Long-term Trends in Coronary Risk Factor Prevalence and Adherence to Guideline Therapies in Australians with Coronary Heart Disease: 9-year Comparison with European Outcomes

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Background: Cardiovascular prevention continues to demonstrate significant gaps between guidelines and clinical practice. Recent European data indicates rates of obesity, diabetes and smoking continue to rise in patients with coronary heart disease.

Methods: We enrolled 10986 patients in the GenesisCare Outcomes Registry (GCOR) from November 2008-January 2018. Baseline patient data and treatment were compared with that from two European surveys, EUROASPIRE III and IV.

Results:

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>EUROASPIRE III</th>
<th>GCOR 2009</th>
<th>EUROASPIRE IV</th>
<th>GCOR 2018</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>18.2</td>
<td>12.7</td>
<td>37.7</td>
<td>8.6</td>
<td>0.09</td>
</tr>
<tr>
<td>Obesity (BMI &gt; 30)</td>
<td>38</td>
<td>33.3</td>
<td>31.7</td>
<td>38.9</td>
<td>0.27</td>
</tr>
<tr>
<td>Hypertension</td>
<td>60.9</td>
<td>79.3</td>
<td>75.4</td>
<td>62.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Elevated lipids</td>
<td>44.2</td>
<td>56.4</td>
<td>71.1</td>
<td>58.4</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>28.0</td>
<td>26.4</td>
<td>34.2</td>
<td>22.5</td>
<td>0.79</td>
</tr>
</tbody>
</table>

Cardioprotective Drugs
Anxiolytic therapies | 93.2 | 96.7 | 96.4 | 95.2 | 0.0016 |
Beta-blockers | 85.5 | 63.2 | 82.1 | 68.3 | <0.001 |
All Blood pressure drugs | 66.8 | 69.8 | 69.7 | 62.1 | 0.0025 |
All Lipid lowering drugs | 98.8 | 93.3 | 91.6 | 93.6 | 0.09 |

*Comparison of EUROASPIRE vs GCOR for each generation of survey.

Conclusion: The prevalence of adverse coronary risk factors continues to rise in Europeans with CHD despite increases in the use of and high rates of medical therapies. Australians smoke less and are less obese, however both groups still have a significant treatment gap in patients with coronary artery disease with regard to guideline therapies that warrants further targeted intervention.

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Masters Age Football (Soccer) and Cardiac Risk: A Survey of Risk Factors, Symptoms, and Understanding Regarding Cardiac Disease and its Prevention

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Background: Masters-age football (≥35 years) is increasingly popular, however participant characteristics are not well defined.

Aim: To investigate in Masters-age footballers, cardiac risk factors, symptoms, knowledge and understanding, and support for prevention.

Methods: A web-based survey (Masters Age Footballers and Cardiac Risk (MAFACARE)) of 153 Sydney footballers (age 49 ± 8 years, 92% males), A-grade competition (n = 24), ≤B-grade (n = 95), or social (n = 34). Combined group data are shown. Knowledge, attitudes and beliefs were assessed by the ACS Response Index.

Results:

Most were Caucasian (89%), tertiary educated (90%), motivated by social interaction/enjoyment (94%) and health/exercise (90%). Risk factors: overweight-obese (54%), hypercholesterolaemia (37%), family history (23%), hypertension (20%), current smoker (8%), and prior PTCA/cardiac surgery (5%). 33 (22%) reported ≥1 potential cardiac symptom during activity in prior year but only 8 of them (24%) sought medical attention. Knowledge score was 13.7 ± 2.3 (range 8–20). Attitudes 11.9 ± 2.7 (5–18). Beliefs 22.1 ± 3.2 (16–28). Knowledge was high (≥80%) for typical heart attack (MI) symptoms but poorer (<40%) for atypical ones. Only half felt confident to recognise MI. 45% preferred someone drive them to hospital than wait for an ambulance. 46% were less likely to stop playing with pain/discomfort during a final. Only 40% were aware that warning signs may precede MI by days or longer. Strong support was expressed for AED and CPR training (99%), AEDs at games (97%), and education (>90%).

Conclusion: Cardiac risk factors and potential symptoms are common in Masters footballers, with gaps in knowledge and understanding. Players strongly support AED availability and training, and cardiac education.

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