All three respondent groups (patients, pharmacists, and physicians) reported that clinical effectiveness was a key factor in drug selection. A significant relationship was found between treatment adherence and the reimbursement program:

Physicians and pharmacists: $\chi^2 = 5.653$, $p = 0.017$
Patients: $\chi^2 = 0.234$, $p = 0.02$
Despite these findings, respondents preferred effective drugs that were not included in the reimbursement program. Patients showed a strong preference for brand-name drugs ($\chi^2 = 0.445$, $p = 0.000$). However, low socioeconomic status was associated with treatment discontinuation once symptoms improved (CI 95% [38.6±0.07], $p < 0.0001$; $\chi^2 = 0.468$, $p = 0.000$).

Conclusion: Low adherence to pharmacotherapy at the secondary care level was confirmed, consistent with findings from the EUROASPIRE IV and V studies. Clinical effectiveness plays a crucial role in adherence to pharmacotherapy among CHD patients with comorbid conditions.
Pharmacists' involvement in CHD secondary prevention was found to be 22 times more effective (OR = 22.67, $p = 0.000$) compared to medical care without pharmacist participation.

Recommendations: Integration of pharmacists into primary and secondary healthcare.

Redistribution of prescriptions/recommendations from brand-name to generic drugs to improve affordability and adherence.

The impact of optimizing pharmacotherapy of coronary heart disease with comorbid conditions on adherence to treatment according to the EUROASPIRE V observational study in Ukraine

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Pharmacotherapy for coronary heart disease (CHD) often involves the simultaneous use of three to ten drugs. It has been established that adherence to treatment significantly influences clinical outcomes. The results of the EUROASPIRE V observational study revealed a low level of treatment adherence among patients with CHD and comorbid conditions across European countries, highlighting the impact of socioeconomic, psychological, and other factors, particularly in Ukraine.

A retrospective analysis of drug prescriptions in CHD patients—assessing drug content, quantity, and interactions (considering the CYP450 system)—is essential for evaluating the impact of polypharmacy on treatment adherence. Purpose. To determine the prevalence of polypharmacy in the pharmacotherapy of CHD with comorbid conditions and its subsequent impact on treatment adherence in the Ukrainian cohort of the EUROASPIRE V study.

Materials and Methods: This study analyzed medical records of CHD patients with comorbid conditions who participated in the EUROASPIRE V observational study in Ukraine. Data were collected over two visits to secondary care physicians across six regional centers in Ukraine.

A total of 445 prescriptions were examined to assess their pharmaceutical composition, metabolism via the CYP450 isoenzyme 3A4 system, and alignment with ESC clinical recommendations regarding target doses. Adherence to treatment was evaluated using the MARS-5 method.

Statistical analysis included: Wilcoxon paired t-test for assessing prescription tablet distribution, adherence levels, and discrepancies between the two visits; Mann-Whitney test to compare adherence levels between adherent and non-adherent groups; Chi-square test (χ^2) to determine the impact of medicines interactions on treatment adherence.

Results: A significant impact of polypharmacy on adherence was identified [U = 4.895; Z = -2.793 (unadjusted); Z = -2.844 (adjusted); $p = 0.0052$ (unadjusted), $p = 0.0045$ (adjusted)], supporting the need for fixed-dose combinations.

A consistent number of drug incompatibilities was observed between the two visits (Z = 1.71; $p = 0.086$), indicating insufficient coordination among doctors, patients, and pharmacists.

Men (55%) showed higher adherence compared to women (45%) ($\chi^2 = 5.734$; dof = 1; $p \approx 0.0167$).

Conclusions: Polypharmacy prevalence was 76.47% (CI 95%: 76.47 ± 0.03; $p < 0.0001$), reflecting the use of complex treatment regimens for CHD with comorbid conditions.

The impact of drug interactions via CYP450 isoenzyme 3A4 was significantly associated with treatment adherence ($\chi^2 = 3.97$; dof = 1; $p = 0.0462$).

The findings highlight the need for fixed-dose drug combinations and improved coordination among healthcare providers to enhance adherence.

Enhancing experiential learning in pharmacy internships: A qualitative analysis of patient consultation training

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Background: Pharmacy internship programs play a critical role in bridging theoretical knowledge with clinical practice. Patient consultation is a key competency, yet interns often