

Therefore, it is suggested that a combination therapy have various advantages over monotherapy. Of these advantages are: dose-dependent side effect is minimized, a low dose combination of two different agents reduces the dose related risk, the addition of one agent may counteract some deleterious effects of the others, minimize the clinical and metabolic effects that occurs with maximal dosage of individual components of the combined tablets (Jitendra et al. 2009). Thus, preventing cardiovascular events in at-risk patients is greatly enhanced if a single pill is prescribed for the commonly occurring risks of hypertension and dyslipidaemia.

A recent study in the United States has shown that only 20% of patients adhere to and took their preventative tablets as medication for dyslipidaemia and hypertension if they were taken as two individual tablets. However, if the medication is given as a single tablet, in this case atorvastatin plus amlodipine, the adherence improved to 150% (Chapman RH, Yeaw J, Roberts CS, BMCC 2010). This increase in compliance is very significant and applies to everyday clinical practice. Thus, the overall benefit in terms of the reduction in cardiovascular events is observed between patients who adhered to their medication in comparison to non adherent patients (Chapman RH, Yeaw J, Roberts CS, BMCC 2010).

Also another study evaluated the cardiovascular events in patients with hypertension and dyslipidaemia who were adherent to either two pills or the single-pill calcium channel blocker and a statin. Adherence levels were much higher for the single-pill approach. However, the reduction in cardiovascular events in adherent patients was the same regardless of whether patients were on a single- or two-pill treatment regimen (Chapman et al. 2010).

Therefore, polypharmacy and complex treatment regimens have been identified as important, modifiable risk factors for medication noncompliance. Poor compliance to medication