

EUROASPIRE surveys registry: lessons learned on implementation

Bill McEvoy

Professor of Preventive Cardiology

National Institute for Prevention and Cardiovascular Health

University of Galway



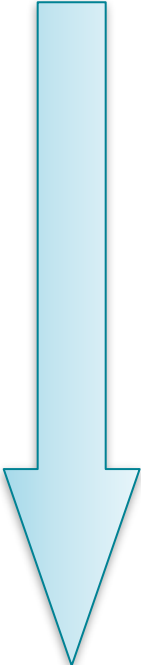
Republic of Ireland



European Guidelines and EUROASPIRE Surveys



European Society
of Cardiology

1994		First Joint Task Force Recommendations on Prevention of CHD in Clinical Practice
1995-1996		EUROASPIRE I
1998		Second Joint Task Force Recommendations on Prevention of CHD in Clinical Practice
1999-2000		EUROASPIRE II
2003		Third Joint Task Force Guidelines on CVD prevention in Clinical Practice
2007-2008		EUROASPIRE III
2007		Fourth Joint Task Force Guidelines on CVD prevention in Clinical Practice
2012		Fifth Joint Task Force Guidelines on CVD prevention in Clinical Practice
2013-2015		EUROASPIRE IV – European Survey of CVD Prevention and Diabetes
2016		Sixth Joint Task Force Guidelines on CVD prevention in Clinical Practice
2016-2018		EUROASPIRE V - European Survey of CVD Prevention and Diabetes
2021		Seventh Joint Task Force Guidelines on CVD prevention in Clinical Practice
2023-2025	EUROASPIRE VI – European Survey of CVD Prevention, Diabetes and Chronic Kidney Disease	

Data collection at three time points

Identification

Patient

Events



CHD Hospitalization

Interview and Examination

Events and mortality

Time trends in EUROASPIRE II, III, IV (1999 – 2014)

9 Countries

Same hospital centres

Adjusted for age, sex and centre

European Heart Journal (2001) 22, 554–572

doi:10.1053/euhj.2001.2610, available online at <http://www.idealibrary.com> on IDEAL®

Lifestyle and risk factor management and use of drug therapies in coronary patients from 15 countries

Principal results from EUROASPIRE II
Euro Heart Survey Program

EUROASPIRE II Study Group

Aims The principal aim of the second EUROASPIRE survey was to determine in patients with established coronary heart disease whether the Joint European Societies' recommendations on coronary prevention are being followed in clinical practice.

Methods This survey was undertaken in 1999–2000 in 15 European countries: Belgium, Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, the Netherlands, Poland, Slovenia, Sweden, Spain and the U.K., in selected geographical areas and 47 centres. Consecutive patients, men and women <70 years were identified retrospectively with the following diagnoses: coronary artery bypass graft, percutaneous transluminal coronary angioplasty, acute myocardial infarction and myocardial ischaemia. Data collection was based on a

reported a medical history of diabetes mellitus in 90% and 86% of these diabetic patients. Amongst patients with a fasting glucose >6.0 mmol/L, 24%, 38%, 26%, 43% and 61% were on oral hypoglycaemic drug therapies on 1 January 2000. Amongst patients with a blood pressure >160/90 mmHg, 24%, 38%, 26%, 43% and 61% were on antihypertensive drug therapies on 1 January 2000.

Conclusions This survey shows a high prevalence of risk factors and inadequate management of blood pressure and

Wolters Kluwer Health | Lippincott Williams & Wilkins



EUROPEAN SOCIETY OF CARDIOLOGY®

Featured Article

EUROASPIRE III: a survey on the lifestyle, risk factors and use of cardioprotective drug therapies in coronary patients from 22 European countries

Kornelia Kotseva^a, David Wood^a, Guy De Backer^b, Dirk De Backer^c, Kalevi Pyörälä^c and Ulrich Keil^d on behalf of the EUROASPIRE III Study Group

^aDepartment of Cardiovascular Medicine, National Heart and Lung Institute, Imperial College London, UK, ^bDepartment of Public Health, University of Ghent, Ghent, Belgium, ^cKuopio University Hospital, Kuopio, Finland and ^dInstitute of Epidemiology and Social Gerontology, Münster, Münster, Germany

Received 15 December 2008 Accepted 13 January 2009

Aim The aim of the European Action on Secondary and Primary Prevention by Intervention to the Limits of Blood Cholesterol (EUROASPIRE III) survey was to determine whether the Joint European Societies' guideline

Original scientific paper

European Journal of Preventive Cardiology
© The European Society of Cardiology 2015
Reprints and permissions: sagepub.com/journalsPermissions.nav
DOI: 10.1177/2047987815589401
ejpc.sagepub.com



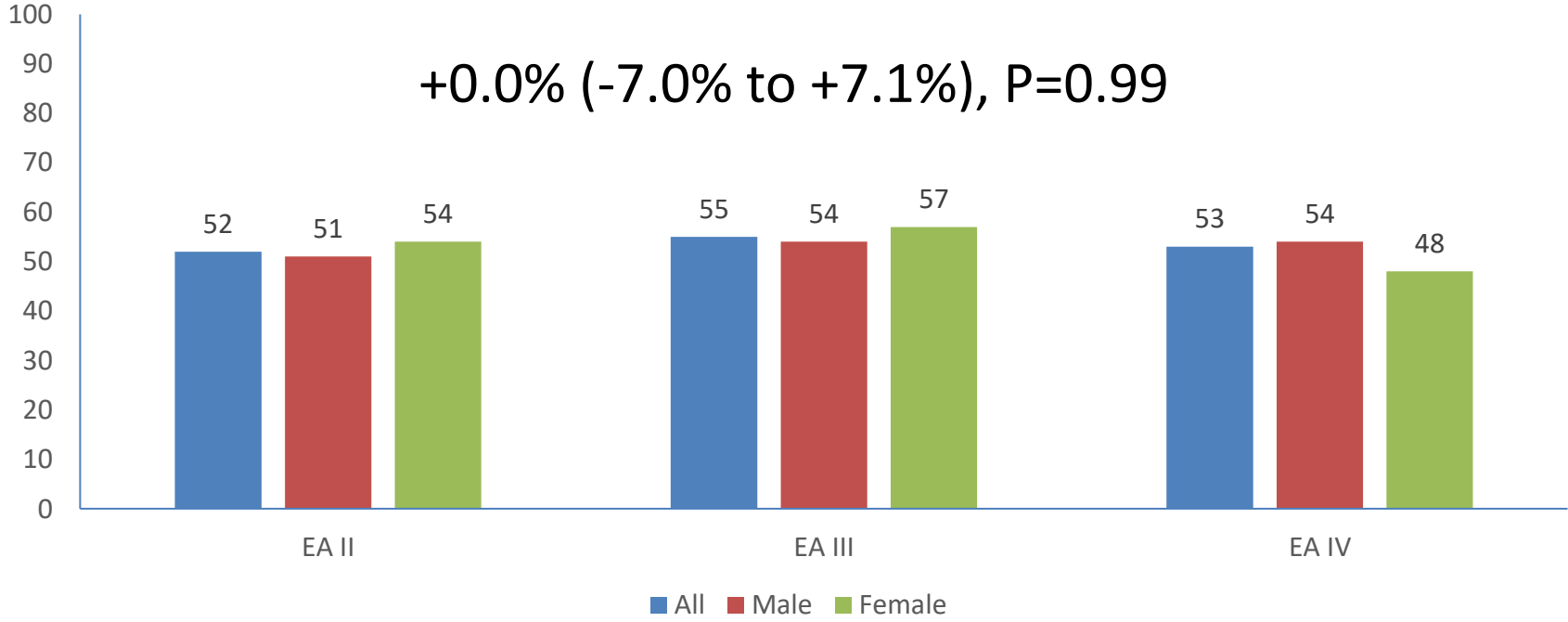
EUROASPIRE IV: A European Society of Cardiology survey on the lifestyle, risk factor and therapeutic management of coronary patients from 24 European countries

Kornelia Kotseva^{1,2}, David Wood^{1,2}, Dirk De Bacquer^{1,3}, Guy De Backer^{1,3}, Lars Rydén^{1,4}, Catriona Jennings^{1,2}, Viveca Gyberg⁵, Philippe Amouyel⁵, Jan Bruthans^{1,6}, Almudena Castro Conde⁷, Renata Cifková^{1,6}, Jaap W Deckers^{1,8}, Johan De Sutter^{1,9}, Mirza Dilic^{1,10}, Maryna Dolzhenko¹¹, Andrejs Erglis^{1,12}, Zlatko Fras^{1,13}, Dan Gaita^{1,14}, Nina Gotcheva¹⁵, John Goudevenos^{1,16}, Peter Heuschmann¹⁷, Aleksandras Laucevicus^{1,18}, Seppo Lehto¹⁹, Dragan Lovic^{1,20}, Davor Miličević^{1,21}, David Moore²², Evagoras Nicolaides^{1,23}, Raphael Oganov²⁴, Andrzej Pajak²⁵, Nana Pogosova^{1,26}, Zeljko Reiner^{1,27}



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Persistent smoking*



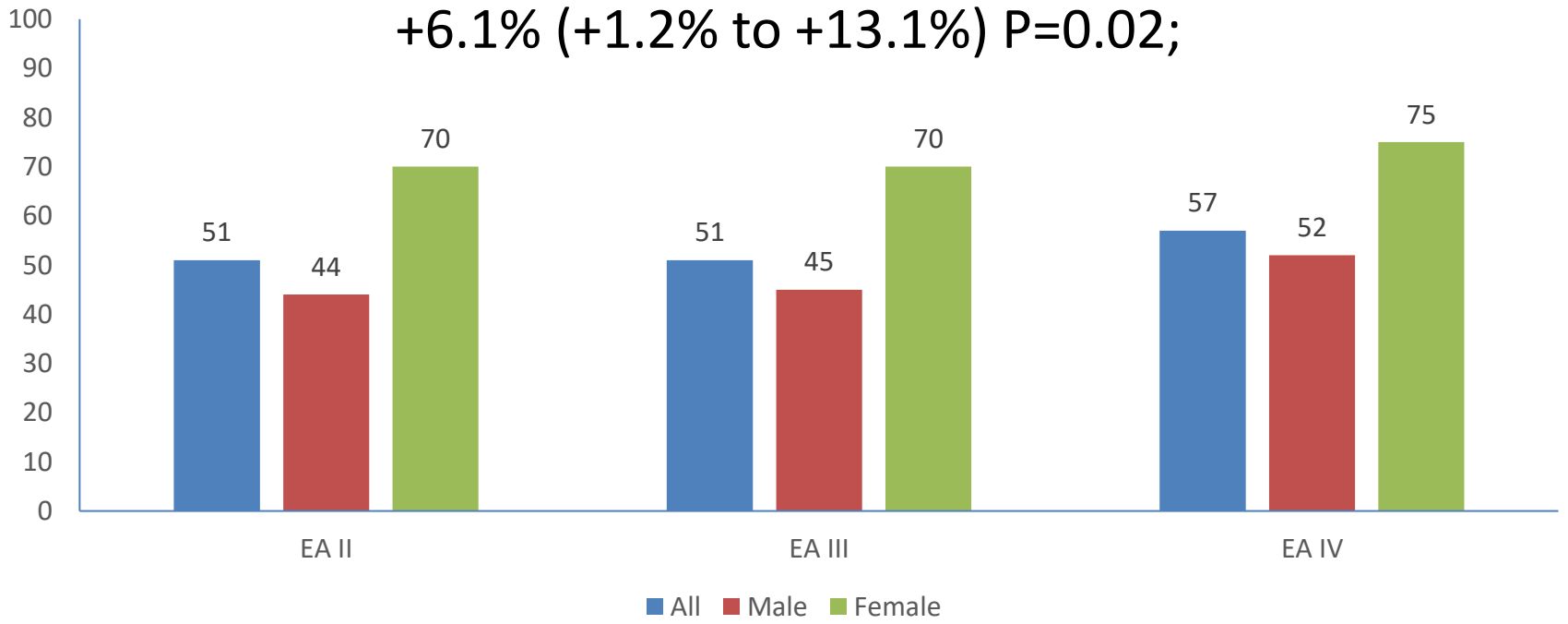
* In those smoking in the month prior to the recruiting event



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Central obesity*

+6.1% (+1.2% to +13.1%) P=0.02;

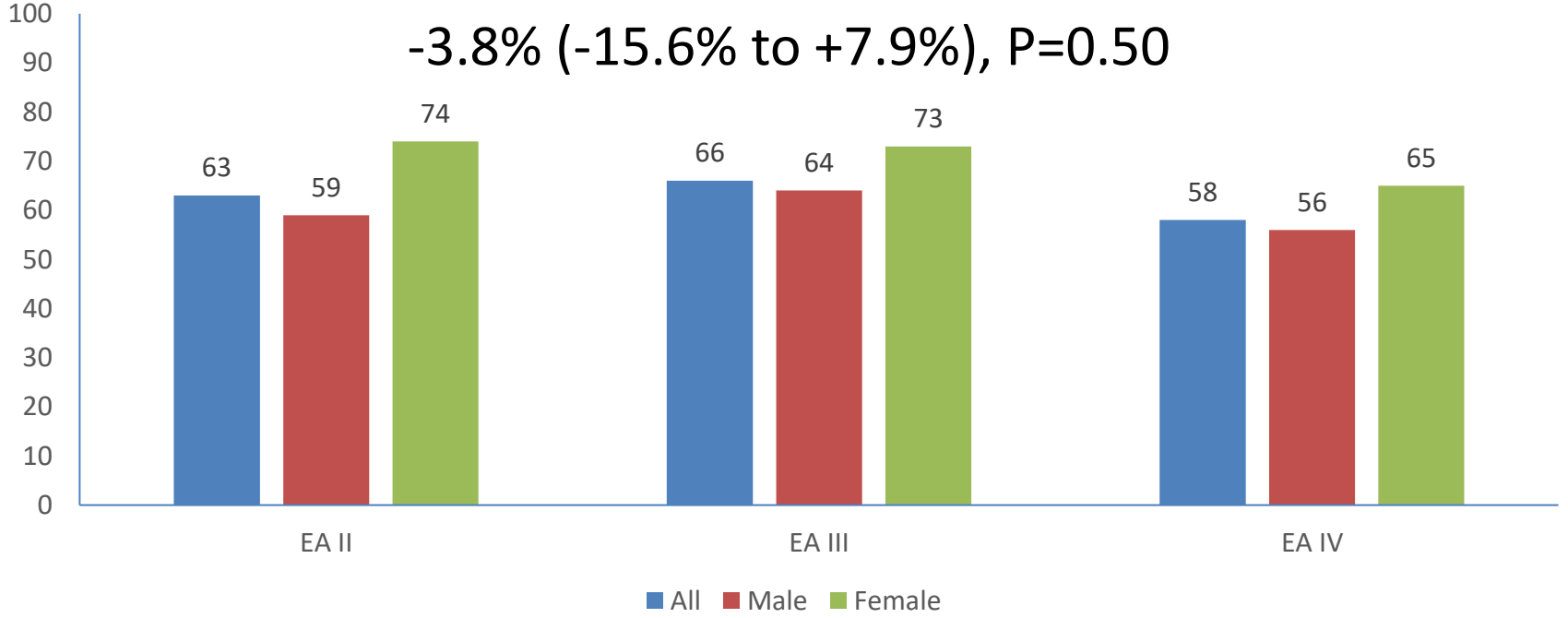


* Waist circumference ≥ 88 cm for women or ≥ 102 cm for men



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

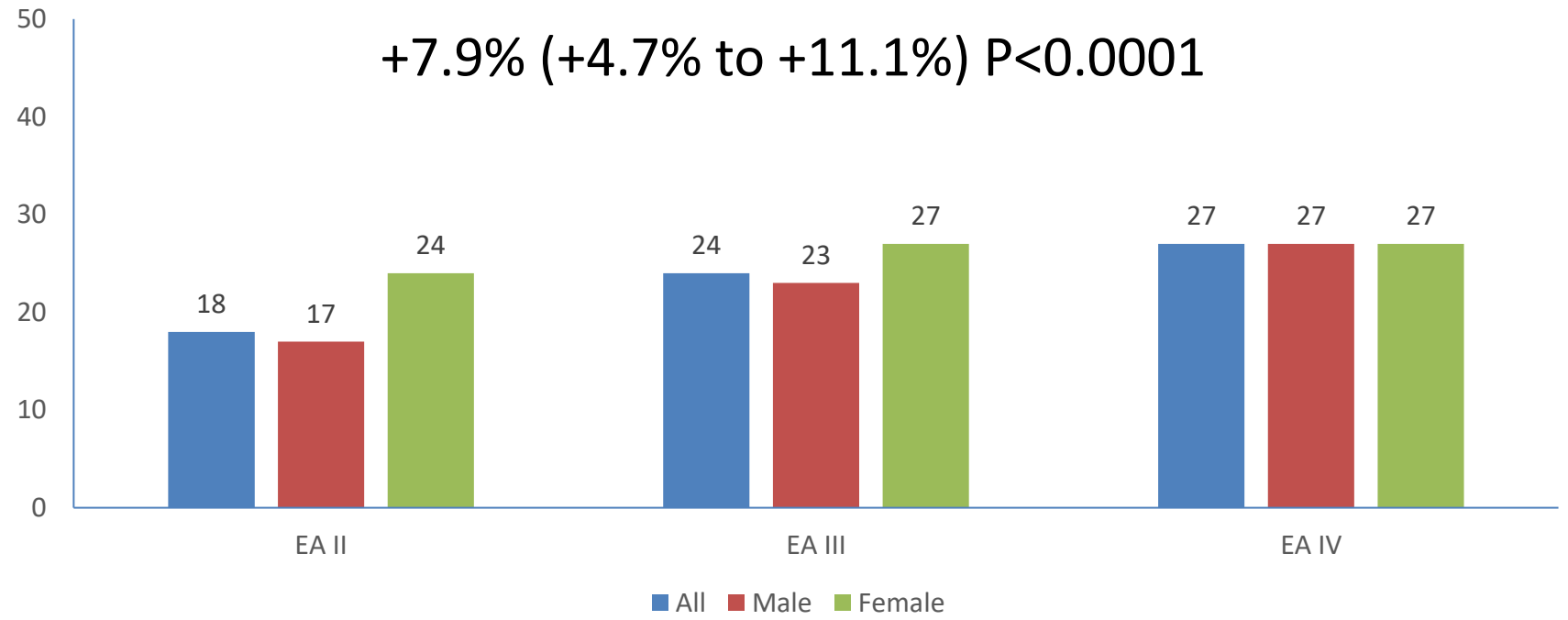
Sedentary behaviour





Time trends in EUROASPIRE II, III, IV (1999 – 2014)

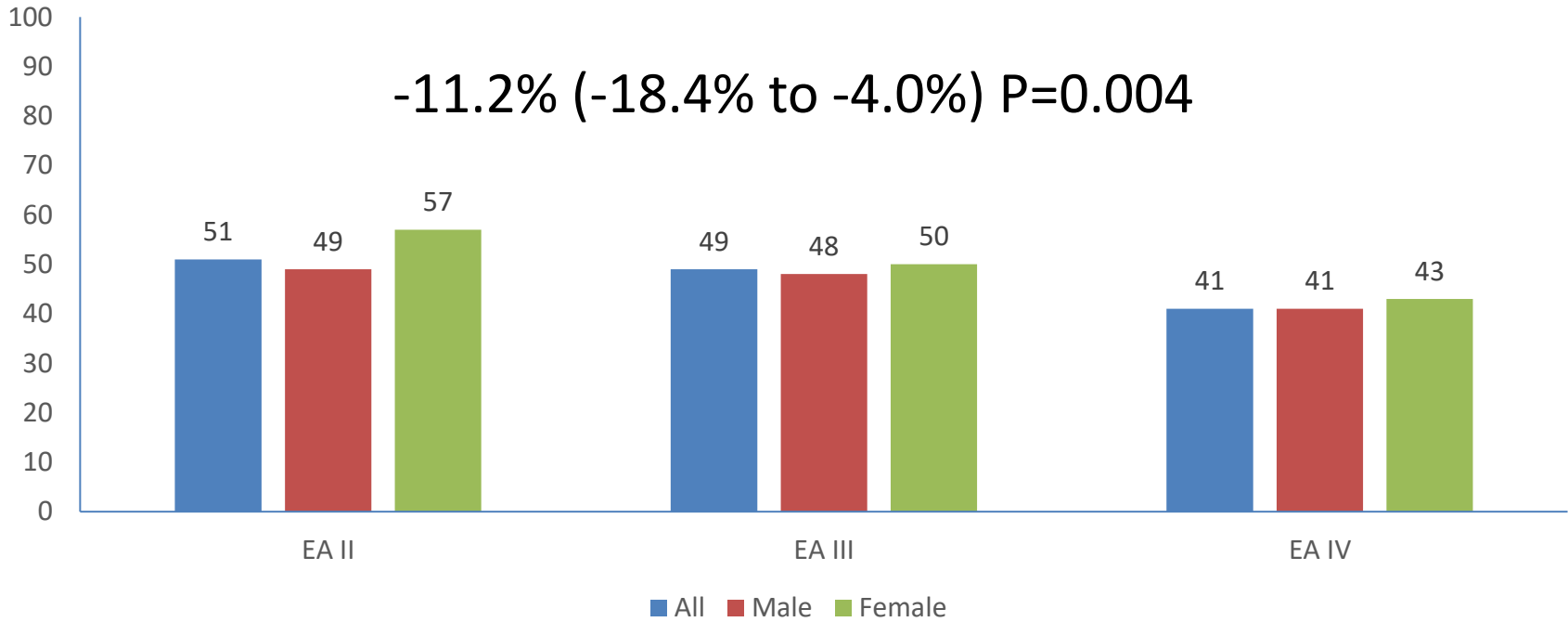
Self-reported diabetes





Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Elevated blood pressure*



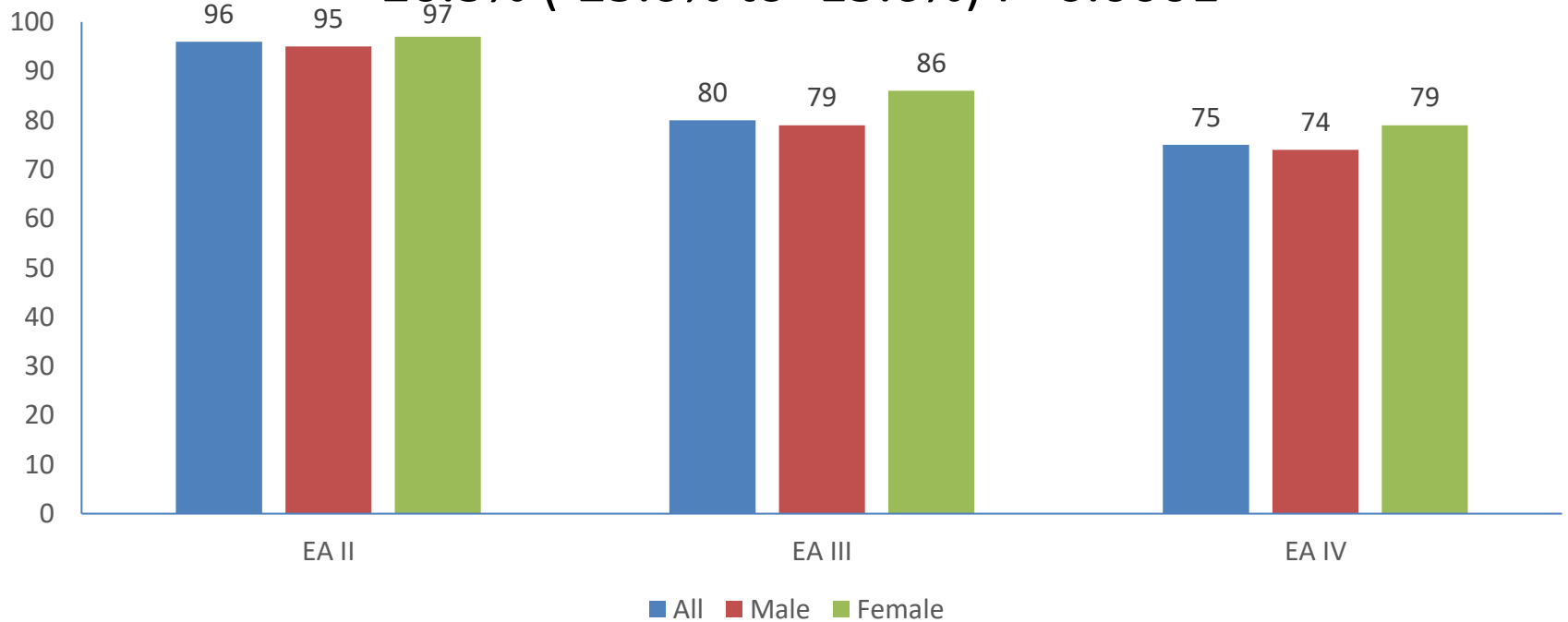
* Systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Elevated LDL-C*

-20.3% (-25.0% to -15.6%) P<0.0001

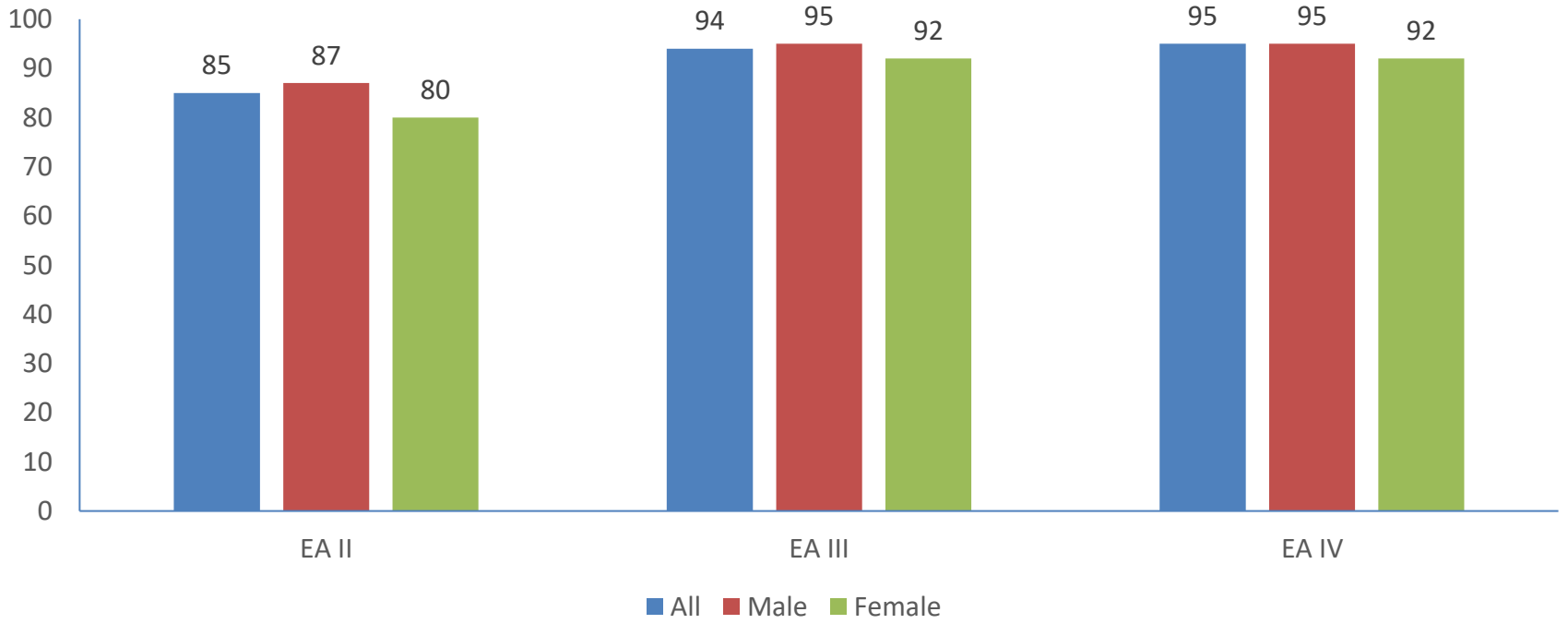


* LDL-C > 1.8 mmol/l



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Anti-platelet therapies

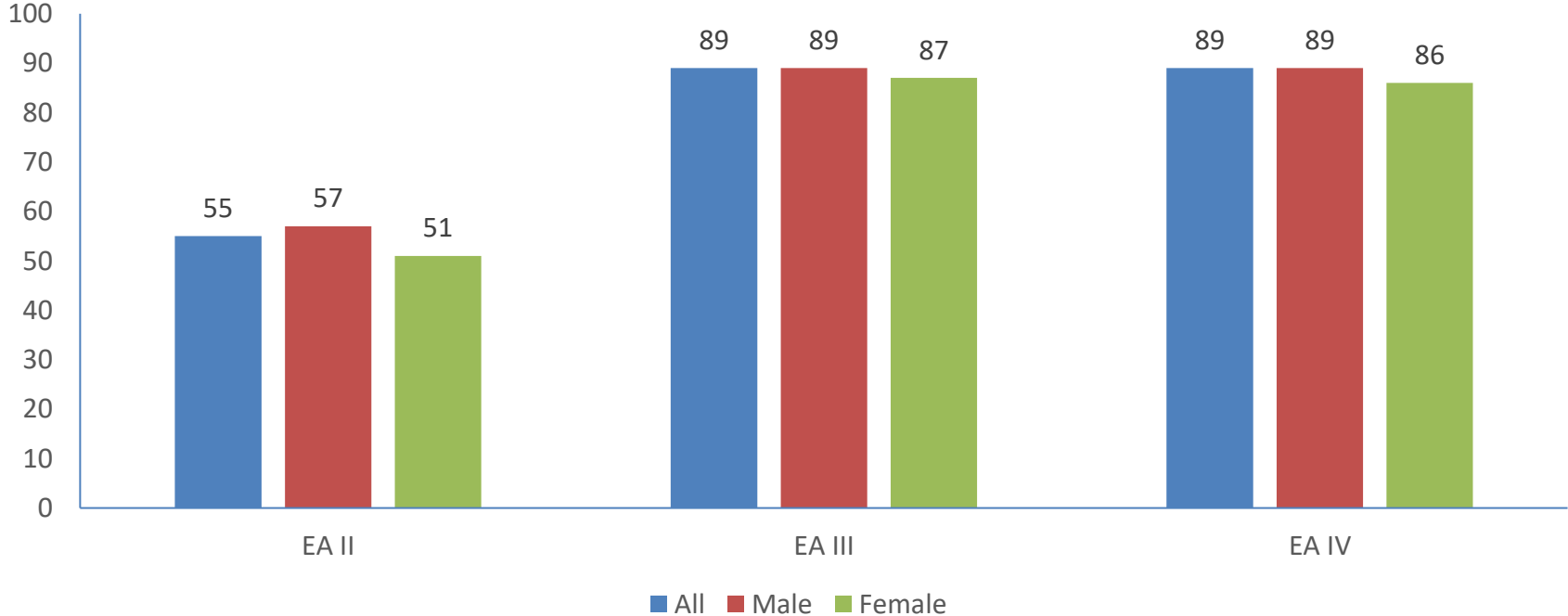


+9.6% (+7.0% to +12.3%), $P < 0.0001$; Overall trend $P < 0.0001$



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Statins

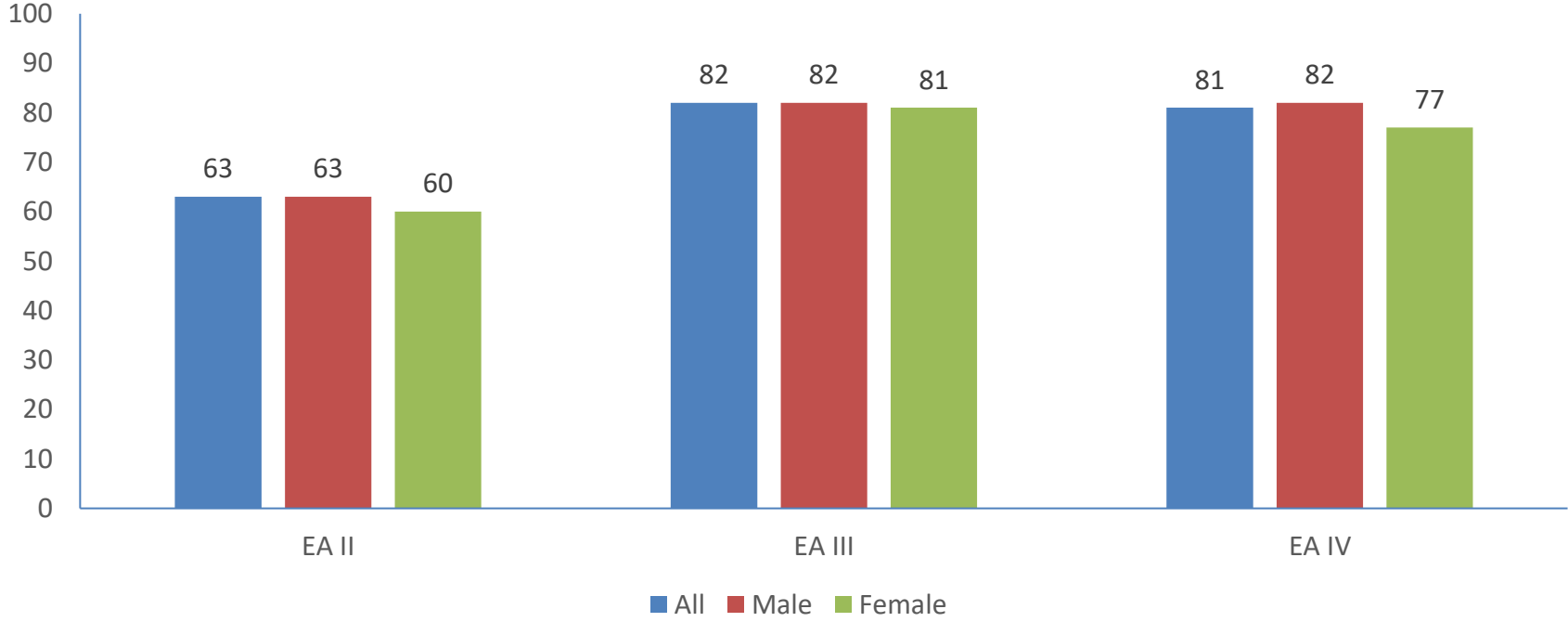


+33.2% (+25.2% to +41.2%), P<0.0001; Overall trend P < 0.0001



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Beta-blockers

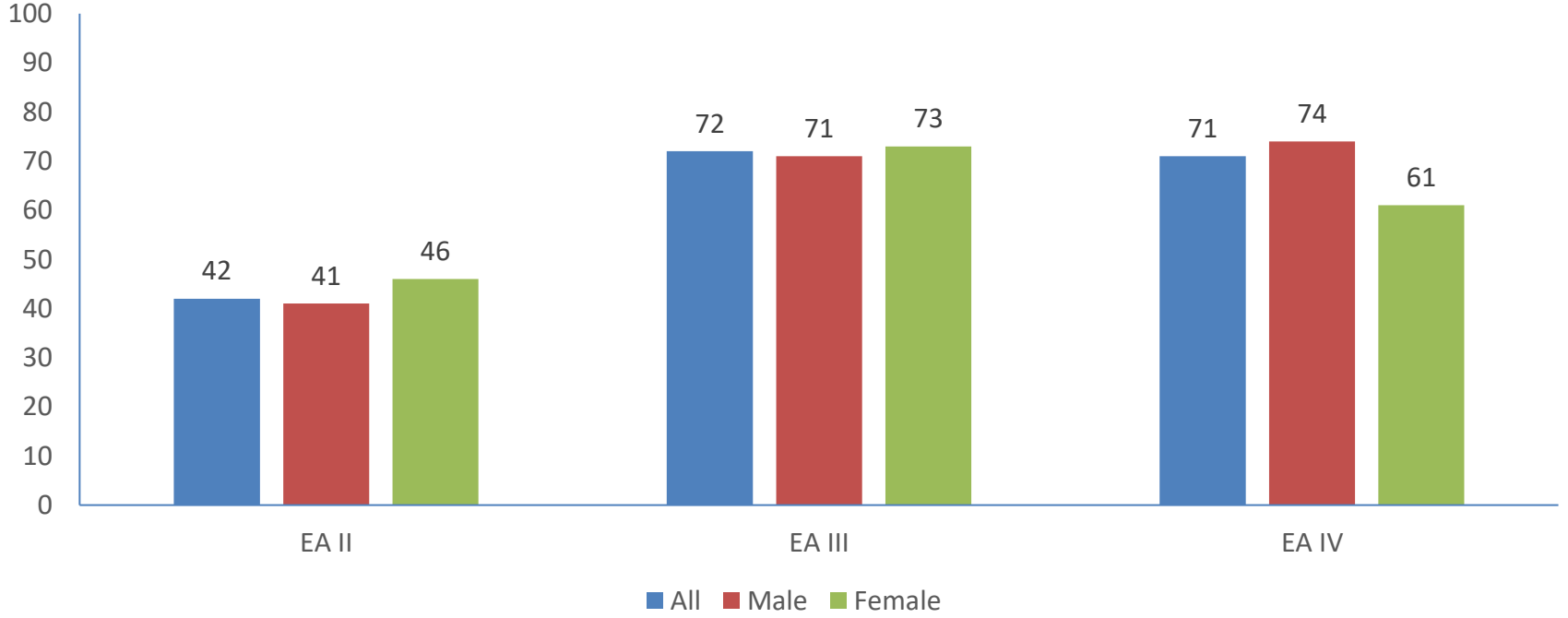


+17.2% (+10.3% to +24.2%), $P < 0.0001$; Overall trend $P < 0.0001$



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

ACE/ARB



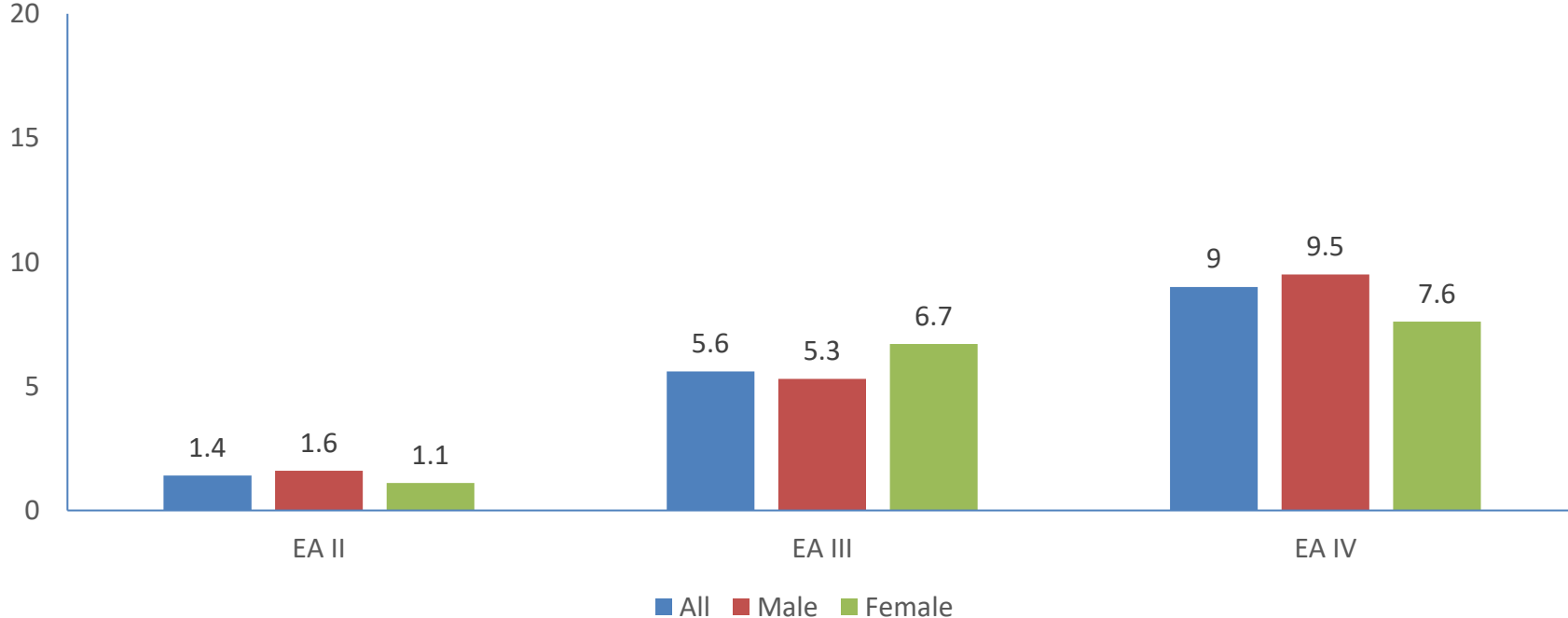
+28.9% (+22.5% to +35.3%), P<0.0001; Overall trend P < 0.0001



Time trends in EUROASPIRE II, III, IV (1999 – 2014)

Multiple risk factor control*

*SBP/DBP < 140/90 mmHg AND non-smoking AND LDL < 2.5 mmol/l AND fasting glucose < 7 mmol/l



+7.5% (+4.4% to +10.7%), P=0.0002; Overall trend P < 0.0008



EUROASPIRE V (2016-18) 27 countries



ESC
European Society
of Cardiology

8261 coronary patients



Ireland



Germany



France



Croatia



Spain



Serbia



Portugal



Netherlands



UK



Czech Republic



Belgium



Slovenia



Bosnia &
Herzegovina



Egypt



Finland



Latvia



Poland



Romania



Greece



Kyrgyzstan



Kazakhstan



Russia



Sweden



Lithuania



Bulgaria



Turkey

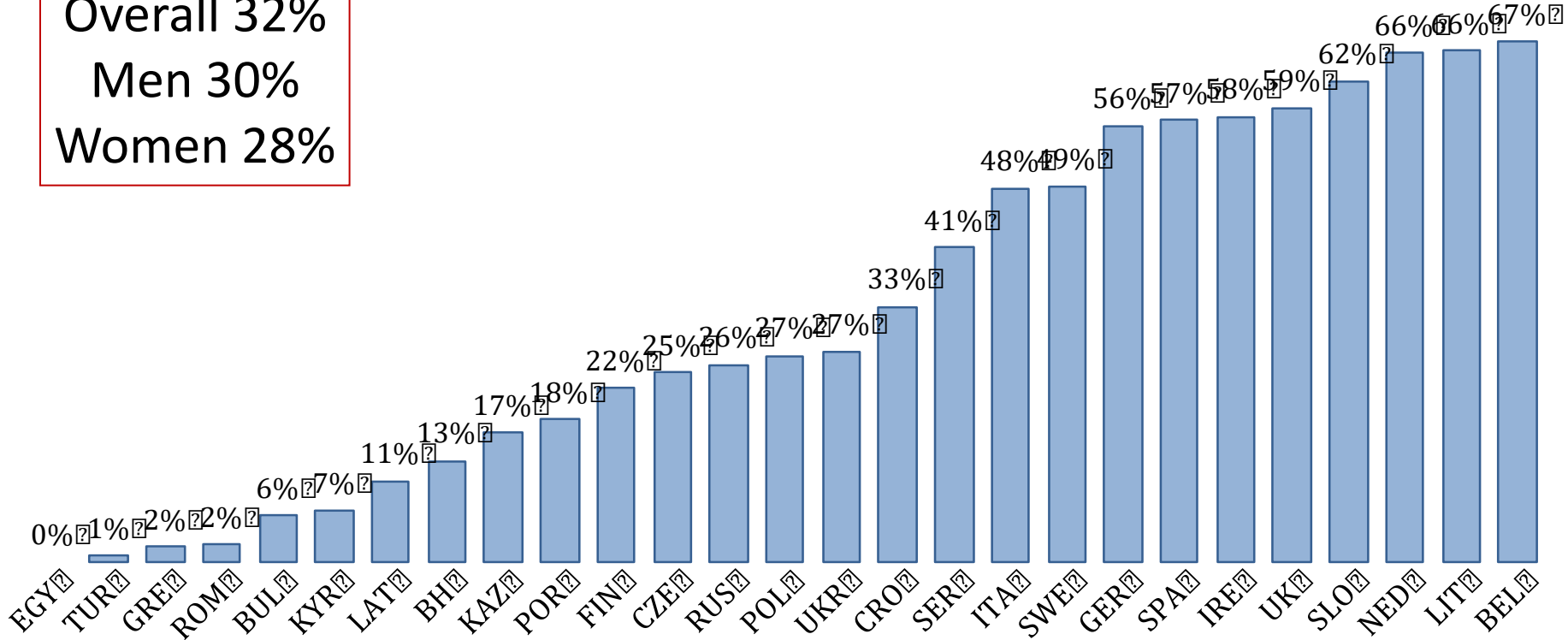


Ukraine



Participation* in CR among all patients

Overall 32%
Men 30%
Women 28%



*Attended at least half of the sessions

14 countries/6 WHO regions, 2019 – 2023



Malaysia



Argentina



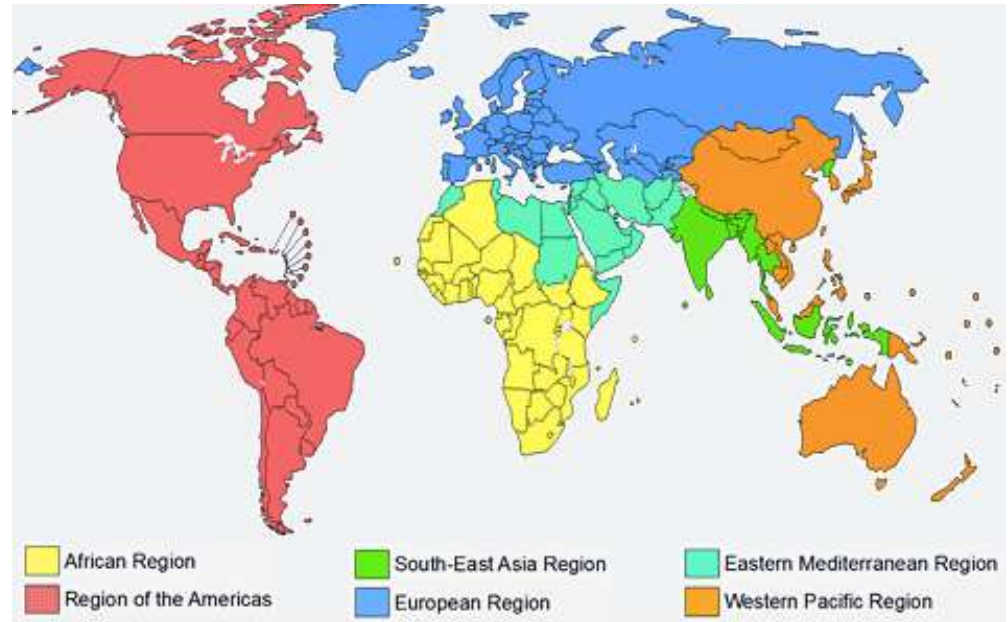
Indonesia



Philippines



UAE



Portugal



Tanzania



Kenya



Nigeria



Colombia



Singapore



China

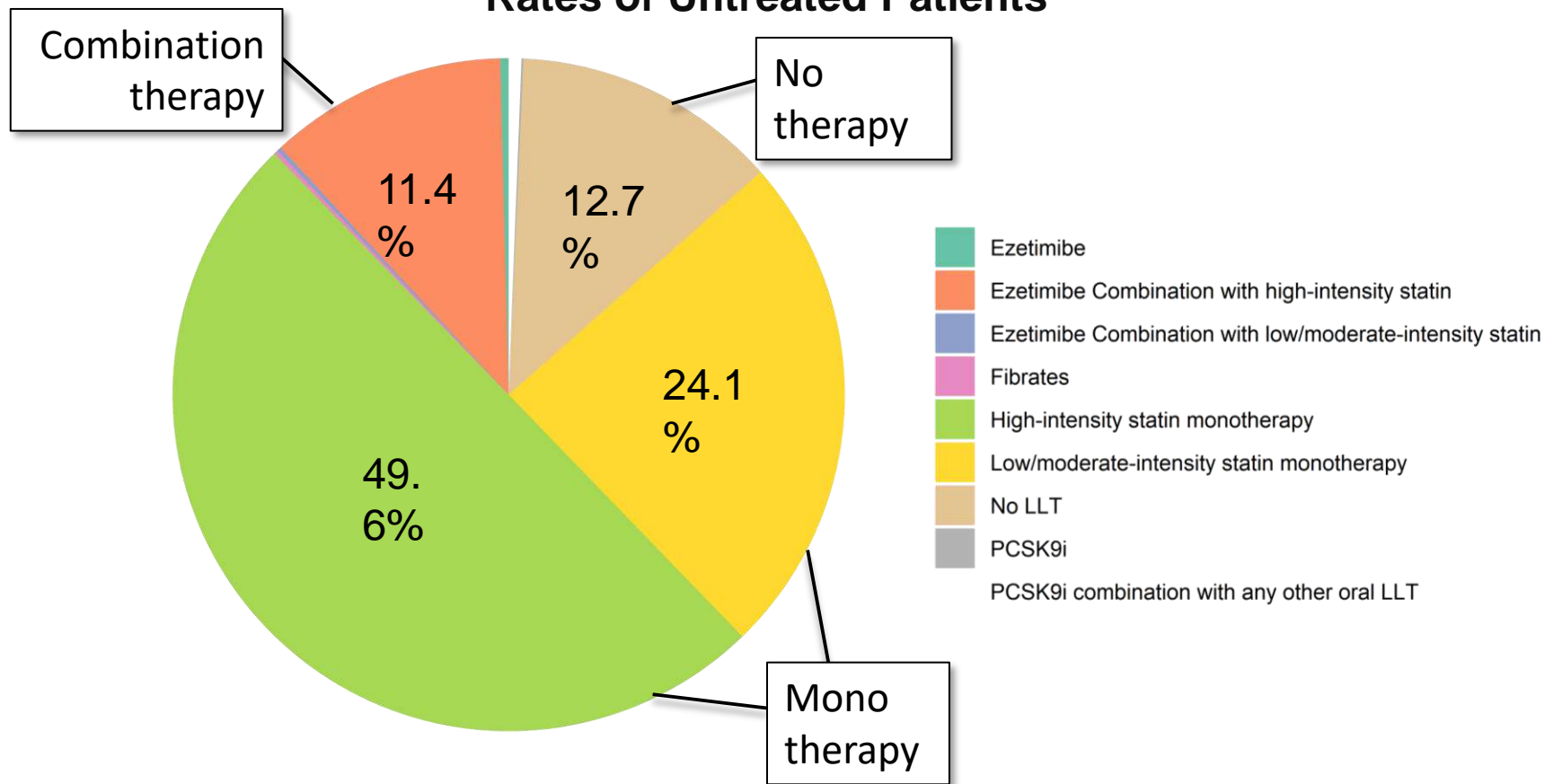


Egypt

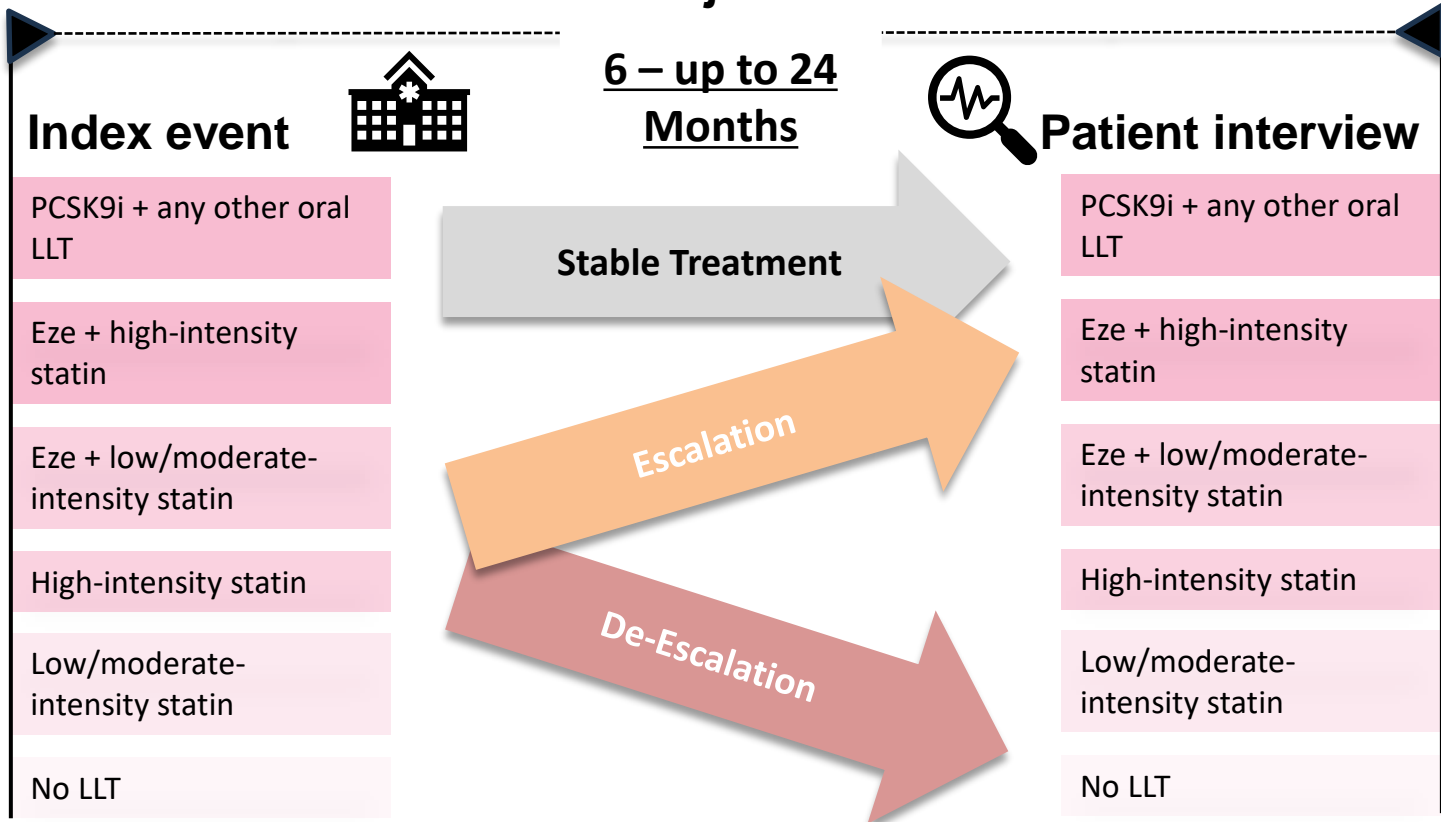


Poland

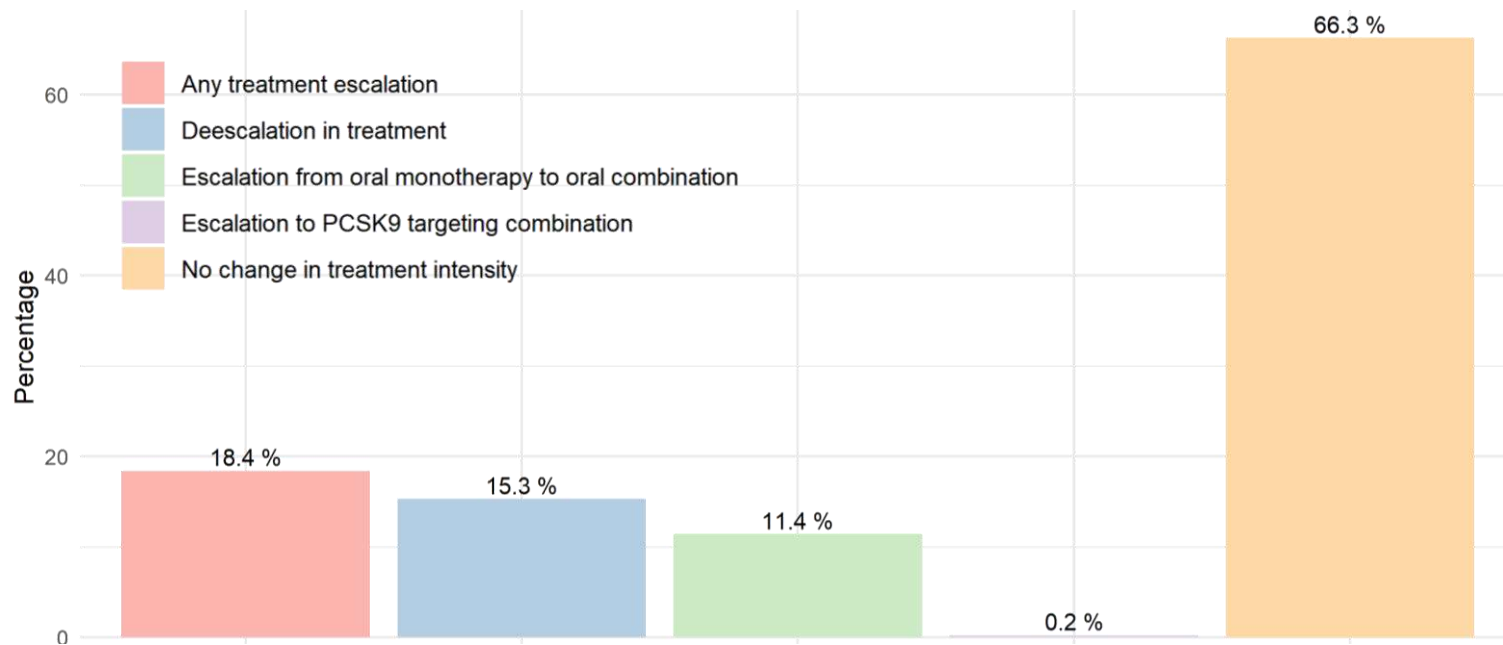
Overall LLT used - Treatment Gaps in Care: Low Utilization of Combination Therapy and High Rates of Untreated Patients



INTERASPIRE – Observations in LLT Adjustments



Challenges in Out-Patient Lipid Management:





What have we learned from the EUROASPIRE surveys?

- Improvements in blood pressure and lipid control but a majority of patients are still above guideline targets
- Low use of comboRx and intensification of Rx
- Moving GL targets make implementation gap wider
- Increasing prevalence of self-reported diabetes
- Wide variability in cardiac rehabilitation provision across Europe, uptake by a minority of patients, and major potential to reduce total multifactorial risk



EUROASPIRE VI countries 2024-26



ESC

Professor Bill McEvoy & Professor David Wood

European Society of Cardiology



Ireland



Netherlands



Germany



UK



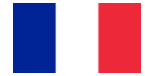
Italy



Czech Republic



Croatia



France



Spain



Slovenia



Serbia



Bosnia & Herzegovina



Portugal



Finland



Iceland



Latvia



Sweden



Poland



Lithuania



Romania



Bulgaria



Greece



Turkey



Kyrgyzstan



Ukraine

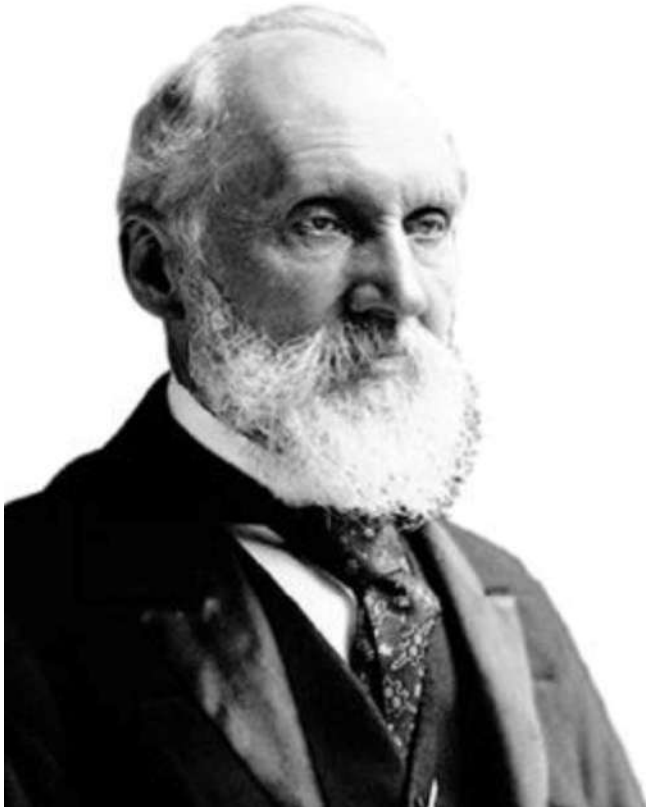


Kazakhstan



Uzbekistan

The governing principle of the EUROASPIRE programme



To measure
is to know.
If you can not
measure it,
you can not
improve it.

- Lord Kelvin