

FOR IMMEDIATE RELEASE: TUESDAY, JANUARY 25

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SURVEY SHOWS THAT 43% OF U.S. ADULTS AT RISK OF HEART DISEASE ARE NOT UTILIZING ASPIRIN THERAPY TO REDUCE THEIR RISK OF HEART ATTACK OR STROKE

– Findings Highlight Need For Improved Doctor/ Patient Communication About Important Preventive Therapy –

WASHINGTON, DC, January 25, 2005 – Preliminary survey results released today by the American College of Preventive Medicine (ACPM) found that 43% of U.S. adults aged 40 and older who are at increased risk of cardiovascular (CV) events – and therefore potential candidates for doctor-recommended aspirin therapy based on current American Heart Association guidelines – are not utilizing aspirin therapy to reduce their risk of heart attack or stroke. Increased risk can be defined as 10% risk or greater of heart attack or stroke over 10 years. The survey, which was conducted by Harris Interactive® for the ACPM, was supported by an unrestricted educational grant from Bayer Aspirin.

When using the American Heart Association guidelines as a reference¹, the survey found that aspirin is underutilized by both men and women aged 40 and over who are at increased risk for heart disease, and that this underutilization may be due to their tendency to underestimate their risk for a heart attack. The results were drawn from a nationally representative survey of 1,299 U.S. adult consumers (647 men, 652 women) age 40 and over and 533 healthcare professionals. The on-line survey was designed to assess barriers, beliefs and behaviors related to adoption of cardiovascular event prevention strategies, with a particular focus on aspirin use and adherence².

“The survey findings have profound implications for all Americans aged 40 and over who are at risk for heart disease,” commented George K. Anderson, MD, MPH, past president of the ACPM. “Despite significant educational efforts in recent years to elevate awareness among professionals and consumers about the proven benefits of aspirin therapy in reducing the risk of heart attack and recurrent stroke in individuals at increased risk, there is still less than adequate utilization.

¹ American Heart Association. *Heart Disease and Stroke Statistics — 2004 Update*. Dallas, Tex.: American Heart Association; 2003.

² For more information regarding methodology including sampling error, see Methodology section below.

While health professionals report that they are discussing aspirin's benefits with appropriate patients, not nearly enough moderate-to-high risk people are making aspirin a part of their risk-reduction action plan.”

Survey Findings and Implications

Of adults age 40 and older, approximately 42% were classified as being at increased risk for heart disease. Yet the findings showcased a limited concern about heart disease among individuals at increased risk who had not yet experienced a heart attack; of these respondents, one quarter (26%) considered themselves to have little or no risk for having a heart attack in the next 10 years. Additionally, while heart disease is the number-one killer of American women¹, only 36% of the increased-risk women surveyed selected heart attack as the health condition they personally feared most— behind Alzheimer's (39%) and stroke (39%), and equal to breast cancer (36%). Even though women overall considered themselves slightly more knowledgeable than men about aspirin therapy (41% vs. 33%), only 54% of increased-risk women reported taking aspirin on a regular basis to reduce their risk of heart attack and stroke. In comparison, 59% of increased-risk males reported regular aspirin use.

Regarding methods for risk reduction, the survey findings suggest that healthcare professionals believe they are discussing the risks and benefits of aspirin therapy with their increased-risk patients more frequently than patients report having this discussion with their healthcare provider. For example, when asked what they discussed with their healthcare professionals when they talked about heart health, 91% of women at increased risk who have discussed their heart health with a health care professional said the conversation included a discussion of prescription medications; however, only 49% of these women reported having discussed aspirin. In contrast, nearly all healthcare professionals (92 -100%) reported recommending aspirin to their increased-risk patients as a way to manage their risk of heart attack or stroke.

This inconsistency between consumers and healthcare professionals with regard to communications about aspirin therapy may explain why there is a significantly smaller percentage of increased-risk respondents reporting aspirin use (57%), as compared with those reporting implementation of lifestyle changes (83%) and use of prescription medication (79%).

“Although the survey did not quantify how often healthcare professionals recommended aspirin, or how many patients to whom they made this recommendation, the disparity in consumer and professional responses suggests that many candidates for aspirin need to understand their risk and

take action by talking to their doctor about aspirin,” said Dr. Anderson. “We feel this is a clear example of a critical area in health communication that needs to improve.”

Methodology

Harris Interactive® conducted the online survey October 21-29, 2004 among a nationwide cross-section of 1,299 U.S. adults aged 40 and over. The data were weighted to be representative of the total U.S. adult population on the basis of region, age within gender, education, household income, race/ethnicity, and propensity to be online.

Participants were grouped as increased risk using a formula that is based in part on the Framingham Risk Calculator, a measurement tool that assesses an individual’s risk profile based upon a series of factors, including age, gender, previous cardiovascular events, presence of risk factors such as high cholesterol, blood pressure or diabetes, obesity, and other contributors such as smoking and family history of heart disease.

The sampling error for the overall results is +/- 3 percentage points. Sampling errors for the sub-samples of men is +/- 4 percentage points, women is +/- 4 percentage points, adults who are at an increased risk for heart disease is +/- 4 percentage points, increased-risk men is +/- 5 percentage points, increased-risk women is +/- 7 percentage points, increased-risk women who have discussed their heart health with a healthcare professional is +/- 7 percentage points, and increased-risk adults who have not experienced a heart attack is +/- 4 percentage points. This online sample was not a probability sample.

Harris Interactive also conducted a companion survey online from October 21 through November 8, 2004, among 533 healthcare professionals, of whom 212 were primary care physicians, 210 were cardiologists, and 111 were nurses. The primary care physician and cardiologist data were weighted to be representative of their respective populations in the U.S. The nurse data are unweighted and are therefore only representative of the population of nurses surveyed. The nursing database was provided by the Preventive Cardiovascular Nurses Association (PCNA), and consisted of PCNA members. The sampling error for the physician results is +/-7 percentage points and for the nurse results it is +/- 10 percentage points. This online sample is not a probability sample.

A Note on the Results

Survey research, regardless of how it is conducted or whom it surveys, must often be interpreted

with caution when analyzing the results. The following caveats apply to this survey. First, many of the questions asked of both the consumer and healthcare professional samples were framed in such a way as to measure whether a certain activity has “ever” been done or discussed. Follow-up questions were not included to quantify the frequency with which these actions are taken. Secondly, the risk calculation used to identify consumers who are at increased risk for heart disease is based solely on information gathered as part of this survey and does not include information from any other sources such as patient medical records. Third, in some cases, questions were worded such that “heart attack” and “stroke” were combined into one item rather than being asked about separately (e.g., a response choice for one question was worded as “preventing heart attack or stroke”). Therefore, it is not possible to determine how respondents would answer for each cardiovascular event separately.

About the American College of Preventive Medicine

The American College of Preventive Medicine is the national medical specialty society representing physicians committed to health promotion and disease prevention. Founded in 1954, ACPM provides leadership in research, professional education, development of public policy, and enhancement of standards of preventive medicine. In addition to physicians Board-certified in preventive medicine, ACPM’s members include physicians Board-certified in other medical specialties who have a strong interest in health promotion and disease prevention. For more information about ACPM, visit www.acpm.org.

About Bayer Consumer Care

Bayer is a proud supporter of the American Heart Association’s Go Red for Women campaign, which aims to educate women about cardiovascular disease risk factors and to raise awareness of disease prevalence in women. Bayer also partners with numerous organizations and programs to help raise women’s awareness of cardiovascular disease and to promote heart-healthy behavior through the prevention, detection and treatment of risk factors. Bayer makes a range of products designed to meet the needs of female patients, including Bayer Women's Aspirin Plus Calcium[®], the only aspirin regimen product designed especially for women.

Bayer Consumer Care, a division of Bayer HealthCare, is headquartered in Morristown, N.J. Bayer Consumer Care is among the largest marketers of over-the-counter medications and nutritional supplements in the world. Some of the most trusted and recognizable brands in the world today come from the Bayer portfolio of products. Bayer HealthCare combines the global

activities of the Animal Health, Biological Products, Consumer Care, Diagnostics and Pharmaceuticals divisions. A subgroup of Bayer AG, Bayer HealthCare had sales of approximately 8.9 billion Euro in 2003 and employs about 34,600 people worldwide.

About Harris Interactive®

Harris Interactive Inc. (www.harrisinteractive.com), the 15th largest and fastest-growing market research firm in the world, is a Rochester, N.Y.-based global research company that blends premier strategic consulting with innovative and efficient methods of investigation, analysis and application. Known for *The Harris Poll*® and for pioneering Internet-based research methods, Harris Interactive conducts proprietary and public research to help its clients achieve clear, material and enduring results.

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