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
1994: First Joint Task Force Recommendations

1995-96: EUROASPIRE I
Coronary patients in 9 countries

1998: Second Joint Task Force Recommendations

1999-2000: EUROASPIRE II
Coronary patients in 15 countries
Relatives of patients with premature CHD

2003: Third Joint Task Force Guidelines

2006/2007: EUROASPIRE III
Coronary patients in 22 countries
Relatives of patients with premature CHD
Asymptomatic high risk individuals in primary care in 12 countries

2007: Fourth Joint Task Force Guidelines

www.escardio.org
EUROASPHERE III

Coronary Patients
EUROASPIRE III

People at high risk of developing cardiovascular disease

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on behalf of the Survey Expert Committee and all investigators participating in the Euro Heart Survey on Preventive Cardiology
EUROASPIRE III PRIMARY CARE
Participating countries

- UK
- Germany
- Belgium
- Slovenia
- Spain
- Italy
- Finland
- Latvia
- Poland
- Romania
- Croatia
- Bulgaria

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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 ≥ 140/90 mmHg for non-diabetics or ≥ 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
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 ≤6.0mmol/l, HbA1c ≤ 6.1% in patients with self-reported diabetes
Cardioprotective drugs

- **Antiplatelets**: 22.0% (ALL), 22.0% (MEN), 22.1% (WOMEN)
- **Beta-blockers**: 31.1% (ALL), 26.8% (MEN), 34.4% (WOMEN)
- **ACE/All**: 55.7% (ALL), 56.5% (MEN), 55.0% (WOMEN)
- **Ca Antag**: 24.00% (ALL), 23.60% (MEN), 24.30% (WOMEN)
- **Statins**: 39.9% (ALL), 39.0% (MEN), 40.5% (WOMEN)

Source: www.escardio.org
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.