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Compliance to secondary prevention strategies for coronary artery disease: A hospital based multi-center cross sectional survey from Ernakulam, Kerala, India

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There is limited data regarding secondary prevention approaches for Coronary Artery Disease (CAD) from developing nations. The aim of the study is to report the compliance to recommended secondary prevention strategies for CAD in the age group of 30-80 years. This was an analytical cross sectional survey (multicentric, hospital based) with prospective data collection using validated semi structured questionnaire. Patients were recruited if the follow up period was ≥ 12 months and ≤ 60 months after the confirmation of CAD. We assessed the compliance of smoking cessation (smokers at the time of event), physical activity (≥ 150 minutes of moderate intensity/week), ideal Body mass index (BMI 20-25 Kg/m²), adequate blood pressure control ($<140/90$ mm of Hg), optimal LDL cholesterol level (<70 mg/dl), good diabetic control (HbA1c $<7\%$) and optimal use of CAD related medications (antiplatelet/anticoagulants + statins + ACE, ARBs/Beta blocker). Among 502 patients, 74.4% were males (n=373). The mean age was 62.6 ± 9.6 years. A total of 373 (53.2%) patients were from rural area. The overall frequency and prevalence of compliance to recommended secondary prevention approaches at the time of assessment were 143 (92.7%) for smoking cessation, 227 (45.3%) for physical activity, 250 (49.8%) for weight management, 342 (68.2%) for BP control, 170 (33.8%) for optimal LDL cholesterol levels, 68 (40.2%) for adequate diabetic control, 423 (84.3%) for cardiovascular medications and 450 (89.6%) for availing diabetic treatment (Presented in the Table). There appears to be good compliance to smoking cessation, cardiovascular medications and anti-diabetic medications. The compliance to physical activity, weight management, blood pressure control, lipid management and diabetic control appears grossly deficient.

Table: Prevalence of compliance to recommended secondary prevention approaches for coronary artery diseases

Category	Recommended secondary prevention targets							
	Smoking cessation*	PA (≥ 150 min/wk of MVPA)	BMI (18.5-24.9 Kg/m ²)	BP ($<140/90$ mm of Hg)	LDL (<70 mg/dl)	HbA1c# ($<7\%$)	Medications A+B+C/D	Medications** E/F
Total	143(92.7%)	227(45.3%)	250(49.8%)	342(68.2%)	170(33.8%)	68(40.2%)	423(84.3%)	248(89.6%)
Male	143(92.7%)	144(63.5%)	191(76.55%)	263(76.9%)	136(80%)	48(70.6%)	351(82.9%)	225(90.7%)
Female	Nil	83(36.5%)	59(23.6%)	79(23.1%)	34(20%)	20(29.4%)	72(17.02%)	23(9.3%)
Rural	73(51%)	97(51.4%)	139(55.6%)	182(53.3%)	92(53.8%)	37(54.9%)	225(53.1%)	126(50.8%)
Urban	70(49%)	130(57.3%)	111(44.4%)	160(46.8%)	78(45.9%)	31(45.6%)	198(46.8%)	122(49.2%)

*Former smokers only (n=154), # Diabetic patients with HbA1c values only (n=170), ** Diabetic patients only (n=277) MVPA- Moderate to vigorous physical activity measured in cumulative minutes/week

Biography

Remya Sudevan is pursuing her 3rd year PhD in Preventive Cardiology at Amrita Institute of Medical Sciences, Kochi. She has completed her MBBS and Post Graduate Diploma in Developmental Pediatrics from Government Medical College, Thiruvananthapuram, Kerala. She has her Diploma in Diabetology. She is trained in Clinical Research from Mc Master University, Hamilton, Canada. She has pursued her Masters in Public Health from Sree Chitra Tirunal Institute of Medical Sciences and Technology, Thiruvananthapuram. She has 5 years' experience as Clinical epidemiologist. She has more than 35 publications.

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