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Heart Failure and Cardiomyopathies

PREDICTORS OF LIKELIHOOD OF TAKING SACUBITRIL-VALSARTAN AND A HYPOTHETICAL MEDICATION FOR COVID-19

Moderated Poster Contributions
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Background: Despite demonstrated benefits in heart failure with reduced ejection fraction (HFrEF), uptake of sacubitril-valsartan (SV) is modest. High cost is a potential driver. It is unknown what other factors impact willingness to take SV and how the context of the COVID-19 pandemic affects willingness to take (and pay for) medications for conditions such as HFrEF.

Methods: We conducted an online Qualtrics survey using quota-based sampling to reflect the HFrEF population. Participants were presented a decision aid (DA) for SV that described benefits, side effects, and costs. Participants were also presented a hypothetical prophylactic COVID-19 medication offering the same absolute 2-year mortality reduction as SV (3%). Primary outcomes were likelihood of taking SV and the COVID-19 medication at an out of pocket cost of $50/month. Multivariable logistic regression was used to analyze predictors of likelihood.

Results: 1,873 respondents completed the survey. Overall, 54% of respondents reported being likely to take SV at $50/month. Predictors of taking SV included better self-reported health status (excellent/very good vs fair/poor, OR = 1.40 (1.10-1.80)), higher income (>100k vs <25k OR = 2.12 (1.47-3.06)), and younger age (<45 vs 65+ OR = 2.77 (1.84-4.18)). Respondents were less likely to take SV than a hypothetical COVID-19 medication (54% vs 81%, p<0.0001). Predictors of taking the COVID-19 medication included Black race (vs White, OR = 1.50 (1.09-2.06)), higher income (>100k vs <25k OR = 1.79 (1.14-2.79)), and higher education (graduate degree vs high school or less OR = 2.42 (1.51-3.87)).

Conclusion: These findings suggest that younger individuals and those with better health status may be more willing to pay for SV. Greater likelihood of taking a hypothetical COVID-19 medication with similar benefits likely reflects a difference in perceived threat and immediacy of the underlying conditions. These data highlight the context-sensitivity of medication decisions and demonstrate that emotions may drive decisions even when cost and benefits are similar.