

# FINAL RESULTS

Professor David Wood on behalf of the EUROACTION Group

# EUROACTION

EuroActio



## """ 8 countries 24 centres 9062 subjects







EUROACTION Subjects



Hospital programme Coronary patients & families ACS and stable angina pectoris General practice programme High risk patients & families SCORE ≥ 5% over 10 years Treated hypertension or dyslipidaemia Diabetes mellitus



# EUROACTION Primary endpoints



Proportions of patients and families achieving lifestyle, risk factor and therapeutic targets for cardiovascular disease prevention

- Lifestyle management: smoking (breath CO), diet, physical activity
- Other risk factor management:
  - Overweight/ obesity (BMI, waist circumference)
  - Blood pressure
  - Total cholesterol and LDL cholesterol
  - Diabetes

Cardioprotective drug therapies: anti-platelet, beta-blockers, ACE inhibitors/ARB's, lipid lowering drugs





# SMOKING







100 -



#### Hospital Smoking cessation at one year in coronary patients who were smokers\*



General Practice Non-smoking at one year in high risk patients

+ 0.8% (- 13% to + 15%)



p = 0.06
\*Smoking in month prior to index event







### **GOALS:**

Saturated fat: <10% total energy Fruit and vegetables: ≥400g/day Fish: ≥20g/day Oily fish: ≥3 times/week



EUPGPEAN SOCIETY OF CALEGROSS

Hospital

**General Practice** 





Intervention Usual Care

#### Proportions of partners achieving the European targets for a EuroAct healthy diet Hospital



General Practice





Usual Care Intervention





# PHYSICAL ACTIVITY

# Goal:

30-45 minutes of physical activity at 60-75% of the average maximum heart rate on four-five days of the week



## Proportion of patients achieving European Guidelines for physical activity







🗖 Intervention 🛛 Usual Care

#### EuroAction For our hearts For our hearts For our hearts For our hearts For physical Activity



#### Hospital + 19% (- 0.6% to + 38%)

#### General Practice + 27% (+ 4% to + 50%)







## WEIGHT AND SHAPE

## Goals:

BMI <25 kg/m<sup>2</sup> WAIST <94cm men <80cm women



Intervention

**Usual Care** 

p = 0.005\*

+ Patients with a BMI ≥ 25 kg/m2
□ Intervention □ Usual Care Sub-sample

P = 0.28\*

**Usual Care** 

Intervention



## Proportion of patients achieving the ideal waist circumference



### Hospital + 9% (- 3% to + 20%)

### General Practice + 8% (- 2% to + 18%)



p = 0.10

15

Usual Care

*p = 0.11*■ Intervention ■ Usual Care





## **RISK FACTOR MANAGEMENT**

### Goals:

- Blood pressure <140/90 mmHg (<130/85 mmHg in diabetes)</li>
- Total cholesterol <5 mmol/l</p>
- LDL cholesterol <3 mmol/l</p>
- Diabetes: good glycaemic control







Hospital + 10% (+ 0.6% to + 20%) Intervention **Usual Care** P = 0.04

### General Practice + 17% (+ 2% to + 32%)



🗖 Intervention 🛛 Usual Care



## Proportion of patients achieving the European lipid targets

90



### Hospital



Usual Care

Intervention

### **General Practice**





## Change in proportion of high risk patients achieving the European lipid targets



#### Total cholesterol

#### LDL cholesterol





## Change in proportion of high risk patients achieving the European lipid targets



#### Total cholesterol

LDL cholesterol







Intervention 🗆 Usual Care





Hospital

EuroAc

#### **General Practice**





Intervention I Usual Care

HbA1c





## CARDIOPROTECTIVE DRUG THERAPIES



### Proportion of patients on cardiovascular protective drug therapy oital General Practice



Hospital







> Statistical power



 Statistical power was reduced because of patient numbers and heterogeneity in the differences between intervention and usual care between countries > Under estimation o Usual care was being audited • One guarter of usual care patients were clinically assessed at baseline • One fifth of patients in usual care received cardiac rehabilitation > Over estimation Selective drop out - patients in intervention did not attend at one year





# CONCLUSIONS







EUROACTION has achieved its overall aim by raising standards of preventive cardiology care for coronary and high risk patients and their families in everyday clinical practice.







The nurse-led multidisciplinary EUROACTION family based programme achieved significantly better lifestyle changes for coronary and high risk patients and partners in terms of a more healthy diet, and increased physical activity, compared to usual care







## The EUROACTION programme improved coronary and high risk patients:

blood pressure control compared to usual care
 blood lipid control compared to usual care
 blood glucose control in patients with diabetes mellitus







The EUROACTION programme increased prescribing for statins in coronary patients and for ACE inhibitors and statins in high risk people compared to usual care







EUROACTION has set new standards of preventive cardiology care for coronary and high risk patients and their families in everyday clinical practice







Steering Group

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> National Co-ordinators & Primary Care Leaders





## National Co-ordinators and Primary Care Leads

EUROACTION

Steering Group

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