

## Under-prescribing leads to heart attack

### SIGNIFICANT

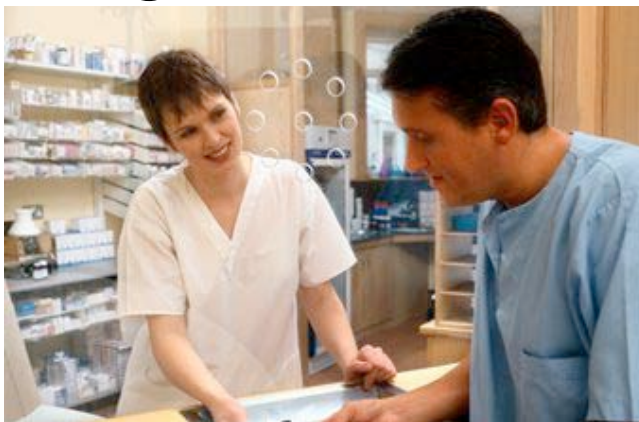
variations in prescribing and low rates of prescribing and dispensing of key Pharmaceutical Benefits Schedule (PBS) medicines for patients who have already experienced a heart attack or stroke are placing patients at high risk of another, according to results published in the *Delivering better cardiac outcomes in Victoria* report.

The Society of Hospital Pharmacists of Australia (SHPA) has expressed “strong concerns” about the results.

SHPA Chief Executive, Kristin Michaels, says the evidence is “alarming” with two-thirds of

patients at risk of stroke not being supplied oral anticoagulants within 30 days of discharge.

Similarly almost half of patients at risk of acute myocardial infarction



were not supplied antiplatelet therapies within 30 days of discharge.

“Despite the Federal Government’s commitment to and investment in PBS medicines, two-thirds of patients are still not being provided with the best preventative medicines despite their risk of readmission after heart attacks and strokes,” she said.

Michaels said many Victorian hospitals will provide a prescription but ask patients to collect their

medicines at their local community pharmacy.

“This report indicates patients are often not getting those medicines dispensed, which increases their risk of another heart attack or stroke resulting in hospital readmission.”

Michaels explained that hospital pharmacy

budgets were under pressure, driving this behaviour.

“In the 2019 Federal Budget, public and private hospital pharmacies had their funding through the PBS cut by \$44 million dollars annually, from 01 Jul, putting 500 clinical pharmacist jobs at risk.

“Clearly, there is more work to be done and more investment in hospital pharmacy services to support effective and evidence-based prescribing of PBS medicines to reduce incidence of stroke and heart attacks is required.”