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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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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 Eligible participants **Exclusions** N=1200 Prior cardiovascular event Measures of risk Physical inability Blood pressure Informed consent Transient visitor Smoking status • Incapable of giving consent BMI Demographics Waist circumference Fasting blood sugar Baseline measures of risk Cholesterol Physical activity level RANDOMISED within PRACTICE

INTENSIVE

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

OPPORTUNISTIC

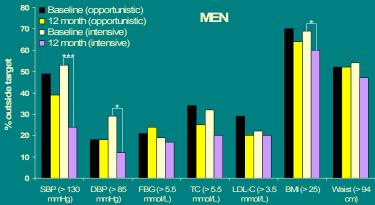
Opportunistic follow-up N= 3 x 200

12 month final data collection

Results/Discussion

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

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



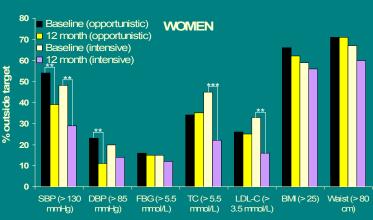


FIGURE NOTE: *p<0.05, **p<0.01, ***p<0.001; McNemara χ² using the binomial distribution

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.