

PubMed

Format: Abstract

Full text links

[Curr Med Res Opin.](#) 2015 Mar;31(3):423-33. doi: 10.1185/03007995.2015.1010035. Epub 2015 Feb 10.

View full text

The use of medications in the secondary prevention of coronary artery disease in the Asian region.

[Dalal J¹](#), [Low LP](#), [Van Phuoc D](#), [Abdul Rahman AR](#), [Reyes E](#), [Ann Soenarta A](#), [Tomlinson B](#).

Author information

Abstract

BACKGROUND: Cardiovascular diseases, to which coronary artery disease (CAD) is a significant contributor, are a leading cause of long-term morbidity and mortality worldwide. In the years ahead, it is estimated that approximately half of the world's cardiovascular burden will occur in the Asian region. Currently there is a large gap in secondary prevention, with unrealized health gains resulting from underuse of evidence-based medications, including beta-blockers, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), aspirin and other antiplatelet agents, and lipid-lowering drugs. Despite the almost universal recommendation for these drugs in unstable CAD, their under-prescription is well documented for patients with acute heart failure, non-obstructive CAD, and for secondary prevention of CAD.

OBJECTIVE: This article reviews the burden of CAD in Asian countries together with guidelines supporting evidence-based medication use from a secondary prevention perspective.

METHODS: The MEDLINE database was searched from 2000 to 2013, inclusive, for country-specific data related to CAD and supplemented with unpublished registry data.

RESULTS: In the post-discharge setting following hospital admission for acute coronary syndromes, medication prescription rates were low. Beta-blocker prescription rates ranged from 49% in China to 99% in Singapore, ACE-inhibitor/ARB prescription rates ranged from 28% in China to 96% in Singapore, and lipid-lowering therapy rates ranged from 47% in China to 97% in Singapore. Aspirin/antiplatelet drug prescription rates ranged from 86% in Indonesia to 99.5% in Singapore. Recommendations are provided to improve patient outcomes and reduce the disease burden in Asia.

CONCLUSIONS: Despite recommendations issued in international and national guidelines, use of CAD medications in Asia remains suboptimal. In the absence of clear contraindications, all patients with unstable CAD should receive these agents as secondary prevention. This averts the need to target drug use according to risk, with high-risk features paradoxically associated with under-prescribing of such drugs.