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Progress in the Fremantle Primary Prevention Study- A Pilot Study of Risk Factor Modification for Cardiovascular Disease

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THE UNIVERSITY OF NOTRE DAME AUSTRALIA

Fremantle Primary Prevention Study

A pilot study of risk factor modification for cardiovascular disease

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Background

Risk factors for cardiovascular disease (obesity, diabetes, hypertension, smoking, inactivity, hyperlipidemia) are modifiable, but often tend to be taken seriously only AFTER a significant event occurs (heart attack, stroke).

General practice offers the opportunity to detect and attempt to modify these risk factors and help reduce subsequent morbidity and mortality.

Objectives

Document the prevalence of modifiable cardiovascular risk factors in 40 – 80 year old men and women.

Monitor the changes in cardiovascular risk following delivery of intensive and opportunistic intervention strategies at the GP level.

Methods

Patients presenting to 3 research practices
400 recruits/practice
men/women 40-80 yrs

Initial screening

Exclusions
- Prior cardiovascular event
- Physical inability
- Transient visitor
- Incapable of giving consent

Eligible participants
N=1200

Informed consent

Demographics
Baseline measures of risk

Measures of risk
- Blood pressure
- Smoking status
- BMI
- Waist circumference
- Fasting blood sugar
- Cholesterol
- Physical activity level

RANDOMISED within PRACTICE

INTENSIVE
Intensive 3 monthly consultation
+ 3 monthly data collection
N=3 x 200

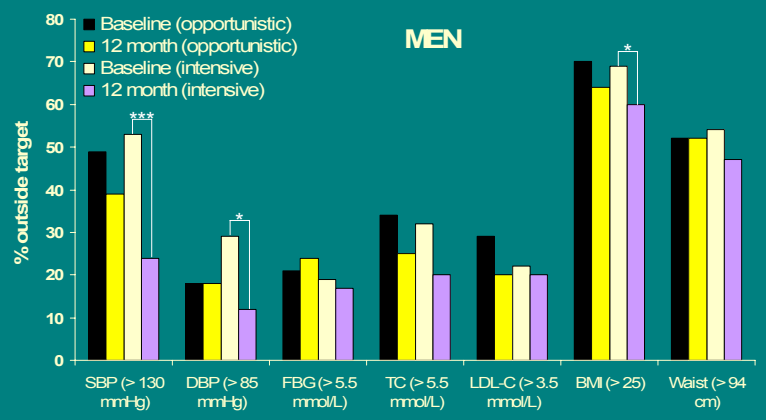
OPPORTUNISTIC
Opportunistic follow-up
N= 3 x 200

12 month final data collection

Results/Discussion

To date, 559 participants have completed the study (intensive - n=155, 75 ♀; opportunistic - n=404, 161 ♀).

The figures below represent % of participants outside target for key outcome variables for those that have completed the 12 month study.



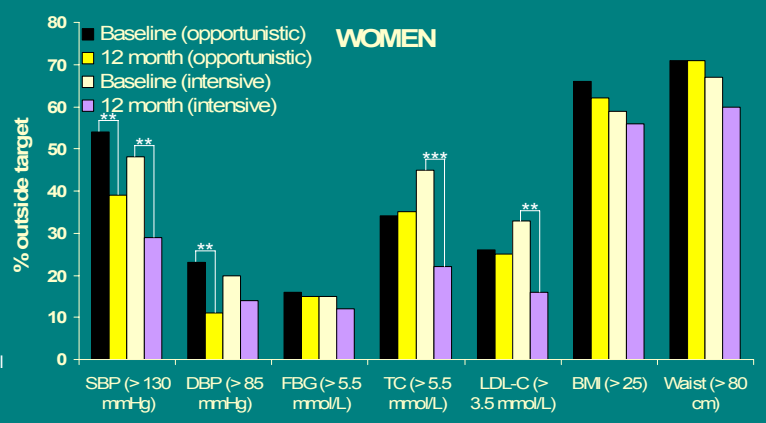


FIGURE NOTE: *p<0.05, **p<0.01, ***p<0.001; McNemara χ^2 using the binomial distribution

Implications for policy & practice

While a significant proportion of the community are already known to have cardiovascular risk factors, GPs and their practice staff are ideally positioned to assess the extent of this potential morbidity and institute treatment modalities and programmes to reverse and modify them.

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