


Conclusion

 Active screening of patients with type 2 diabetes or chronic obstructive pulmonary disease (COPD) more than doubles new diagnoses of CVD compared with usual care.



Impact on clinical practice

 A proactive diagnostic strategy identifies coronary artery disease (CAD), atrial fibrillation (AF) and heart failure (HF) in the community.

Study objectives

 RED-CVD was a cluster randomised, pragmatic trial examining the ability of a stepwise diagnostic strategy to identify CAD, AF and HF in patients with COPD or type 2 diabetes using tools readily available in primary care.

Study population

-  Primary care practices were the unit of randomisation.
-  Primary care practices across the Netherlands were eligible if they could add the early diagnosis strategy to their usual disease management programmes for type 2 diabetes and COPD.

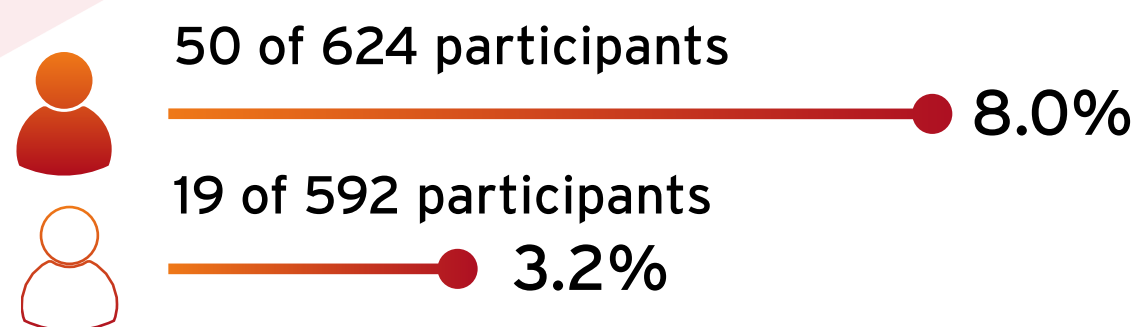
Where?



the Netherlands

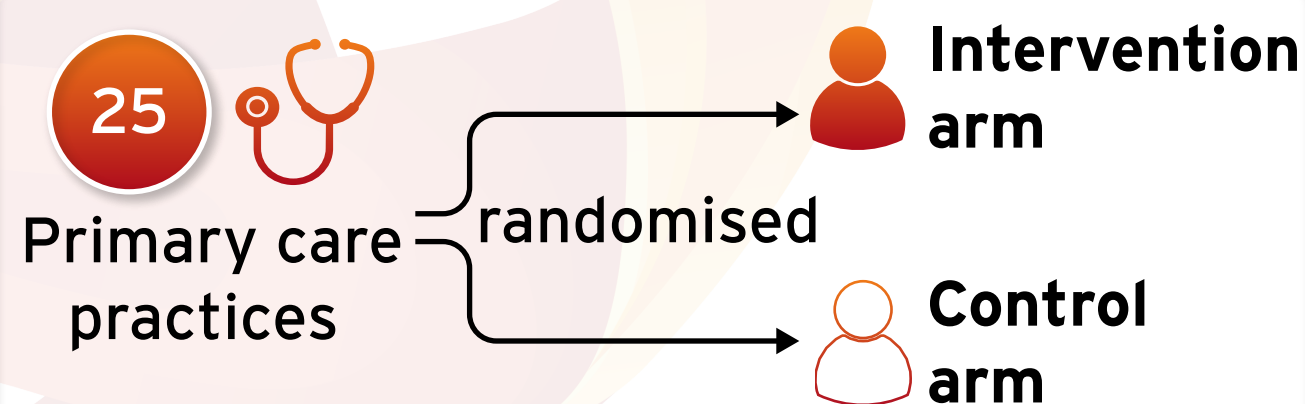
Primary endpoint

Composite of newly detected cases of HF, AF and CAD at 1 year after the baseline visit.






- Newly diagnosed with at least one of HF, AF or CAD
- Adjusted odds ratio 2.83; 95% CI 1.62 to 4.95

Who and what?



The intervention had 3 steps

-  Questionnaire on risk factors and symptoms, to be filled out at home prior to the next routine visit to a type 2 diabetes or COPD management programme;
-  For patients who scored above a prespecified threshold on the questionnaire: physical examination by the practice nurse focused on signs of HF, 12-lead electrocardiography and NT-proBNP measurements, to be performed during a routine visit;
-  Interpretation of the results of steps 1 and 2 by a GP and referral to a cardiologist or open access echocardiography if deemed necessary.

Individual diagnoses

