



Euro Heart Survey Programme

ESC Quality Assurance Programme to Improve Cardiac Care in Europe

EUROASPIRE III: Lifestyle, risk factor and therapeutic management in patients with CHD and people at high risk of developing cardiovascular disease from 22 European countries

EUROASPIRE III

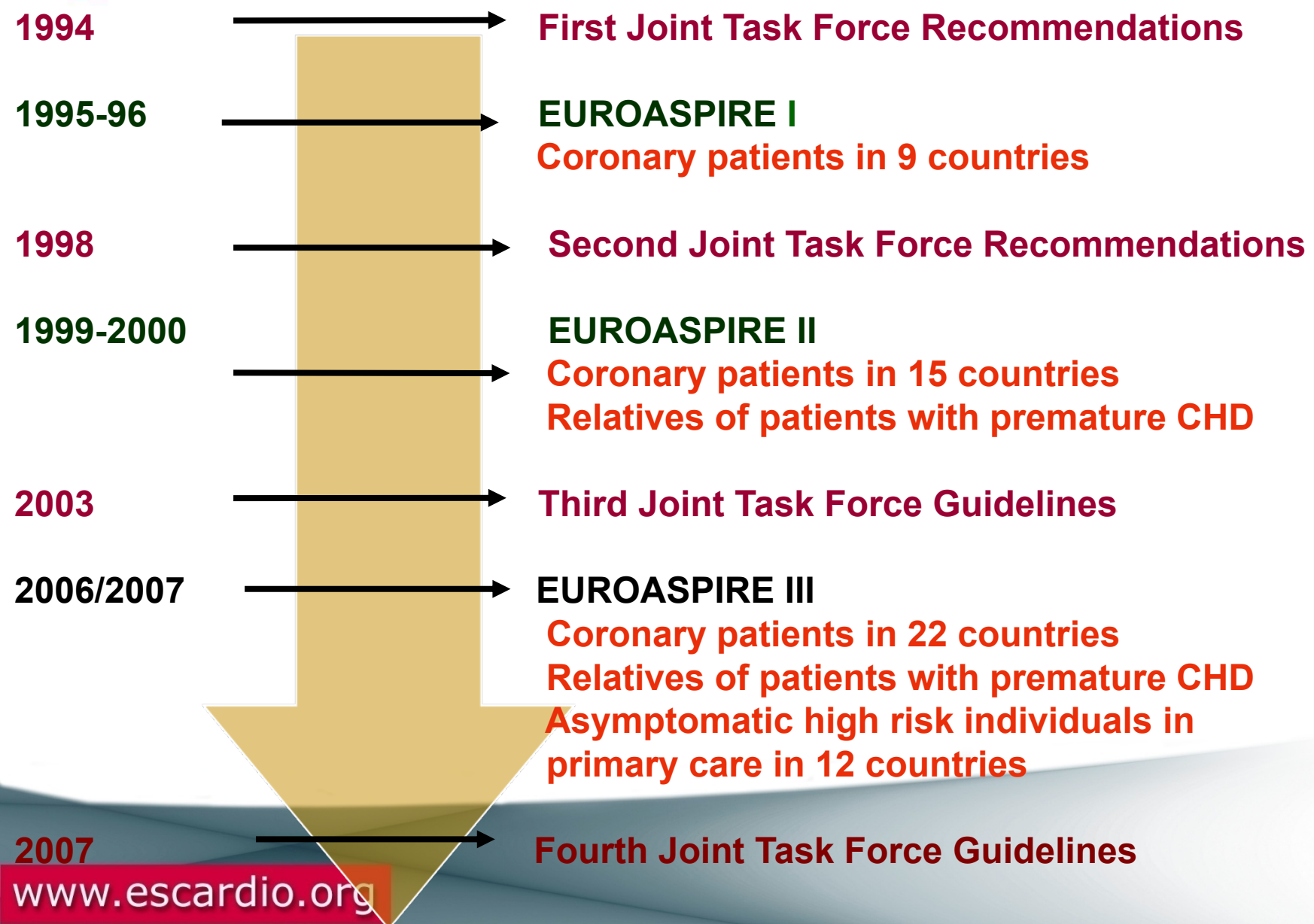


**European Action on Secondary and Primary
Prevention of Cardiovascular Disease
In Order to Reduce Events**

**European Society of Cardiology
Euro Heart Survey Programme**



EUROASPIRE





EUROASPIRE III

Coronary Patients



EUROASPIRE III







EUROASPIRE III

**People at high risk of developing
cardiovascular disease**

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London, UK**

**on behalf of the Survey Expert Committee and all investigators
participating in the Euro Heart Survey on Preventive Cardiology**

www.escardio.org





EUROASPIRE III PRIMARY CARE

Participating countries



UK



Germany



Belgium



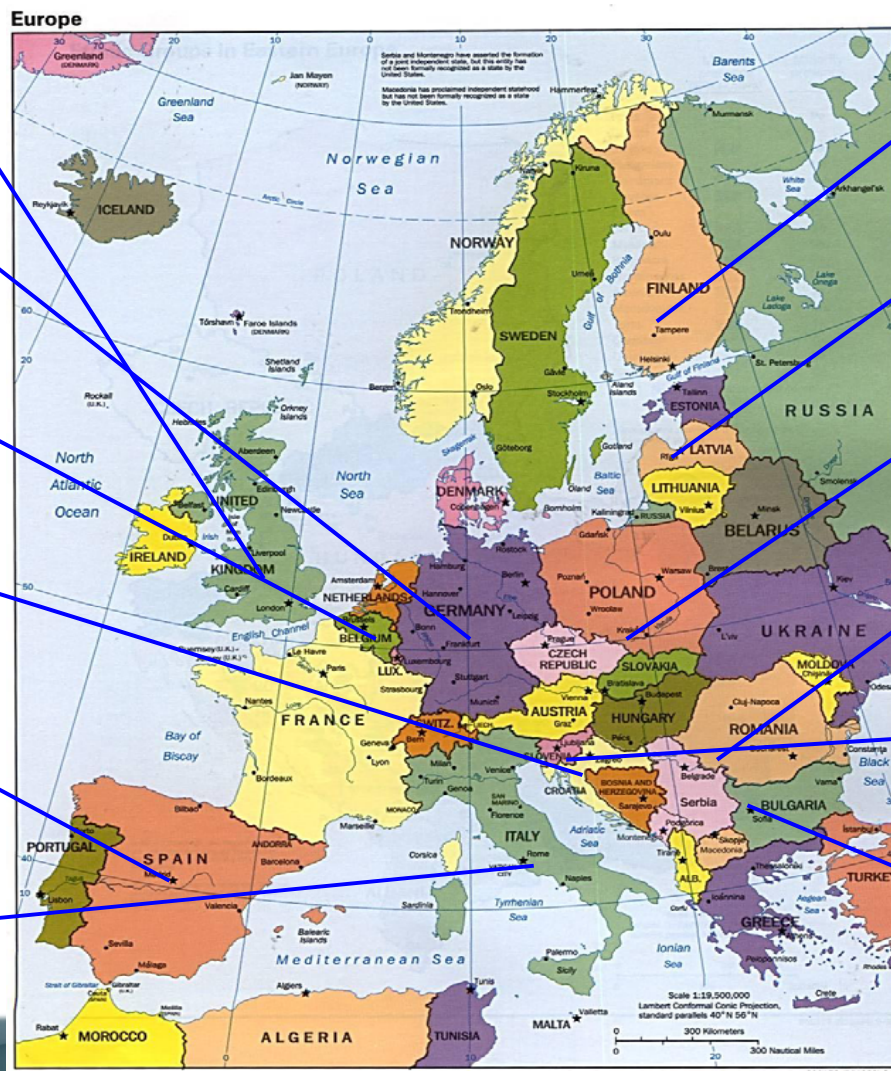
Slovenia



Spain



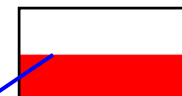
Italy



Finland



Latvia



Poland



Romania



Croatia



Bulgaria



EUROASPIRE III Primary Care

Consecutive patients, men and women < 80 years, without a history of coronary or other atherosclerotic disease, who have been started on drug therapy for hypertension/dyslipidaemia/diabetes at least 6 months and at most 3 years prior to identification

5,678 high risk patients identified

4366 interviews

Interview participation rate 78%

58% women

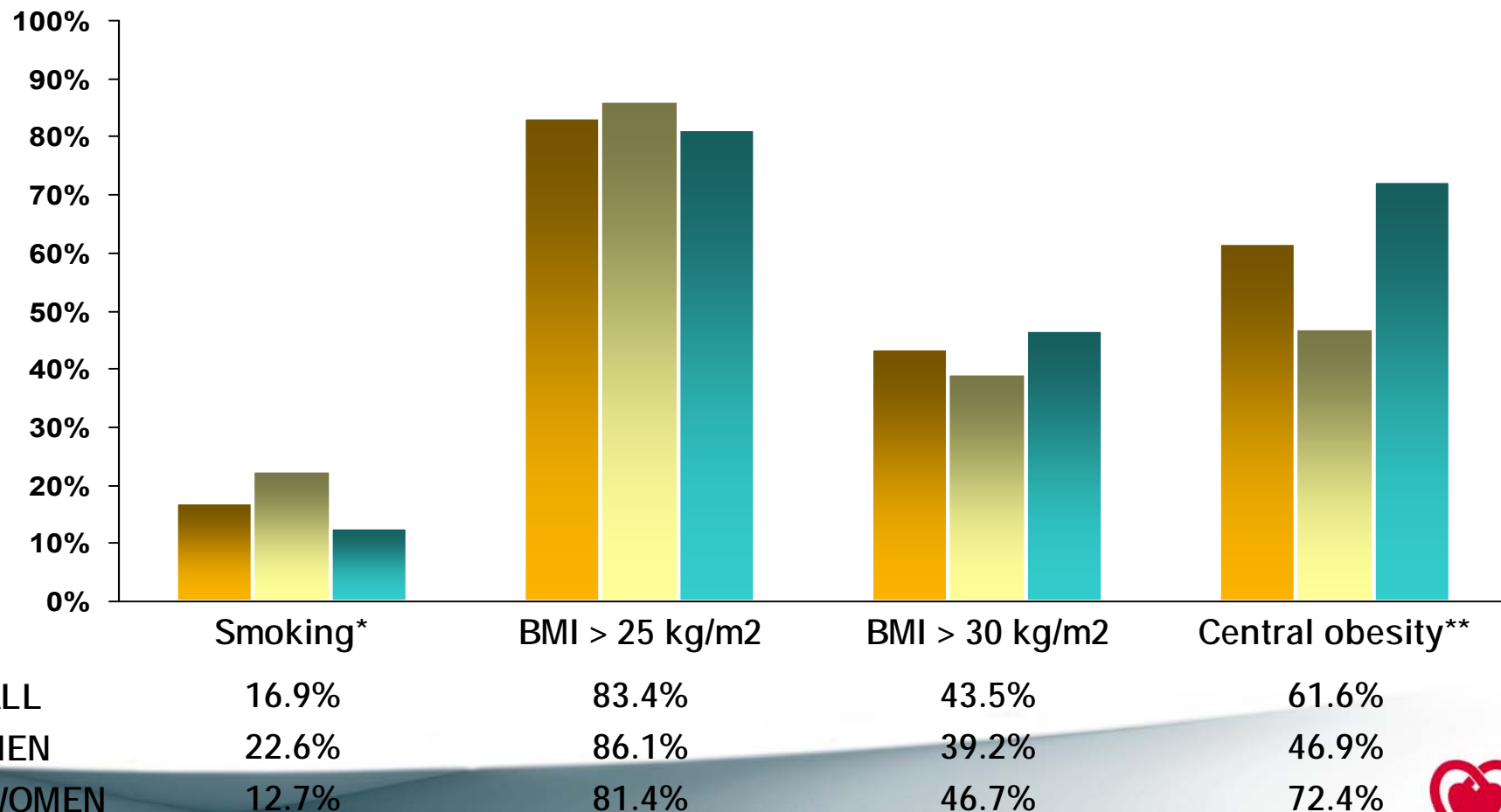
Mean age 60.0 (SD 10.3) years



Prevalence of smoking, overweight and obesity

*Self-reported or CO in breath > 10 ppm

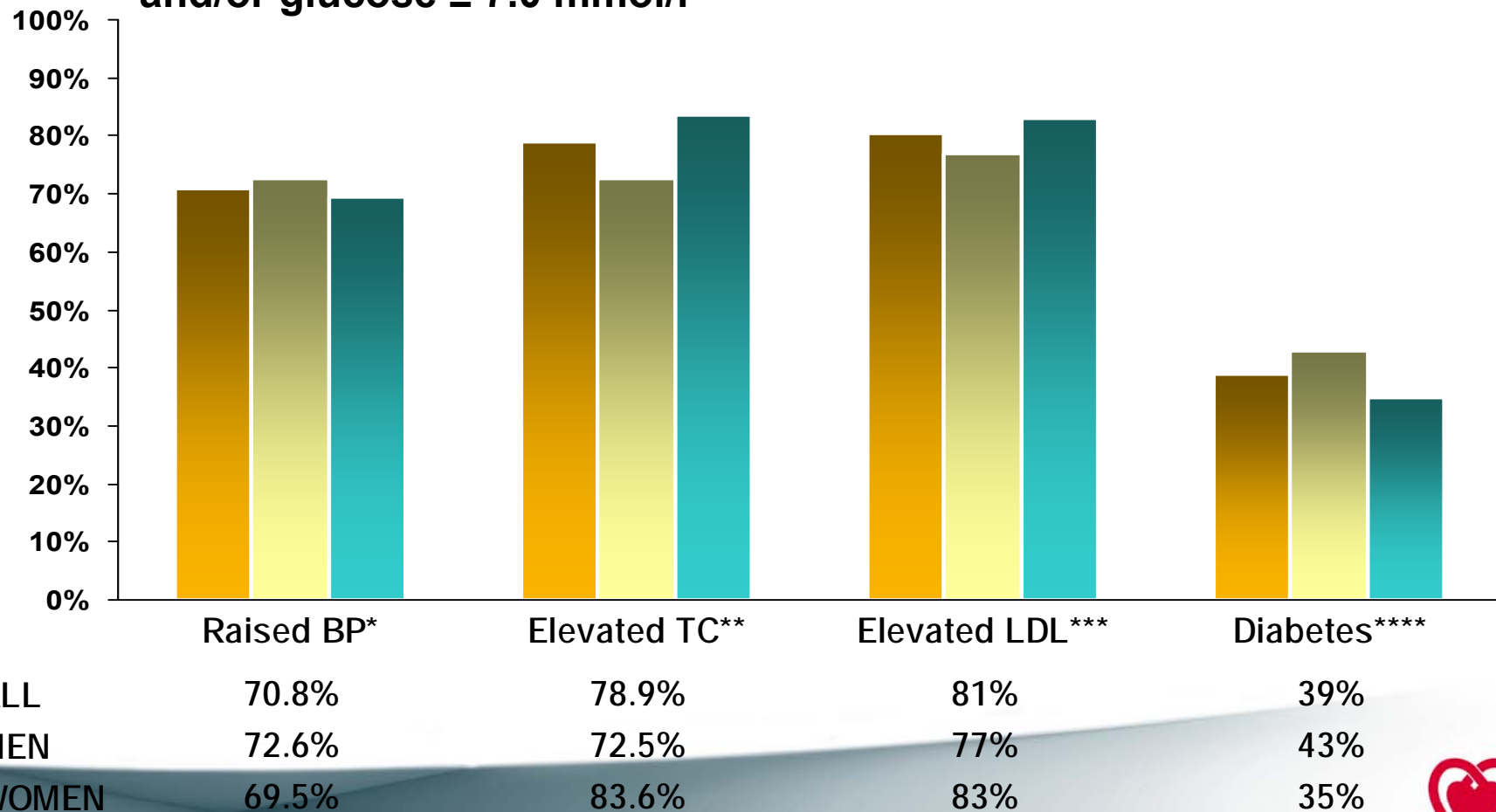
**WC ≥ 102 cm (men); ≥ 88 cm (women)





Prevalence of raised blood pressure, elevated total cholesterol and LDL-cholesterol and diabetes

SBP/DBP $\geq 140/90$ mmHg for non-diabetics or $\geq 130/80$ mmHg for diabetes; ** TC ≥ 4.5 mmol/l; ***LDL-C ≥ 2.5 mmol/l; *Self-reported and/or glucose ≥ 7.0 mmol/l**

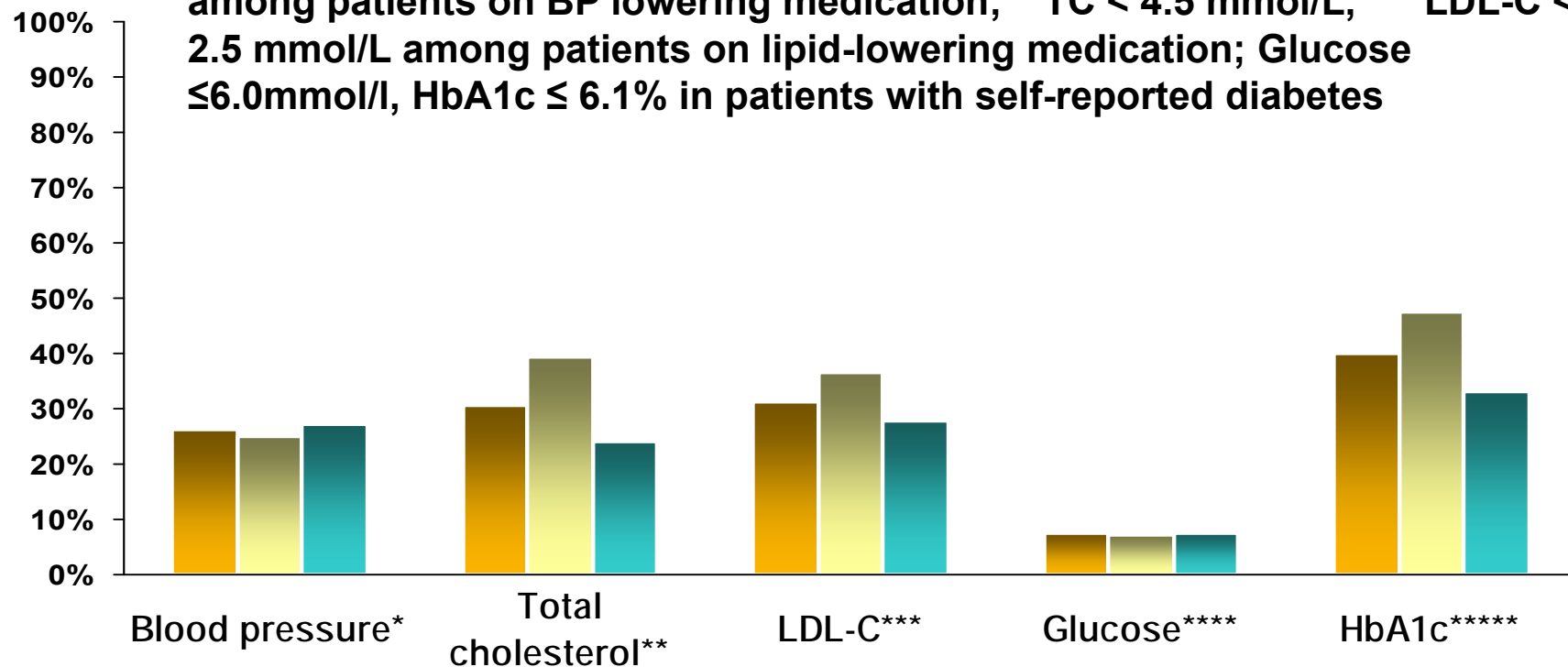


■ ALL
■ MEN
■ WOMEN



Therapeutic control of blood pressure, total cholesterol, LDL-cholesterol and glucose

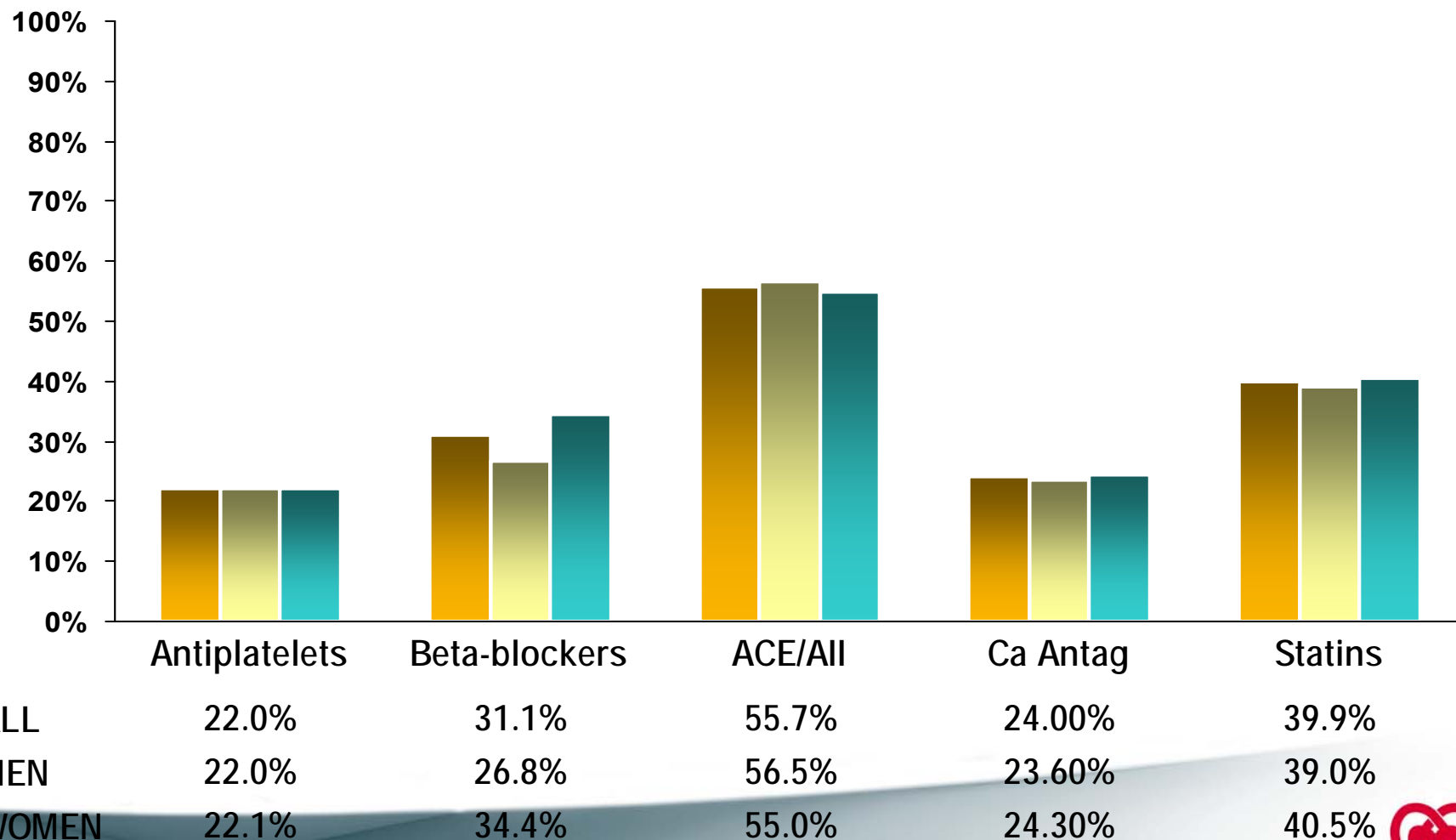
***SBP/DBP < 140/90 mmHg (< 130/80 mmHg in patients with diabetes) among patients on BP lowering medication; **TC < 4.5 mmol/L, *** LDL-C < 2.5 mmol/L among patients on lipid-lowering medication; Glucose ≤ 6.0 mmol/l, HbA1c ≤ 6.1% in patients with self-reported diabetes**



ALL	26.3%	30.6%	31.4%	7.4%	39.9%
MEN	24.9%	39.5%	36.6%	7.3%	47.4%
WOMEN	27.3%	24.1%	27.8%	7.5%	33.1%



Cardioprotective drugs





Conclusions

- Lifestyle of patients being treated as high cardiovascular risk is a major cause for concern with persistent smoking and high prevalences of both obesity and central obesity
- Blood pressure, lipid and glucose control are completely inadequate with most patients not achieving the targets defined in the prevention guidelines
- Primary prevention needs a systematic, comprehensive, multidisciplinary approach, which addresses lifestyle, risk factor and therapeutic management, and a health care system which invests in prevention.

