed combination of therapeutics, the use of a single dose polypill may be effective in managing risk factors on a population level, but will render titration to targets or avoidance of adverse events problematic for the individual patient.

The use of an inexpensive polypill in high-risk populations, especially in developing nations where appropriate medical follow-up may be problematic, is a possible future tool for reducing the overall burden of cardiovascular disease.

Reference

1. Yusuf S, Pais P, Afzai R, et al. Effects of a Polypill (Polycap) on Risk Factors in Middle-aged Individuals Without Cardiovascular Disease (TIPS): A Phase II, Double-blind, Randomised Trial. Lancet 2009; 373(9672:1341-51.

Answered by:
Dr. Theodore K. Fenske

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Managing Non-compliant Patients

2. How do you deal with non-compliant patients?

Question submitted by: K. Govender, Regina, Saskatchewan

This is a deceptively simple, but important question. We know that 25 to 75% of persons with chronic diseases will not adhere to therapeutic advice after one year.[1] Some drop out of care altogether; they often end up in emergency rooms. Others miss several scheduled appointments, and still others don't adhere to lifestyle or medication advice. Evidence for improving adherence (the modern word for compliance) is limited. Providing frightening statistics doesn't seem to work. What may work includes the following:

a. Removing barriers to adherence: including scheduled appointments, simplifying regimens (once or twice daily dosing), using fixed ratio combinations, minimizing costs, and paying attention to adverse effects

b. Increasing the frequency of appointments: perhaps letting the patient know that we take this condition seriously. A telephone follow-up by a physician or allied health professional may help

c. Enlisting family members

d. Developing a contract with the patients (and his/her family)

e. Providing a reward for "good" behaviour

Reference
1. Garner JB: Problems of Nonadherence in Cardiology and Proposals to Improve Outcomes. Am J Cardiol; 2010; 105(10):1495-501.

Answered by:
Dr. Thomas W. Wilson