MANAGING CARDIOVASCULAR DISEASE (CVD) RISK FACTORS IN STROKE AND TIA PATIENTS AS PART OF AN INTEGRATED COMMUNITY BASED PREVENTIVE CARDIOLOGY PROGRAMME

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Introduction

Stroke is the leading cause of long-term morbidity in the developed world. Despite advances in medical care the absolute number of strokes is likely to increase in the coming decades as a result of ageing population.. Furthermore op to 25% of strokes occur in patients who previously suffered a stroke or a transient ischaemic attack (TIA). Effective stroke prevention strategies therefore are crucial in tackling this major cause of death and disability. Whilst the evidence for stroke rehabilitation is well established, the evidence for structured secondary prevention programmes that tackle the risk factors for stroke (smoking, poor diet, sedentary behaviour, blood pressure, dyslipidaemia) is less well so. Here we describe the results of a community-based preventive cardiology programme on a minor stroke/TIA population.

Methods

, between years Patients who suffered either a stroke or a TIA were invited to attend a community-based 16 week preventive cardiology programme delivered by a multi-disciplinary team (nurse, dietician, physiotherapist). The foundation of the programme was healthy lifestyle change but also the management of medical risk factors through the prescription of appropriate cardioprotective medication.. An assessment was undertaken at baseline, end of programme and 1 year FU.

Results

Between 20XX and 20 XX a total of 224 patients participated in the programme (how many were invited – include response rate). Referred from primary care or hospital? The majority were males (67.8%) with a mean age 65.1±10.6 years. 73.4% attended and EOP assessment, and 64.7% attended 1 year FU. Table 1 summarise the lifestyle and medical risk factors at each time point with evidence of significant healthy lifestyle change as well as improvement in medical risk factors and these improvements were maintained at one year.

Conclusions

This nurse-led, community-based multidisciplinary preventive cardiology programme demonstrated that it is feasible to provide effective secondary prevention strategies in a minor stroke/TIA population and which will reduce their risk of a future cardiovascular event in the longer term..

Table 1. Change in Lifestyle and Medical Risk Factor Outcomes between IA and EOP

	IA (N=157)	EOP (N=157)	p-value
Current smokers (%)	12.1	7	0.008
Mediterranean diet score (mean)	4.9	6.8	<0.001
Physical activity target (≥5x/week ≥ 30minutes) (%)	13.9	45.1	<0.001
Est. METs maximum(mean)	7.63	8.85	<0.001
BMI (kg/m^2) (mean)	30.3	29.7	<0.001
BP < 140/90mmHg (%)	55.5	82.6	<0.001
LDL < 1.8 mmol/l (%)	37.3	46.7	0.04
Depression(% HAD-D ≥ 8)	17.3	7.7	0.006
Anxiety (% HAD-A ≥ 8)	32.7	27.9	0.36