Abstract: P524


Authors:
J Bruthans¹, O Mayer², P Sulc¹, J Mlikova Seidlerova², J Vanek², ¹First Faculty of Medicine, Charles University and Thomayer Hospital, Center for Cardiovascular Prevention - Prague - Czechia, ²Faculty of Medicine Pilsen, Charles University, 2nd Department of Medicine - Pilsen - Czechia,

On behalf: EUROASPIRE V

Topic(s):
Secondary Prevention

Citation:

Funding Acknowledgements:
Medical Research Agency, Ministry of Health of the Czech Republic, grant No 17-29520A

Aim:
The aim of the presented study was to evaluate, how, in clinical practice, the current coronary heart disease (CHD) secondary prevention guidelines are implemented and to compare the data in European context and in time queue. Specific attention was attained to impaired glycid metabolism.

Methods and patient sample:
Men and women < 80 years, from Prague 4 and Pilsen region, hospitalized for acute coronary syndrome and/or catheter or surgery revascularization at one Institute or our faculty, were retrospectively identified. Patients data were obtained from hospitalization reports and from subsequent outpatient investigation carried 6 - 24 months after hospitalization (anthropometry, medical investigation, structured questionnaires, blood samples analysis, oral glucose tolerance test (OGTT) and further investigations). The study was a part of the repeated European study (this one in 27 countries and 131 centers) following the protocol of the EUROASPIRE V study.

Results:
624 patients were identified, 406 respondents investigated. 20% of patients continued to smoke after the index hospitalization. 44,8% were obese (BMI > 30), overweight and obese (BMI > 25) were 85,5% of respondents, centraly obese (waist circumference= 102 cm in men, = 88 cm in women) were 71,4%. Blood pressure raised above the goals of recent guidelines (BP < 140/90 mmHg and < 140/80 mmHg in patients with diabetes) had 55,1% of patients, in those treated for hypertension the recommended level of blood pressure was achieved in 38,9% only. LDL cholesterol increased above the recommended goals (>1,8mmol/l) had 63,5% of patients. 93,1% were treated by hypolipidemics, but only 38,6% of them achieved the recommended LDL level. Diabetes (the known and the newly diagnosed (also by OGTT) we found in 48,4% respondents. Only minor part of patients adhered to the lifestyle secondary prevention recommendations, namely to recommended physical activity.

Conclusions:
In patients in secondary CHD prevention prevalence of obesity and diabetes further increased. Pharmacotherapy is used in major part of patients, but in more than half of the patients the recommended goals of blood pressure, lipid and glycid metabolism are not achieved. The control of blood pressure, compared to previous survey, was even worse. This is due to insufficiently high drug dosage and insufficient patient compliance. Implementation of healthy lifestyle remains unsatisfactory. Compared to European average data the obesity, diabetes and insufficient physical activity prevalence is considerably higher in this high risk Czech population.
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