

Time trends in lifestyle, cardiovascular risk factors, and therapeutic management in European patients with coronary artery disease

A comparison of EUROASPIRE IV and V surveys over 5 years in 21 countries



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Declaration of interests regarding this presentation

Research contracts (European Society of Cardiology)



European Guidelines and Surveys on CVD prevention





EUROASPIRE IV and V Countries



Germany



Netherlands



Croatia



UK



Spain



Czech Republic



Serbia



Belgium



Bosnia &
Herzegovina



Slovenia



Finland



Latvia



Poland



Romania



Greece



Russia



Sweden



Lithuania



Bulgaria



Turkey



Ukraine



EUROASPIRE IV and V

Main purposes



To determine in patients with CHD whether

- European guidelines on CVD prevention are followed in clinical practice
- **The practice of preventive cardiology has improved over time (EAIIV to EAV)**
- European guidelines on diabetes, prediabetes and CVD are being followed
- Diagnostic and therapeutic strategies are appropriate in relation to CKD

In order to

- Identify strategies and make recommendations improving prevention



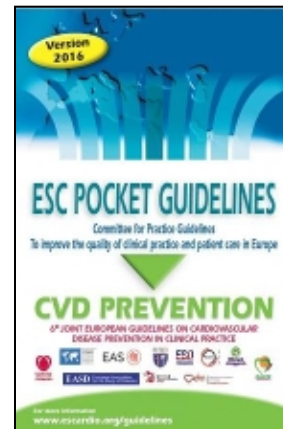
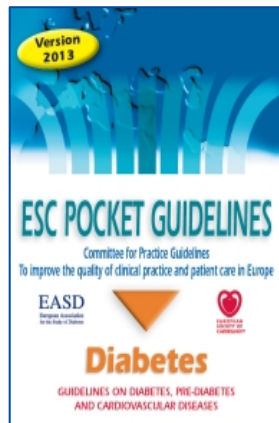
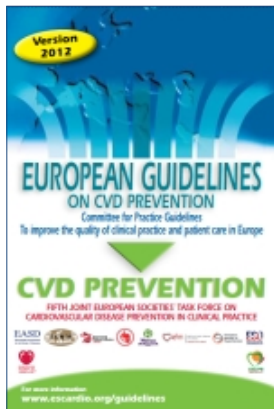
EUROASPIRE IV and V

Outcome measures



Proportion of coronary patients achieving lifestyle, risk factor and therapeutic targets for cardiovascular disease prevention defined in the Joint European Societies

Guidelines on CVD prevention





EUROASPIRE IV and V

Data collection



Consecutive patients

- Men and women <80 years
- Hospitalised >6 months and <3 years prior to interview
- Due to
 - Elective CABG or PCI
 - Acute coronary syndromes (STEMI, non-STEMI or unstable angina)
- From centres covering the same geographical areas
- Standardized methods and instruments
- Central laboratory measurements



EUROASPIRE IV and V

Study population



	EUROASPIRE IV 2012-2013 N=6905	EUROASPIRE V 2016-2017 N=4793	Significance p=
Female gender (%)	24	25	0.34
Age at interview (Mean; years)	64.3	63.8	0.36
Previous hospitalization CABG (%)	24	18	0.06
Previous hospitalization PCI (%)	65	85	<0.0001
Previous hospitalization stroke (%)	5	4	0.30
Previous hospitalization fr HF (%)	10	5	0.03
Low educational level* (%)	16	11	0.18



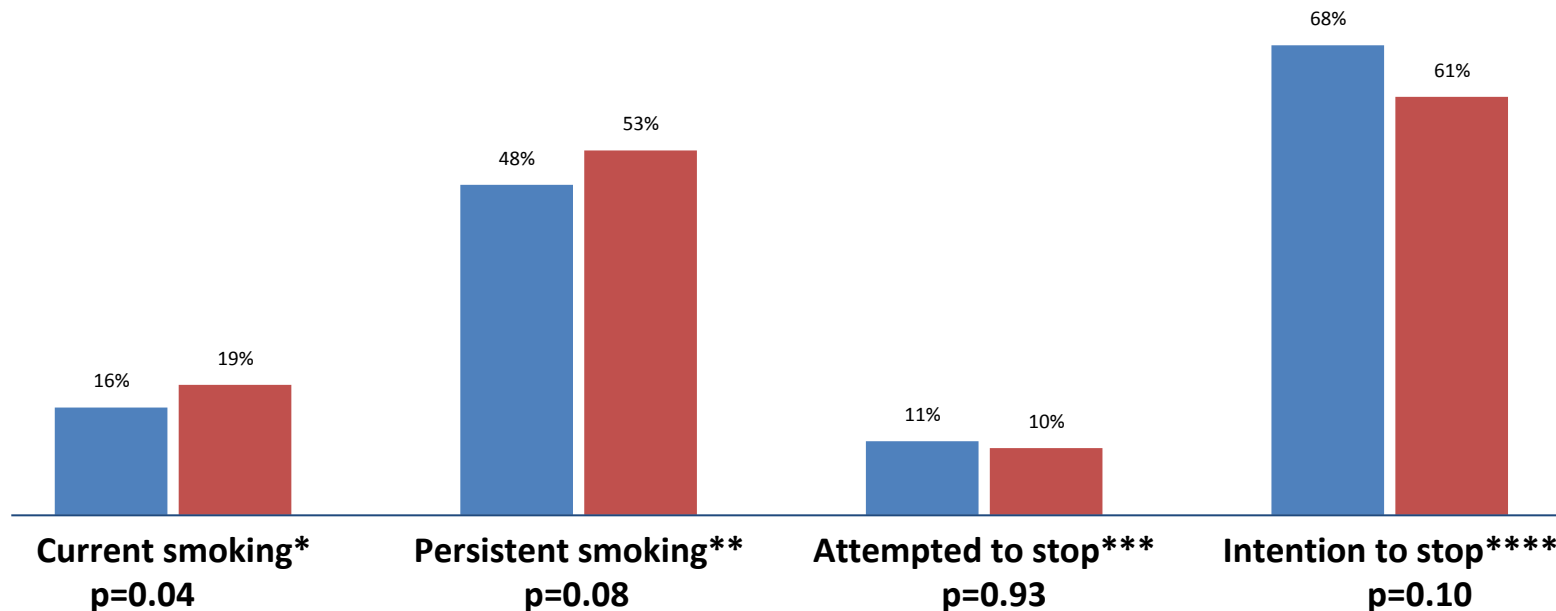
EUROASPIRE IV and V

Smoking habits



■ EUROASPIRE IV

■ EUROASPIRE V





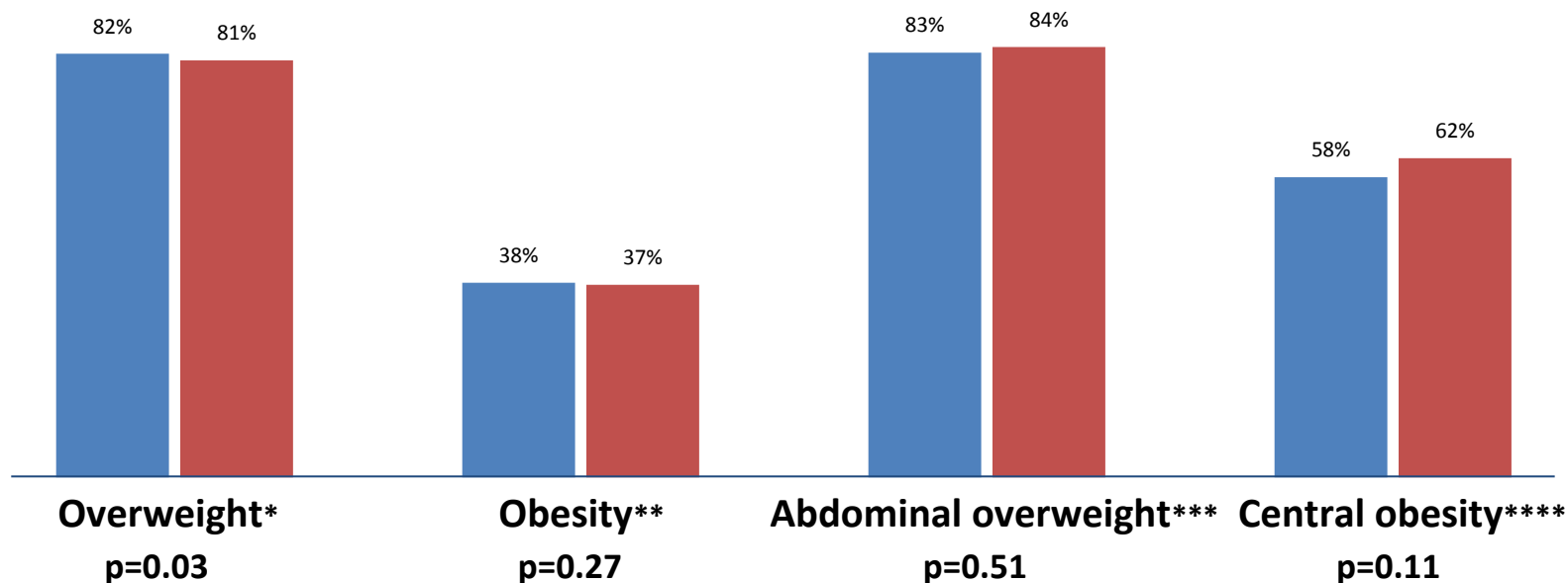
EUROASPIRE IV and V

Overweight and Obesity



■ EUROASPIRE IV

■ EUROASPIRE V





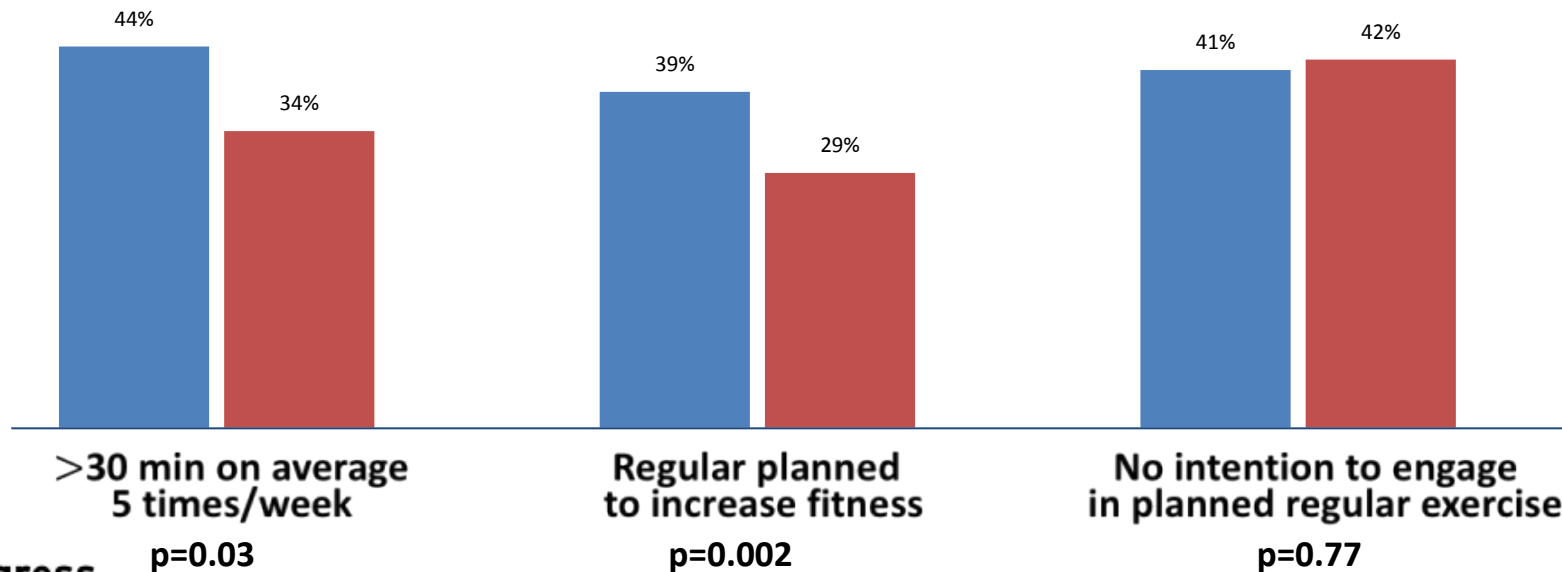
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Physical activity



■ EUROASPIRE IV

■ EUROASPIRE V





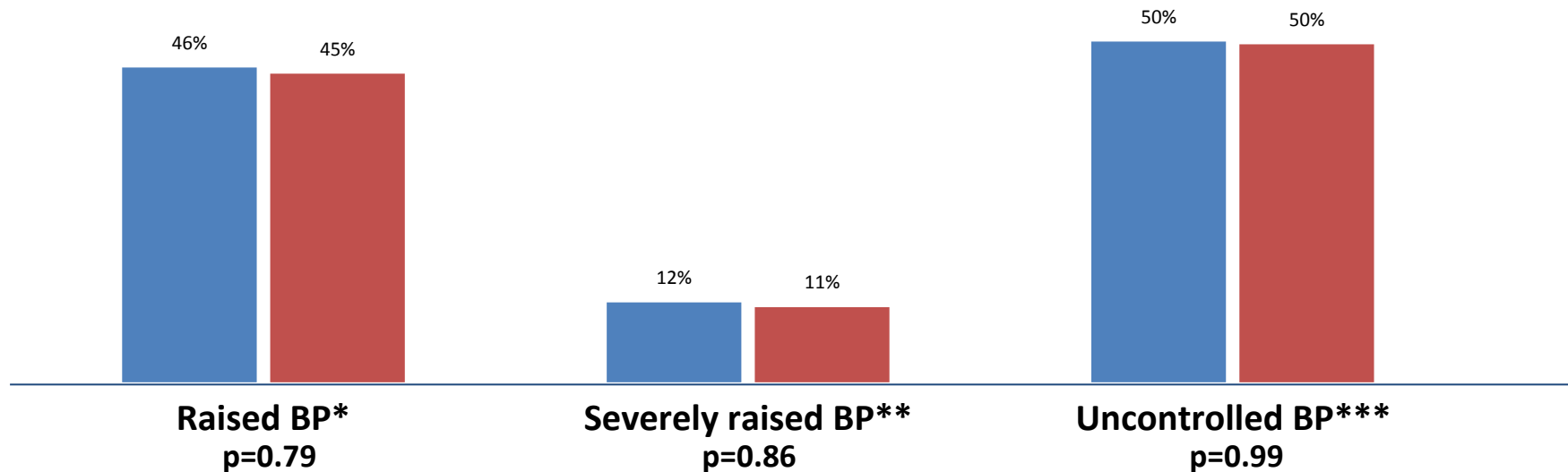
EUROASPIRE IV and V

Blood pressure



■ EUROASPIRE IV

■ EUROASPIRE V





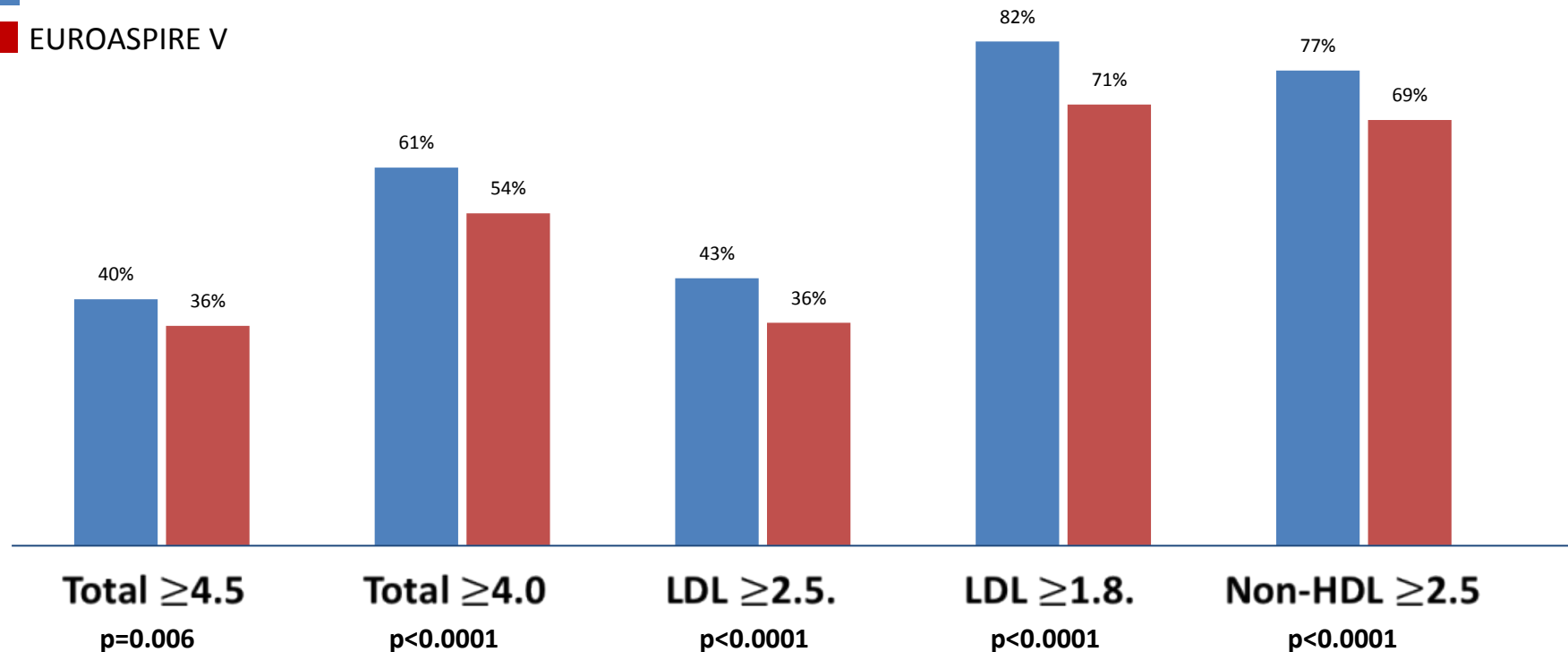
EUROASPIRE IV and V

Cholesterol mmol/L; Total, LDL and HDL



■ EUROASPIRE IV

■ EUROASPIRE V



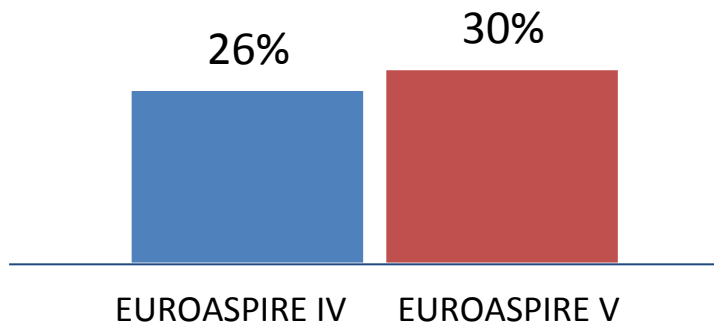


EUROASPIRE IV and V

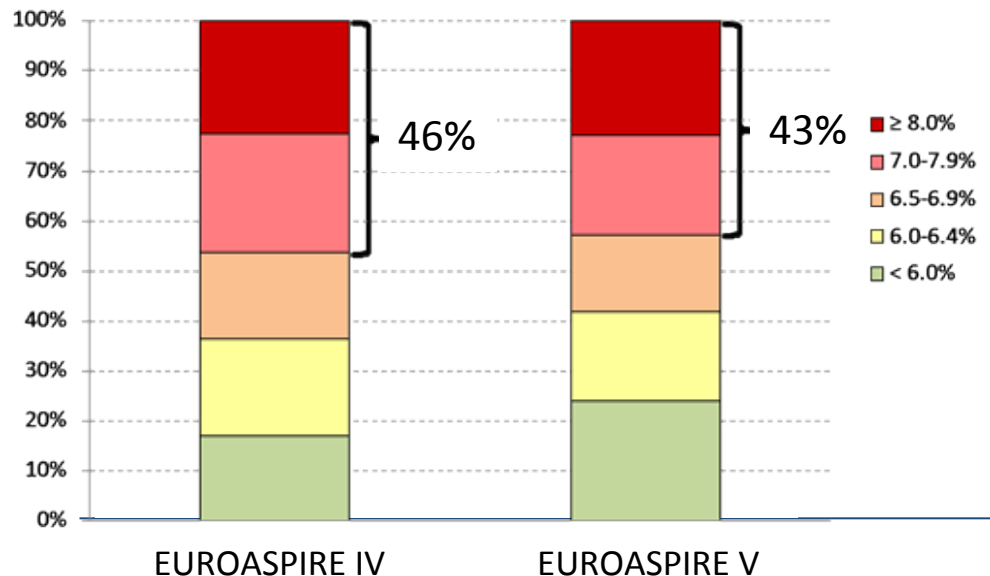
Diabetes



Self-reported diabetes



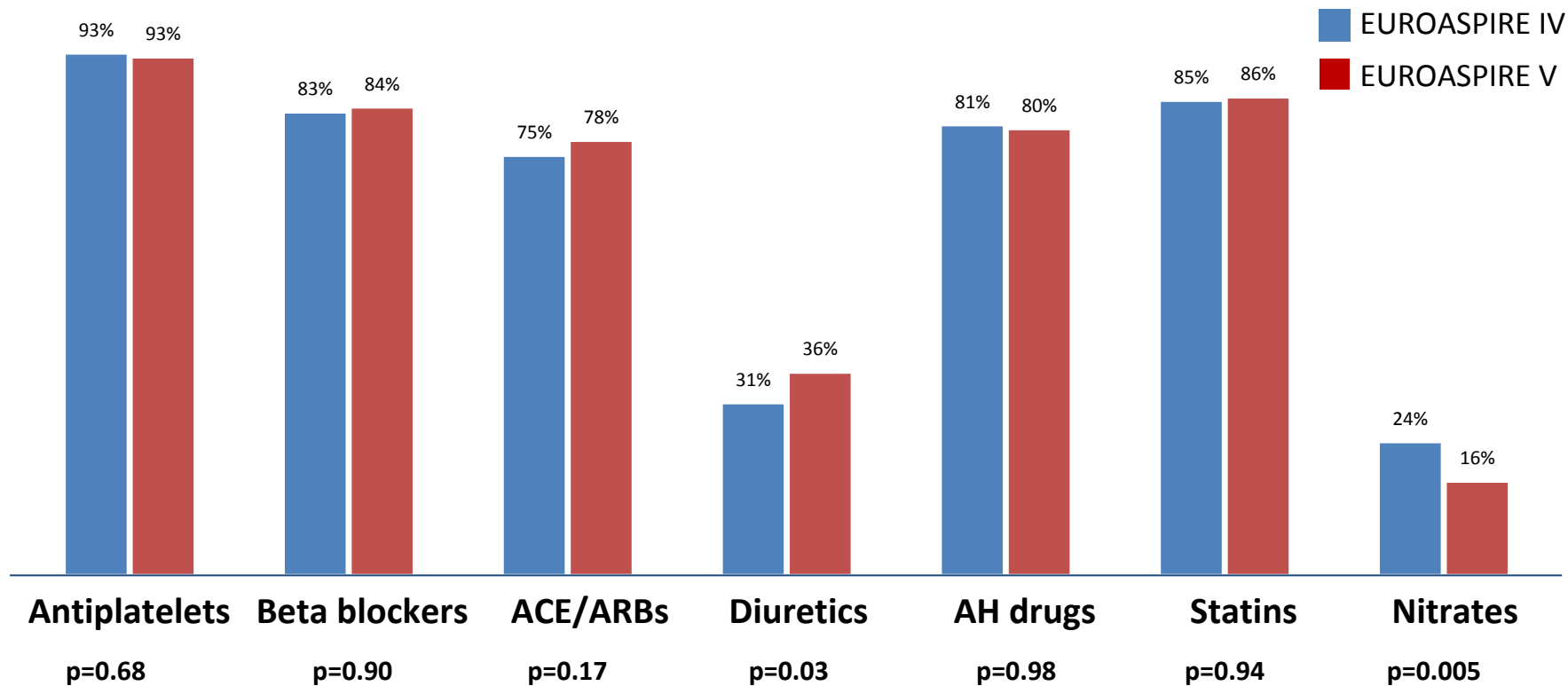
Glycaemic control* (HbA1c)





EUROASPIRE IV and V

Medications





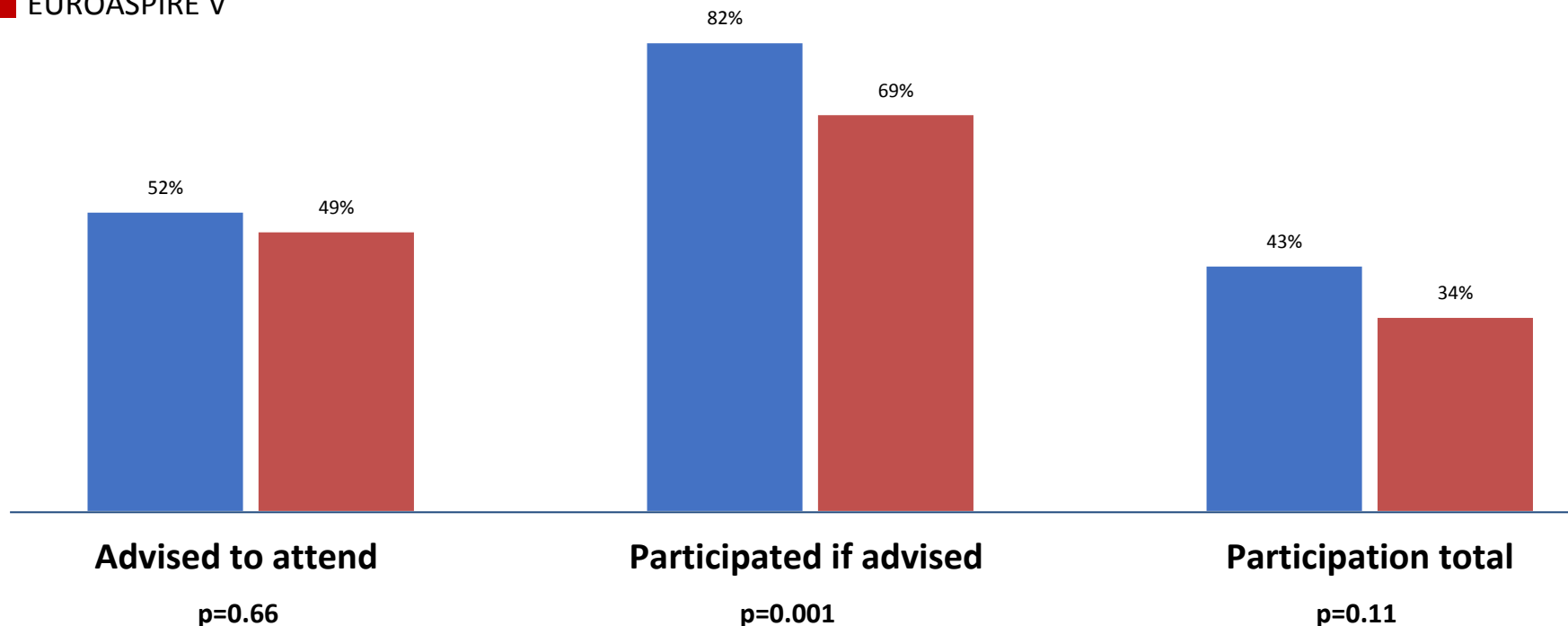
EUROASPIRE IV and V

Advised to attend and attendance in a CRP



■ EUROASPIRE IV

■ EUROASPIRE V





Time trends in patient management

Conclusions from EUROASPIRE IV to V



- **Adverse lifestyle trends - major cause for concern**
Increased prevalence of smoking and no change in obesity or central obesity together with a reduction in physical activity
- **No change in blood pressure control with half of all patients on anti-hypertensive drugs above the therapeutic target**
- **Improved lipid control - but LDL-C still not well managed with almost three quarters above the LDL-C target of < 1.8 mmol/l**



Time trends in patient management

Conclusions from EUROASPIRE IV to V



- Diabetes – still poor control of lipids, BP and glycaemia
- Prescriptions of all major classes of cardioprotective medications are unchanged
- Falling participation in cardiac rehabilitation programmes with just one third of all eligible patients attending
- Matching high quality interventional cardiology services with modern preventive cardiology programmes is required for all patients with CHD



EUROASPIRE IV and V

Executive leadership



Coordinating centre

National Heart & Lung Institute, Imperial College, London UK

Data management centre

EURObservational Research Programme, European Heart House, Sophia-Antipolis, France

Statistical centre

Department of Public Health, Ghent University, Belgium

Diabetes centre

Department of Medicine Solna, Karolinska Institutet, Stockholm Sweden

Central laboratory

National Public Health Institute, Helsinki, Finland



EUROASPIRE IV and V

National leaders



- Belgium: Dirk De Bacquer, Delphine De Smedt, Johan De Sutter
- Bulgaria: Nina Gotcheva
- Bosnia & Herzegovina: Dusko Vulic, Mirza Dilic
- Croatia: Željko Reiner, Davor Milicic
- The Czech Republic: Jan Bruthans, Renata Cifkova
- Finland: Seppo Lehto
- Germany: Peter Heuschmann, Stefan Störck
- Greece: John Goudevenos, Konstantinos Tsioufis
- Latvia: Andrejs Erglis, Vilnis Dzerve
- Lithuania: Jolita Badariene, Aleksandras Laucevicius
- The Netherlands: Jaap Deckers
- Poland: Andrzej Pajak, Piotr Jankowski
- Romania: Dan Gaita, Silvia Mancas
- Russia: Nana Pogossova, Rafael Oganov,
- Serbia: Dragan Lovic, Nebojsa Lalic
- Slovenia: Zlatko Fras
- Spain: Almudena Castro Conde
- Sweden: Lars Rydén, Viveca Gyberg, Linda Mellbin, Martin Stagmo
- Turkey: Lâle Tokgözoğlu
- Ukraine: Marina Dolzhenko
- United Kingdom: David Wood



EUROASPIRE IV and V

Sponsors



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The EUROASPIRE IV and V surveys were carried out under the auspices of the ESC EURObservational Research Programme

EUROASPIRE IV

Amgen, AstraZeneca, Bristol–Myers Squibb/Emea Sarl,
GlaxoSmithKline, F Hoffman–La Roche, Merck, Sharp & Dohme

EUROASPIRE V

Amgen, Eli Lilly, Sanofi, Pfizer, Ferrer, Novo Nordisk



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Thank You for the Attention