

The Kanyini Guidelines Adherence with the Polypill Study – Kanyini GAP

Background

Cardiovascular disease is the leading cause of death and disability for both Aboriginal and non-Aboriginal Australians alike. People with previous heart attack, stroke or other vascular diseases are among those at highest risk of having a future cardiovascular event. Despite the availability of a number of simple, safe and effective drugs that reduce this risk, a substantial number of patients do not receive ‘indicated’ treatments, and particularly, appropriate combinations of these drugs that would maximise their beneficial effects.



Will a simpler drug regime improve health outcomes for people at high risk of heart attack and stroke?

This may be due to the complexity, inconvenience and costs associated with doctors prescribing, and patients then taking, multiple drugs.

A ‘polypill’ may help improve this scenario by offering patients a simpler drug regime in the form of a single pill containing fixed-dose combinations of treatments.

Aims

The Kanyini GAP Study aims to assess whether patients prescribed a polypill-based drug regime have improved adherence and clinical outcomes compared with those given usual cardiovascular medications. The polypill used in the trial contains low dose aspirin, a cholesterol lowering drug and two blood pressure lowering drugs.

The study also aims to measure the prescription of combination therapy, barriers to adherence, quality of life, safety, cardiovascular events, prescriber acceptability and healthcare resource consumption to help build a complete picture with which to evaluate the polypill.

Methods

The study is a prospective, open, randomised controlled clinical trial of a polypill-based strategy compared to usual care among approximately 1000 individuals at high risk of cardiovascular events, augmented by a cost-effectiveness analysis and a formal process evaluation. The study will be conducted within Aboriginal Community Controlled Health Services and general medical practices in Australia, where participants will be followed up for an average of 18 months.

Institute Investigators

- [Anushka Patel](#) (Chief Investigator)
- Alan Cass
- Anthony Rodgers
- Patrick Groenestein
- Stephen Jan
- [Bruce Neal](#)
- David Peiris

Collaboration

- [Clinical Trials Research Unit](#), School of Population Health, University of Auckland
- [Department of Epidemiology and Preventative Medicine](#), Monash University, Victoria
- Baker IDI Health and Diabetes Institute

Funding Agencies

This study is funded by [National Health and Medical Research Council](#) (NHMRC) t Grants , awarded by the NHMRC to researchers of two collaborations:

The Kanyini Vascular Collaboration (KVC) is a 5 year health services research program. It has been established between Indigenous and non-Indigenous health service and clinical researchers, policy-makers, health economists, clinicians, and communities. It is conducted in close collaboration between The George Institute for International Health & Baker IDI Heart and Diabetes Institute with local partners in several Aboriginal Community Controlled Health Services (ACCHS) in metropolitan, rural and remote communities in NSW, NT, and QLD and one government funded Indigenous health service in QLD.

The Guidelines Adherence with the Polypill collaboration has been formed between the George Institute for International Health, the Department of General Practice, Western Clinical School, University of Sydney and Monash University. These three groups have developed a research collaboration comprising of a diverse network of general practices in NSW and Victoria.

If you would like to find out more about this trial please contact:

Bindu Patel

Project Manager

The George Institute for International Health

PO Box M201

Camperdown NSW 2050

Ph: +61 2 8507 2544

Fax: +61 2 9993 4502

bpatel@george.org.au