**Primary endpoint**

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

- 50 of 624 participants: 8.0%
- 19 of 592 participants: 3.2%

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

**Individual diagnoses**

- HF: 4.5%
- CAD: 2.6%
- AF: 2.1%

**Where?**

the Netherlands

**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.

**Who and what?**

25 primary care practices were randomised to the intervention arm and 25 to the control arm.

The intervention had 3 steps:

1. 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;
2. 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;
3. Interpretation of the results of steps 1 and 2 by a GP and referral to a cardiologist or open access echocardiography if deemed necessary.

**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.

**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.