



Vipfarma project

Surveillance of prescription drugs in the real world

Argentine Chapter

SURVEY

Age

- 24 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 70
- 71 - 80

Gender

- Male
- Female

Graduation year

Zip Code

Medical specialty

- Internal medicine
- Cardiology
- General medicine
- Endocrinology
- Other

Do you have any subspecialty?

- Preventive Medicine
- Preventive Cardiology
- Diabetes
- Arterial Hypertension
- Other

Where do you exercise your medical practice?

- Private Hospital
- Public Hospital
- Private Medical Office

You exercise your medical practice in a city with

- Less than 10 thousand inhabitants
- 10 - 100 thousand inhabitants
- 100 - 500 thousand inhabitants
- More than 500 thousand inhabitants

Do you carry out teaching academic activities through universities or institutions?

- Yes
- No

Are you subscribed to any printed or online scientific journal?

- Yes

- No

Have you read any scientific article in the last month?

- Yes
- No

In your daily practice, do you follow up patients with familial hyperlipidemia?

- Yes
- No

In your daily practice how many patients do you assist with coronary disease?

- 1 to 10 patients per week
- 10 to 20 patients per week
- 20 to 30 patients per week
- More than 30 patients per week

For patients in secondary cardiovascular prevention, the maximum doses of statins you prescribe is:

- Atorvastatin 10 mg
- Atorvastatin 20 mg
- Atorvastatin 40 mg
- Atorvastatin 80 mg
- Rosuvastatin 5 mg
- Rosuvastatin 10 mg
- Rosuvastatin 20 mg
- Other

Which LDL cholesterol goal do you consider appropriate for patients in secondary cardiovascular prevention?

- Less than 130 mg/dl
- Less than 100 mg/dl
- Less than 70 mg/dl
- Less than 55 mg/dl
- I do not know

Based on your personal experience, what should we do with patients that do not reach ideal targets with maximum dose of statins?

- Maintain statin doses and adjusts feeding patterns
- Add Ezetimibe 10 mg/daily
- Waits until the next medical check up
- Thinks about adding an PCSK9 inhibitor

What action do you take if the patient presents a laboratory result with an LDL cholesterol less than 35 mg/dl?

- Maintain prescribed statin doses
- Reduce statin doses
- Suspend statin therapy

Based on your personal experience with patients in secondary cardiovascular prevention treated with high doses of statins, how often are secondary adverse events that obligate you to suspend statin therapy? Use a scale from 1 to 10 where 1 is exceptional and 10 is very frequent.

Based on your personal experience, which is the secondary adverse event that has more frequently forced you to suspend high dose statin therapy?

- Rhabdomyolysis
- Muscle pain
- Hepatic disorders
- Other

Regarding the prescription of statin therapy in pre diabetic patients and the potential risk due to diabetes development

- You consider it as a limitation and only prescribe statin therapy in low doses
- It does not influence your clinical practice given the strong benefit in terms of future events prevention based on guidelines.
- Only use a particular statin
- You prefer not to use statins in this type of patients

Are you aware of the results of the Fourier (Evolucumab) and Odyssey (Alirocumab) monoclonal antibody studies?

- Yes
- No

If the answer to the previous question was Yes, through what experience did you learn?
(Check all that apply)

- Presentation in congress or conference
- Scientific journal with original or editorial article
- Pharmaceutical industry activity
- Other

Based on your experience do you consider that the subcutaneous injectable route of administration through an applicator on a biweekly or monthly basis (check all that apply)

- Facilitates patient acceptance of treatment
- Reduces patient adherence to treatment
- It is an obstacle for the doctor who must train the patient in the use of the applicator

What is your impression of the potential usefulness of this type of drug in the treatment of patients in secondary prevention? Use a scale from 1 to 10 where 1 is zero and 10 is a lot

Do you have information regarding the safety of Evolocumab in relation to cognitive disorders?

- Yes
- No

Based on the ability of these drugs to sustainably reduce LDL cholesterol levels by an average of 60% and reach levels of 40 mg / dL or less, he considers that

- They may pose some risk to the patient
- They give a greater expectation of profit
- They must be administered carefully

Regarding monoclonal antibodies for cholesterol lowering and event reduction, do you feel comfortable informing your patients and funders and prescribe them if necessary? Use a scale of 1 to 10 where 1 is that you are not comfortable and 10 is that you are very comfortable.

Regarding elevated triglyceride values, do you consider it to be relevant in terms of an increased risk of cardiovascular events?

- Yes
- No
- I do not have a clear concept about it

Regarding the use of fibrates for the treatment of your patients

- With triglyceride values greater than 175 mg%
- With triglyceride values greater than 200 mg%
- Never

Do you prescribe Omega 3 supplements to your patients?

- Yes
- No