

European action on secondary and primary prevention of coronary heart disease in order to reduce events (part III)

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So there is considerable potential throughout Europe in coronary patients and their families to raise the standard of preventive cardiology through more lifestyle intervention, control of other risk factors and optimal use of prophylactic drug...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Coronary artery disorders
Study type	Observational invasive

Summary

ID

NL-OMON30196

Source

ToetsingOnline

Brief title

EUROASPIRE III

Condition

- Coronary artery disorders

Synonym

atherosclerosis, Coronary heart disease

Research involving

Human

Sponsors and support

Primary sponsor: Erasmus MC, Universitair Medisch Centrum Rotterdam

Source(s) of monetary or material Support: Europese vereniging van cardiologie, Pfizer

Intervention

Keyword: Cardiovascular disease, Prevention, Prognosis, Risk factors

Outcome measures

Primary outcome

This multicenter European study will identify risk factors in coronary patients, their blood relatives and high risk individuals, describe their management through lifestyle and use of drug therapies and provide an objective assessment of clinical implementation of current scientific knowledge.

All centres and countries, which participated in the first two surveys, will be invited to participate in EUROASPIRE III and the number of countries and centres will be increased to cover an even larger geographic area. In addition, the survey will be extended beyond coronary patients and first-degree blood relatives to include high-risk individuals in primary care with medically treated hypertension, dyslipidaemia and diabetes. In this way this third survey will cover the complete spectrum of preventive cardiology as defined in the guidelines: coronary patients, relatives and high-risk individuals. The EUROASPIRE III survey will give a unique European picture of preventive action by cardiologists, other specialists and primary care physicians looking after patients with coronary disease and their families, and individuals at high risk of CVD.

Secondary outcome

Comparison of current data with previous (1995, 1999) findings.

Study description

Background summary

The major European Scientific Societies in the field of cardiovascular medicine (European Society of Cardiology (ESC), European Atherosclerosis Society (EAS) and the European Society of Hypertension (ESH)) published recommendations on prevention of CHD in clinical practice in 1994[1]. The aim of the Joint European Societies recommendations on coronary prevention was to improve the practice of preventive cardiology by encouraging the development of national guidance on coronary prevention and its communication, implementation and evaluation through national societies in each country.

In 1995-96 a European survey (EUROASPIRE I) was undertaken by the ESC in 21 centres from nine European countries. In 1998 a Second Joint European Societies Task Force on coronary prevention was convened by the same three societies. The recommendations of this Task Force reinforced the priorities and goals with regard to lifestyle, risk factor and therapeutic management, given in the 1994 recommendations. Following the 1998 European Recommendations on Prevention of CHD in clinical practise, a second EUROASPIRE survey (EUROASPIRE II) was conducted in 1999/2000 in 47 centres (including 20 of the centres from the first survey) in fifteen European countries.

The same methodology used in EUROASPIRE I was employed in the second survey including standardized measurements, a central laboratory for lipid and glucose analyses so that time trends between the first and second surveys could be described. The objectives of this study were to determine first, whether clinical practice was changing to achieve the full potential benefits of coronary heart disease prevention.

However, EUROASPIRE I and II surveys both showed a high prevalence of unhealthy lifestyles, modifiable risk factors and inadequate use of drug therapies to achieve blood pressure and lipid goals in patients with established CHD, with wide variations in medical practice between countries. The comparison of EUROASPIRE I and II surveys showed adverse lifestyle trends, especially the substantial increase in obesity in every country, and smoking among younger patients.

Study objective

So there is considerable potential throughout Europe in coronary patients and their families to raise the standard of preventive cardiology through more lifestyle intervention, control of other risk factors and optimal use of prophylactic drug therapies in order to reduce risk of recurrent disease and death.

The Joint European Recommendations have been recently revised by the Third Joint Task Force, in which the original collaborating scientific societies were joined by the European Association for the Study of Diabetes and by the International Diabetes Federation Europe.

The Third Joint European Societies recommendations on CVD prevention define the following priorities for CVD prevention in clinical practice:

1. patients with established coronary heart disease, peripheral artery disease and cerebrovascular atherosclerotic disease
2. asymptomatic individuals who are at high risk of developing atherosclerotic cardiovascular diseases

A third EUROASPIRE survey will be based on hospital patients with coronary heart disease, their blood relatives (if there is premature CHD) and apparently healthy individuals in primary care at high risk of developing cardiovascular disease. A survey is proposed in 2006/2007.

Study design

Retrospective survey of patients consecutively identified following discharge for coronary event, or being treated for hypertension, hypercholesterolemia or diabetes.

Study burden and risks

Risks not applicable. Direct benefit for participants is possible through renewed measurement (and subsequent modification / better treatment) of the major risk factors for new CV complications.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Patients < 80 years previously admitted for an acute coronary syndrom, or coronary revascularisation

Patients < 80 years medically treated for hypertension, hypercholesterolemia, or diabetes.

Exclusion criteria

None

Study design

Design

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 14-12-2006

Enrollment:	800
Type:	Actual

Ethics review

Approved WMO	
Date:	07-12-2006
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL13308.078.06