



## Cardiovascular Disease and Medication

Even the most effective drug is only useful if the patient adheres to the prescription directives: or in simpler terms, takes it the way they are supposed to. With conditions requiring daily medications, patient adherence is often a significant issue. This can result in unsuccessful treatments that have nothing to do with the effectiveness of the treatment itself, but the patient's ability to implement it correctly. The lab of **Tonette Krousel-Wood** is studying the causes of adherence problems in cardiovascular disease patients.

An expert in both diabetes and hypertension, her focus is two-fold:

- 1) looking at what makes some patients more or less adherent than others, and
- 2) finding ways to make those patients that are not adherent more so.

## Adherence Barriers & Designing Effective Interventions

Currently, Dr. Krousel-Wood is studying a population of older, insured individuals with cardiovascular disease requiring daily medication. Only half of this population has perfect adherence to their medication schedule, with 14% falling into the lowest possible adherence bracket. The cited reasons for not taking their medications are numerous, including the costs of the drugs, side effects, and forgetfulness.

Her labs research aims to delve into what may be subconscious reasons behind that "forgetfulness", such as stigma surrounding being dependent upon medications, or feeling weak or sick because they have to take medication. In partnership with the Minds at Work group and Blue Cross Blue Shield, they aim to:

- 1) identify patients with low adherence, and
- 2) design effective health coaching intervention strategies to increase adherence.

# Clinical Research Cardiovascular Disease

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### Adherence Barriers... (cont.)

Preliminary data from this study has been used to apply for an NIH grant to expand the project into a broader survey and analysis of the barriers to adherence and assorted health-based outcomes. This approach is unique as it addresses a compelling concern of advocacy groups – being designed from the outset as a partnership with the patients being treated, centered around education and collaboration – in effect, meeting patients where they are in their own lives.

It is hoped that improved health behaviors in the narrow, but significant, area of adherence to cardiovascular disease medication will translate to general patient empowerment. It is also anticipated that this empowerment will lead to patients becoming partners in their own care with their physicians and health care workers, as opposed to passive participants in the process. This approach is emblematic of the innovative and patient-centric clinical and public health research being conducted at Tulane.

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