

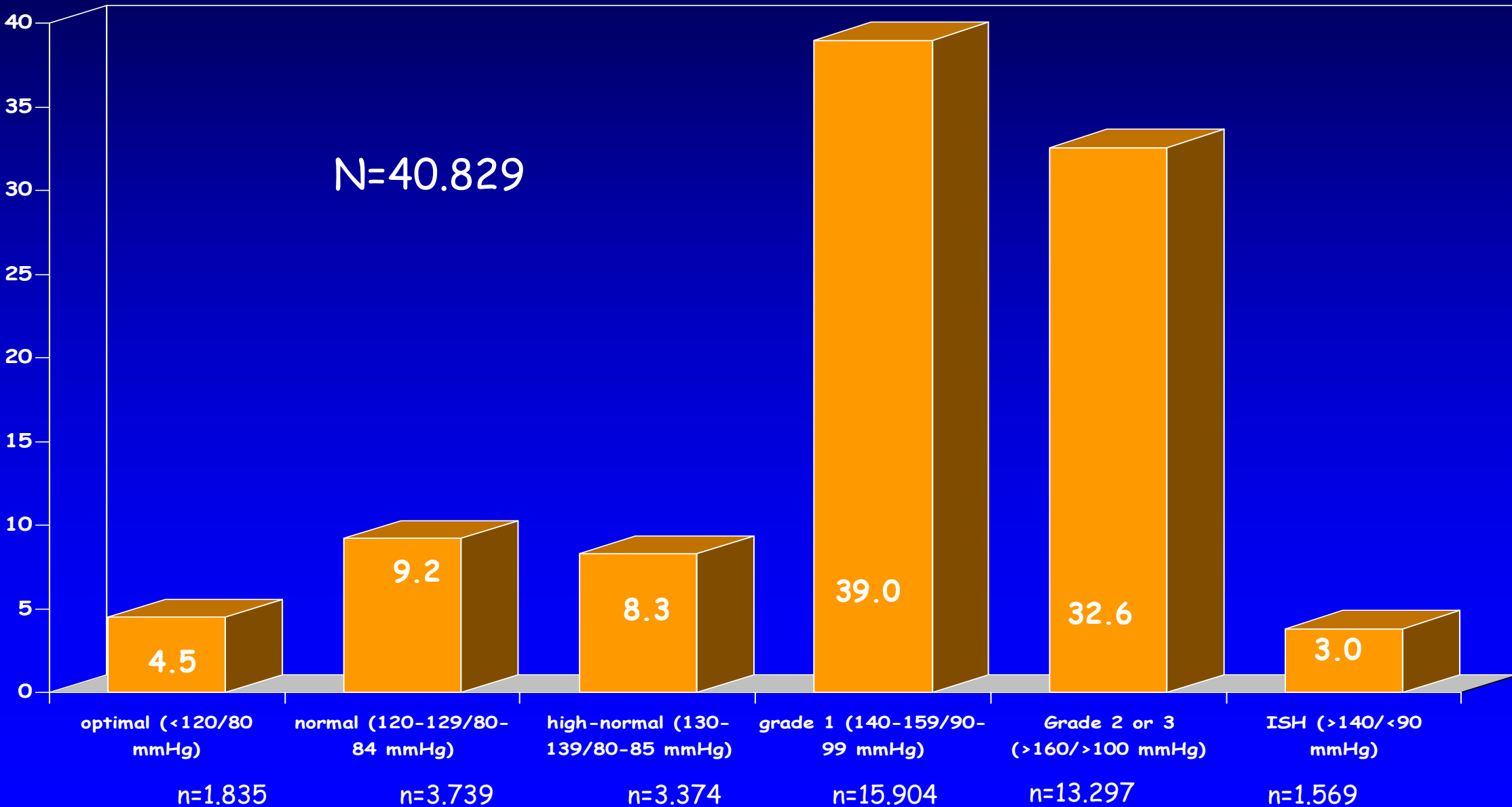
Il controllo dei fattori di rischio nella realtà

Prof. ENRICO AGABITI ROSEI
Clinica Medica -Università of Brescia

Blood pressure control in Italy: results of recent surveys on hypertension

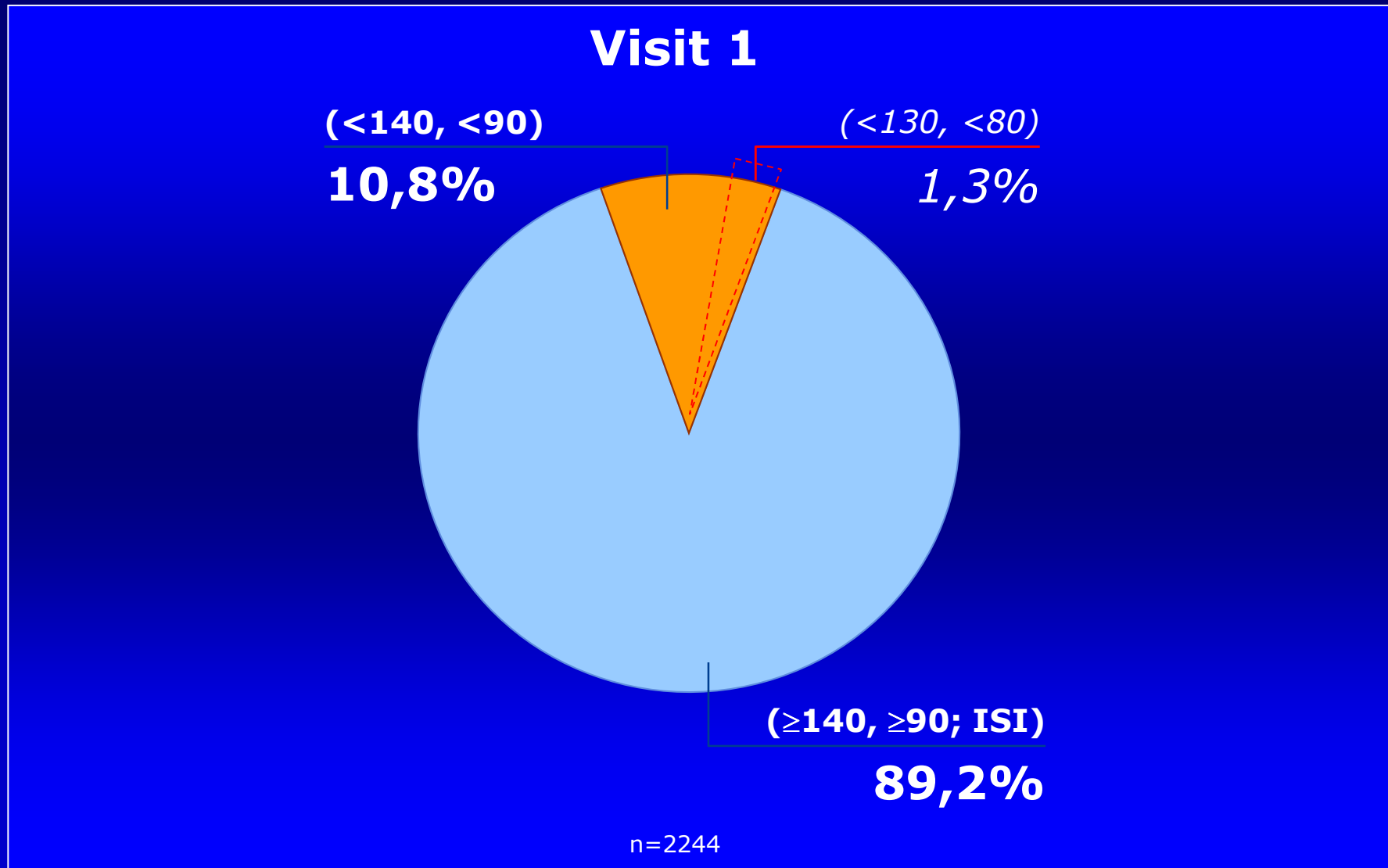
Massimo Volpe^{a,b}, Giuliano Tocci^a, Bruno Trimarco^{b,c}, Enrico Agabiti Rosei^d, Claudio Borghi^e, Ettore Ambrosioni^f, Alessandro Menotti^g, Alberto Zanchetti^h and Giuseppe Mancinaⁱ

J Hypertens 2007



FORLIFE

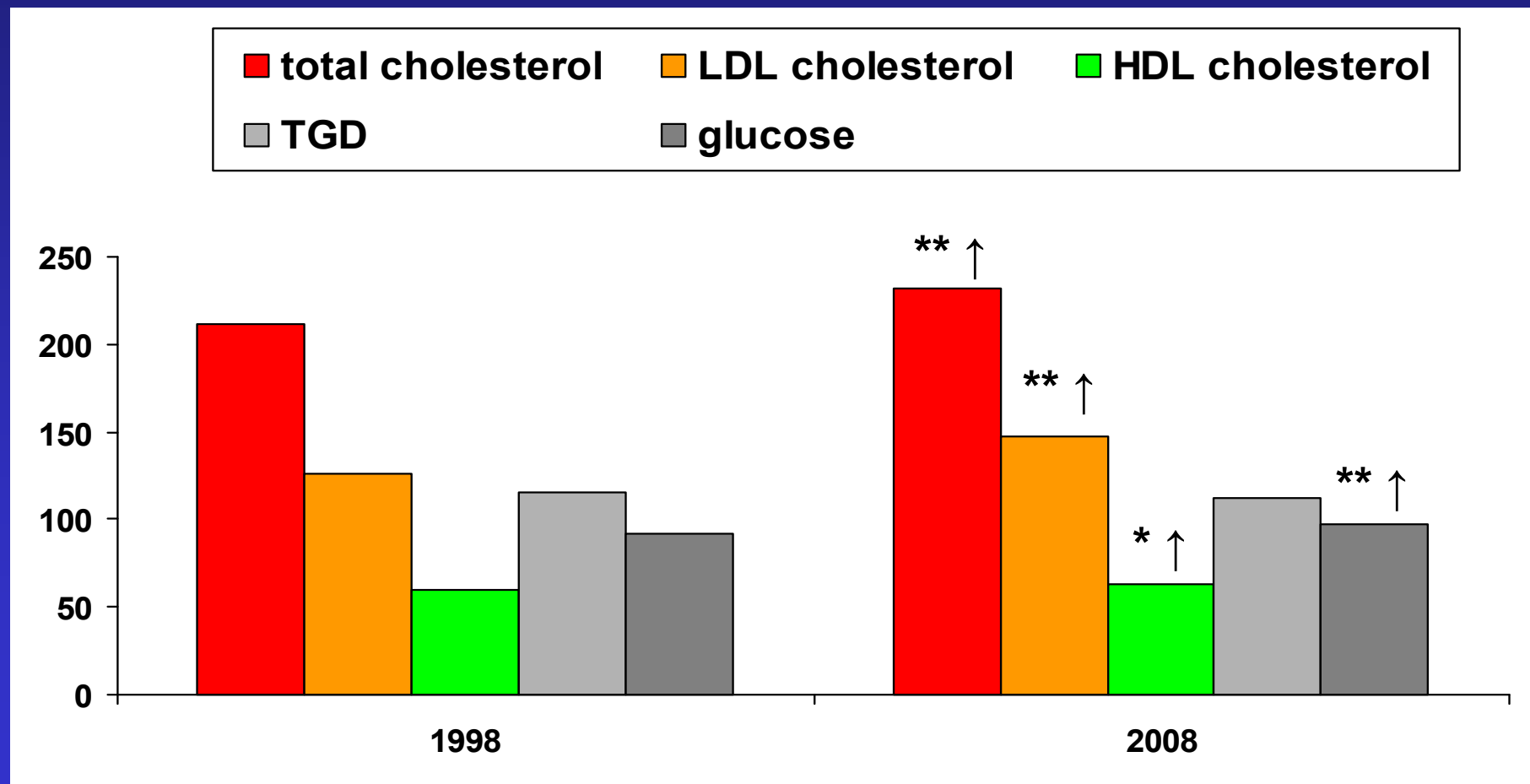
Comparison between pressure values at visits 1 and 3 in patients with diabetes



Cholesterol and glycemia in Italy : changes 1998-2008

1998 : 1912 M & 1870 F

2008 : 1738 M & 1741 F

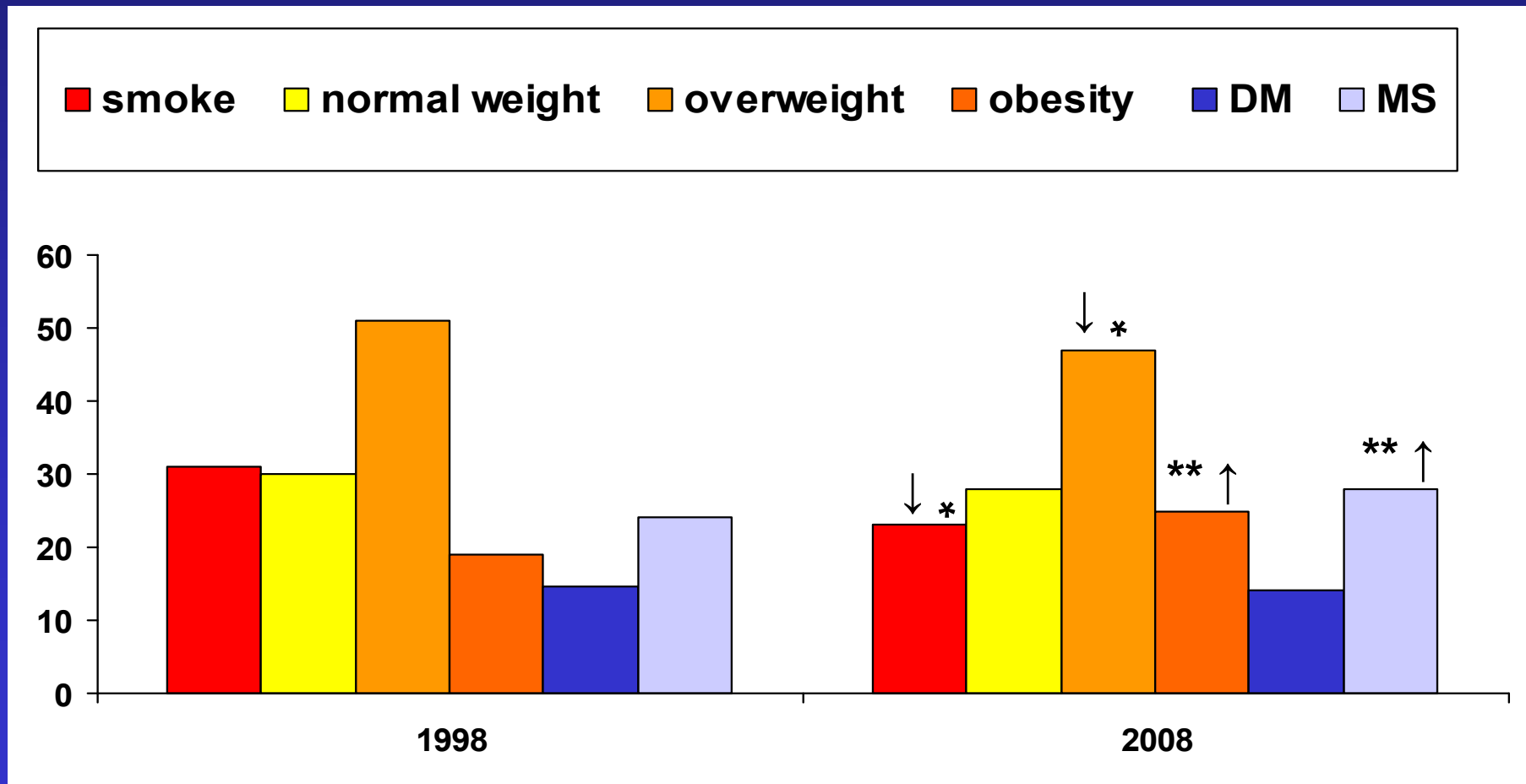


Giampaoli S et al. Ital Heart J 2003 and 2010

Smoke and body weight in Italy : changes 1998-2008

1998 : 1912 M & 1870 F

2008 : 1738 M & 1741 F

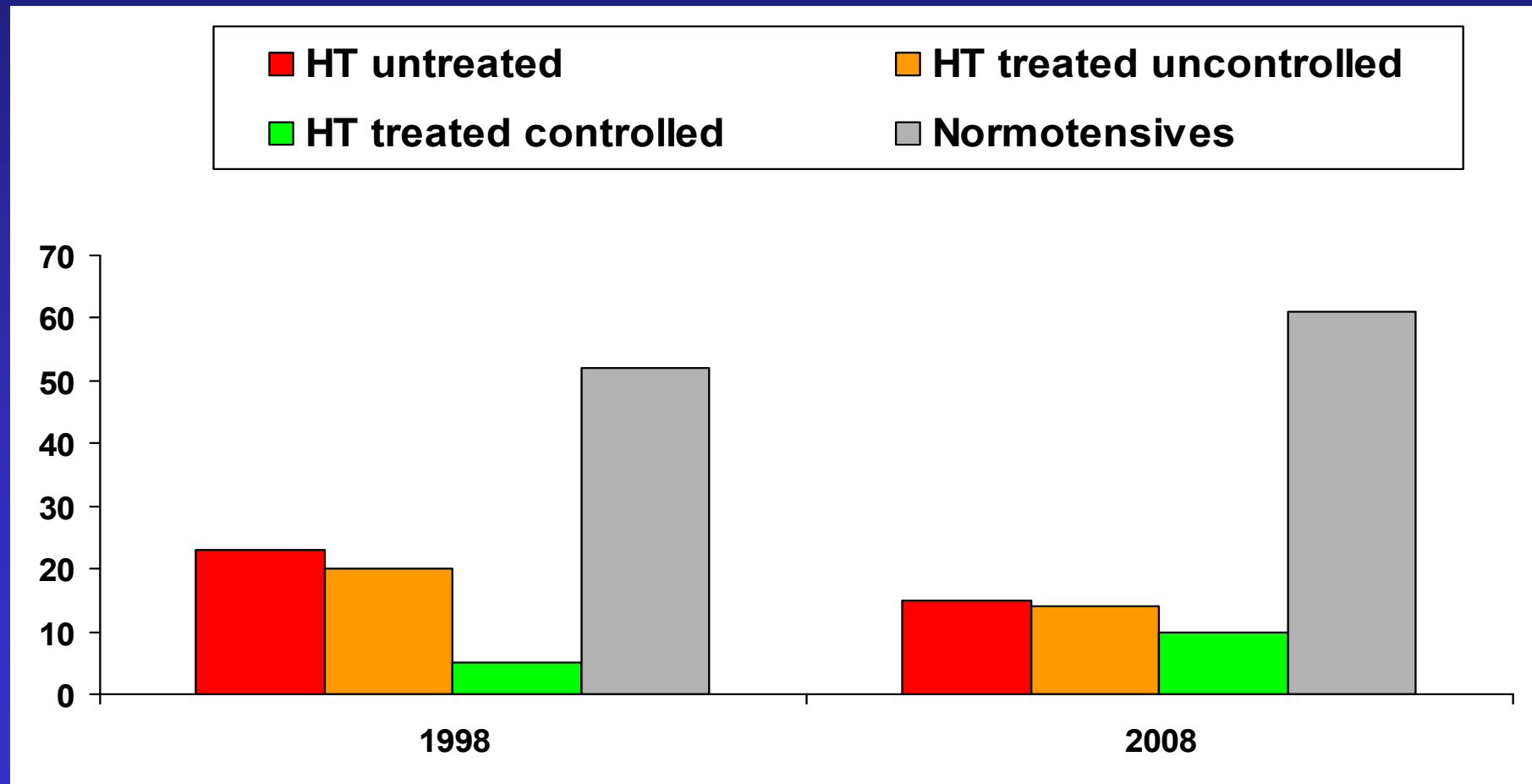


Giampaoli S et al. Ital Heart J 2003 and 2010

Hypertension in Italy : treatment and control changes 1998-2008

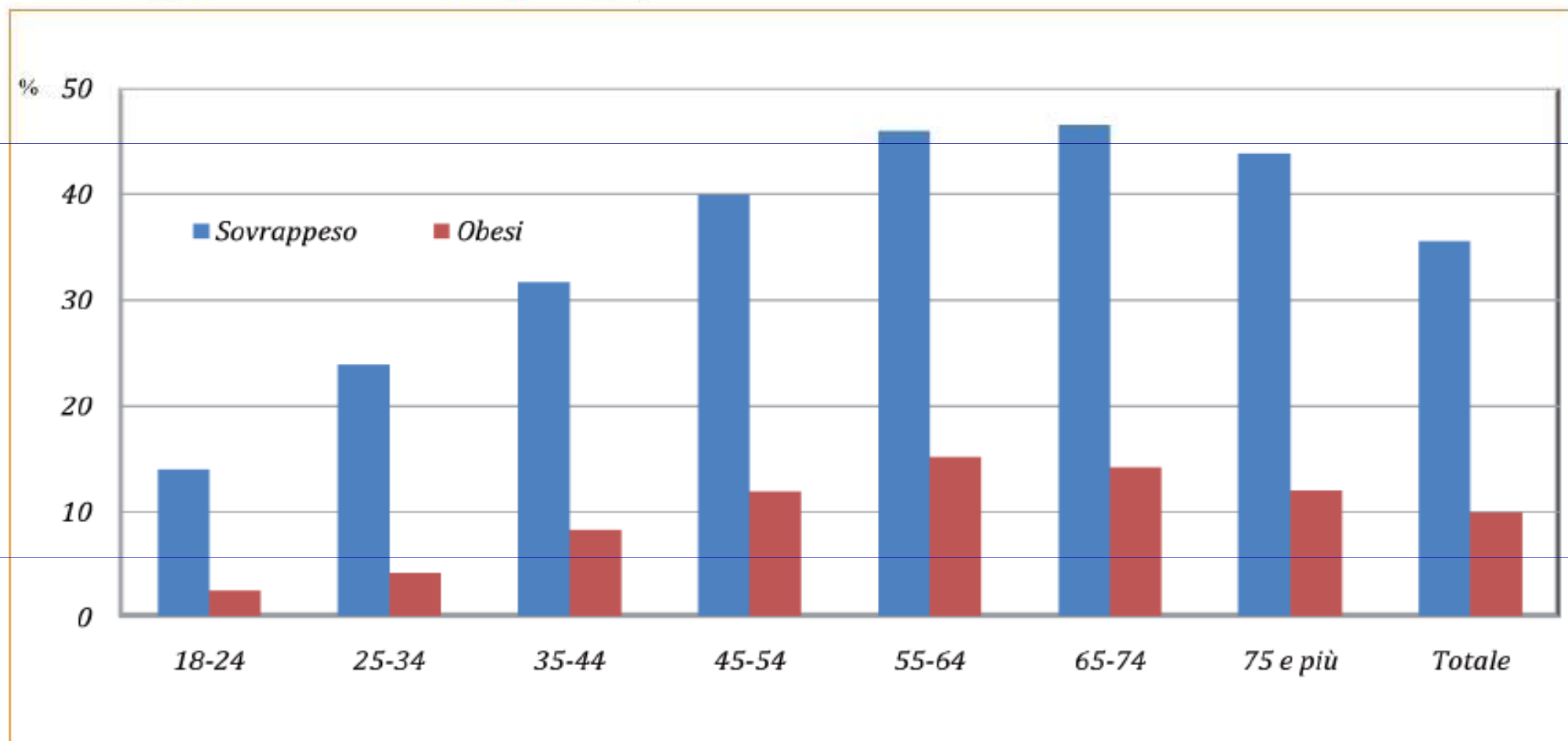
1998 : 1912 M & 1870 F

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Giampaoli S et al. Ital Heart J 2003 and 2010

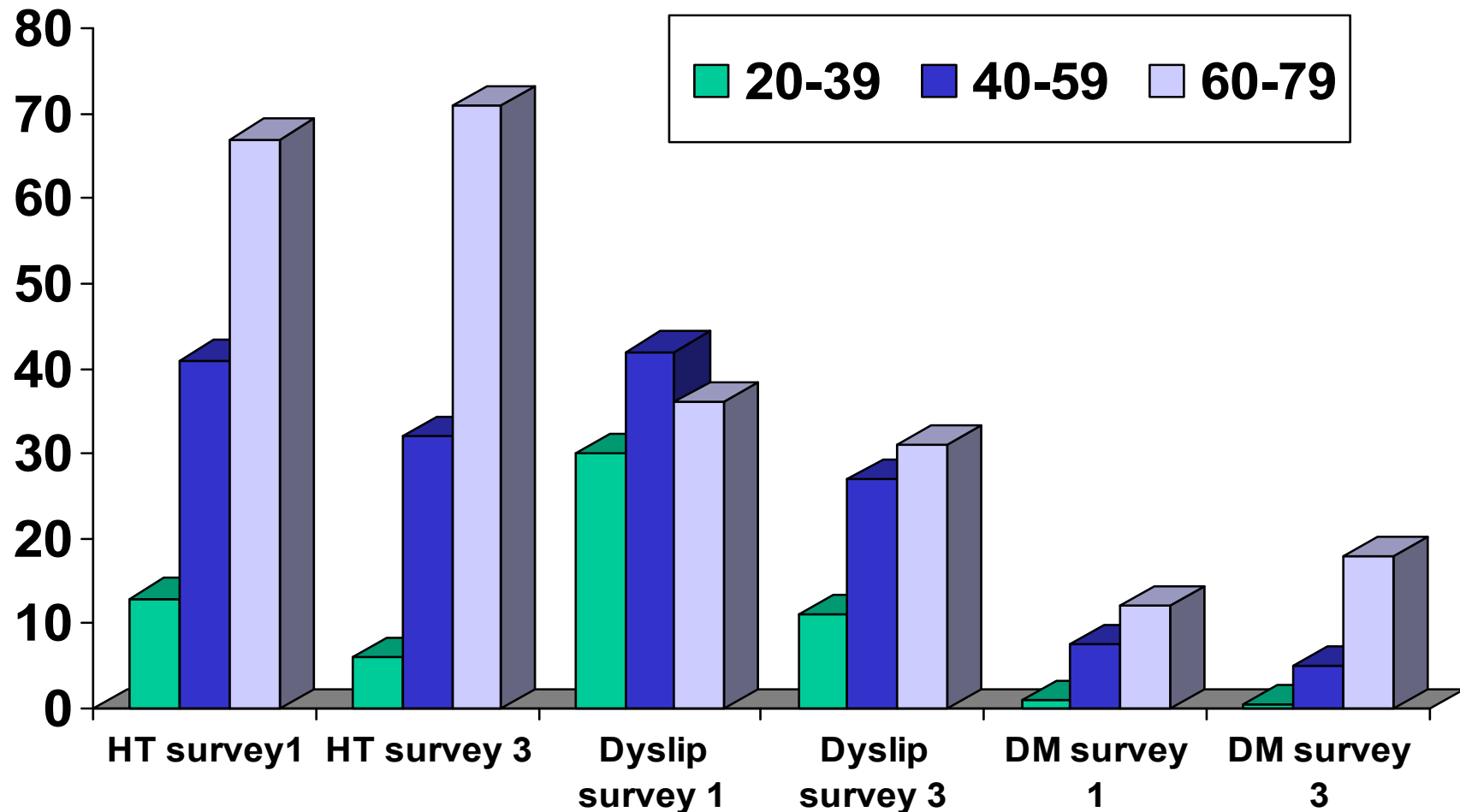
Figura 2 – Prevalenza (%) di sovrappeso e obesità per fasce di età in Italia (Indagine Multiscopo Istat 2007 - Stili di Vita)



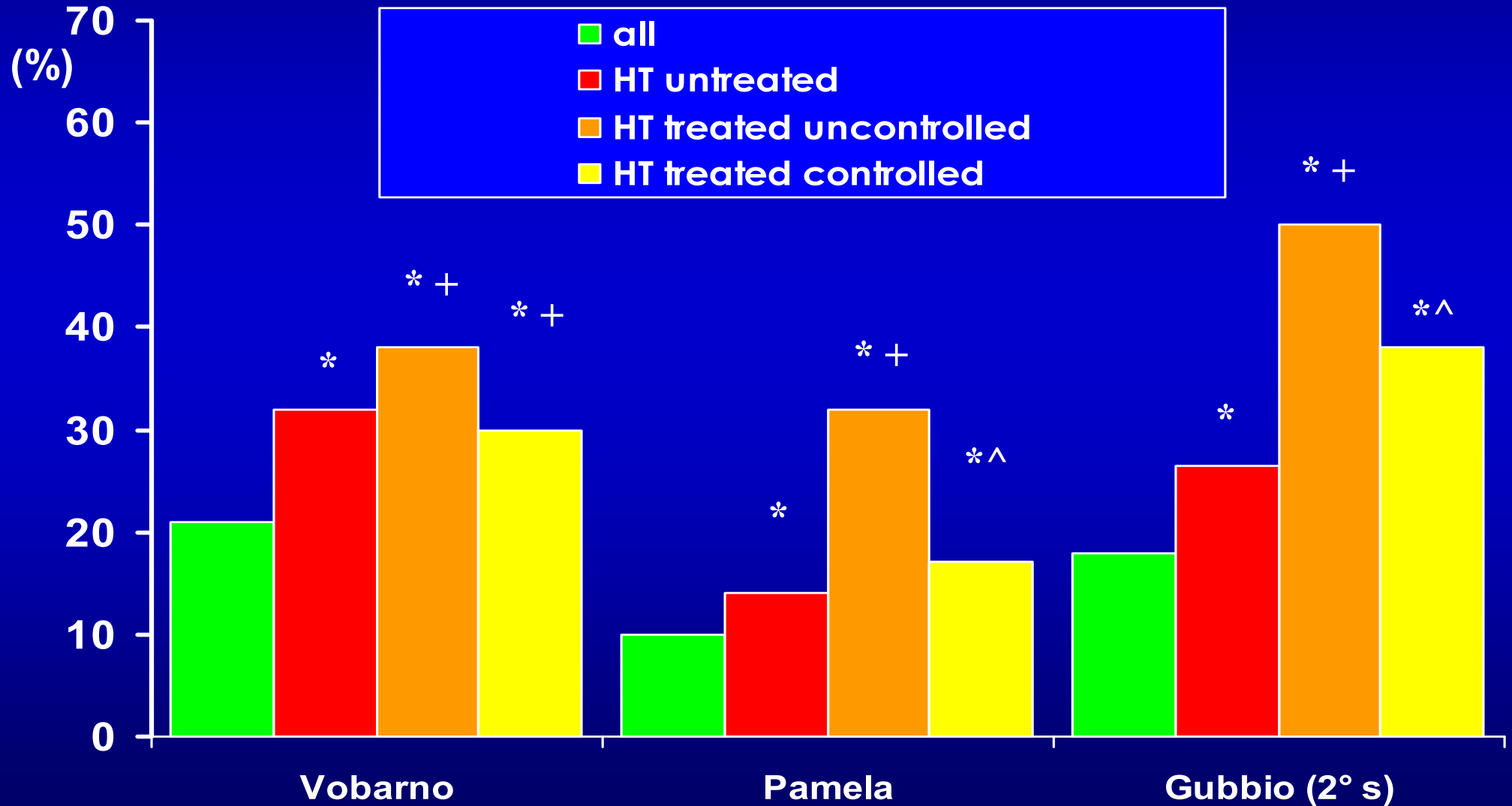
FONTE: Indagine Multiscopo, Istat 2007 – Stili di Vita.

Twenty-year cardiovascular and all-cause mortality trends and changes in cardiovascular risk factors in Gubbio, Italy: the role of blood pressure changes

Prevalence of hypertension, dyslipidaemia and diabetes among men



Prevalence of LVH in HT patients

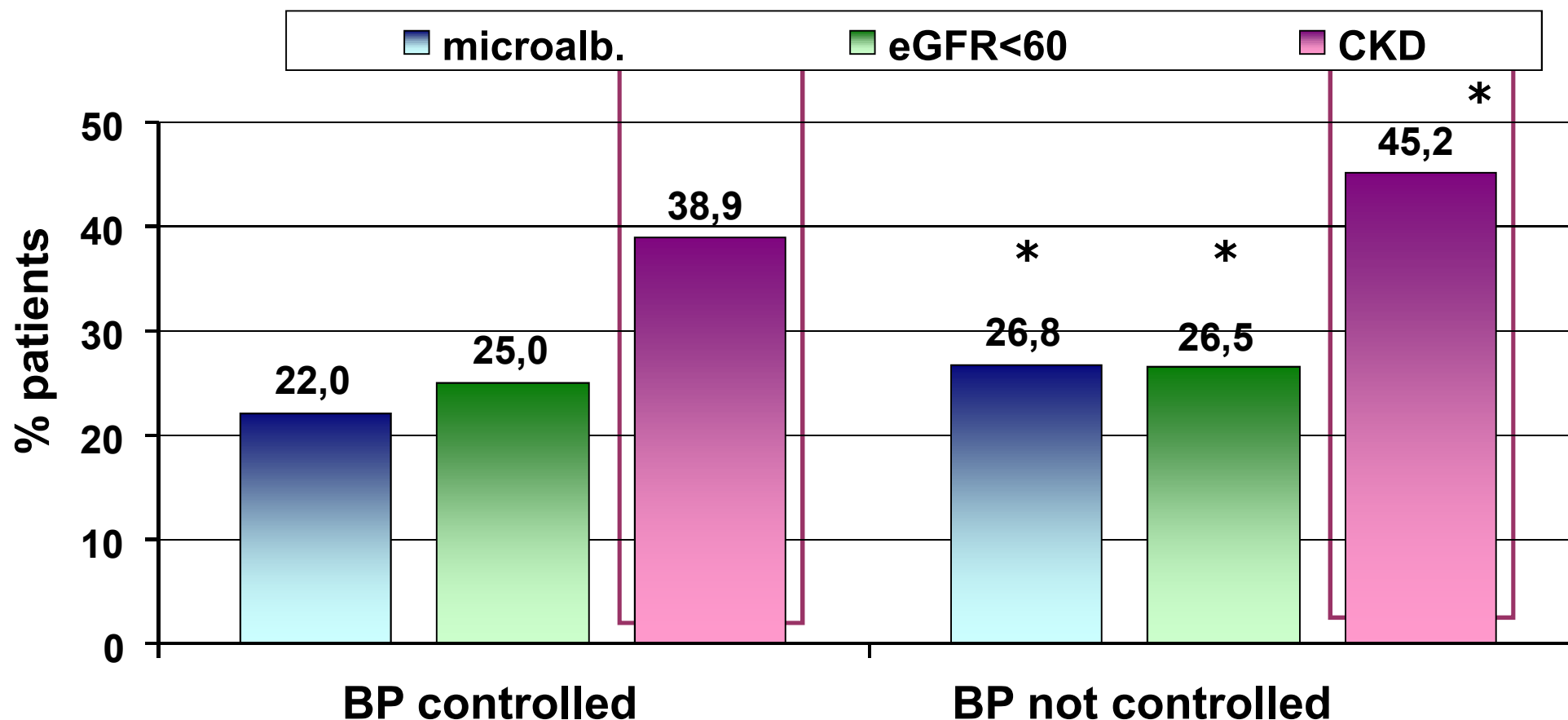


* vs NT, + vs IE NT, ^ vs HT uncontrolled

Renal dysfunction and BP control _I DEMAND

87 centers/4151 pts, 92 % treated, 34 % controlled

37 % diabetics



EUROASPIRE III disappointments

	Smoking	Raised BP 140/90 or 130/80 in DM	Over weight	Obesity	Central Obesity
Survey I 1995-1996	19	58	81	22	43
Survey II 1999-2000	15	57	72	24	55
Survey III 2006-2007	14	63	81	29	52

EUROASPIRE III

- **Lifestyle of coronary patients major cause of concern**
- **Adverse trends in obesity and central obesity**
- **No change in BP control despite use of AHT treatment (61 % above therapeutic target 140/90mmHg)**
- **Improvement in lipid control with increased use of statins**
- **Increasing prevalence of diabetes, self reported and undetected, and deteriorating glucose control**

THE LANCET

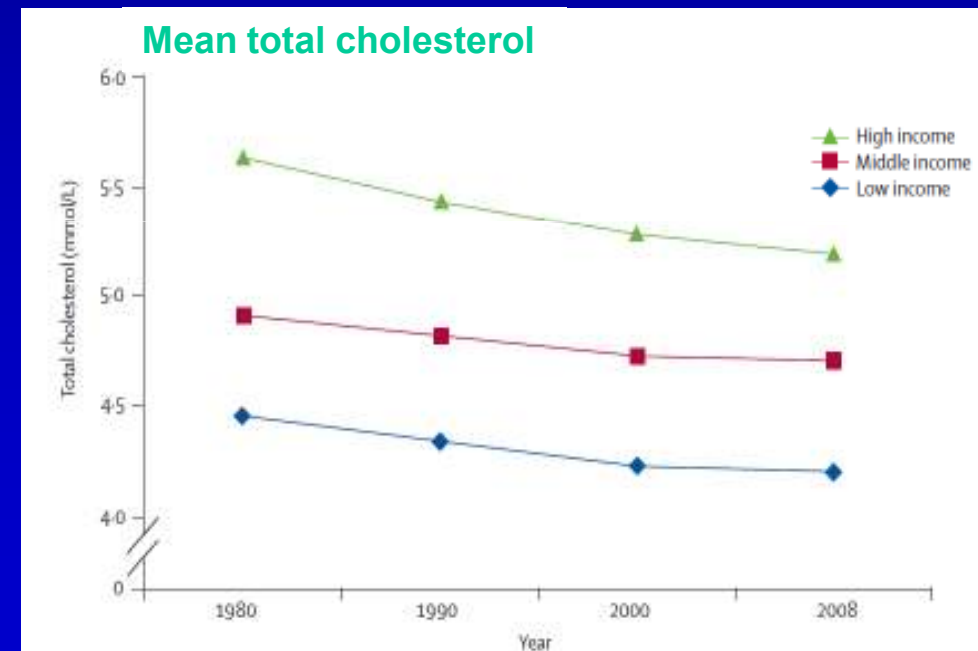
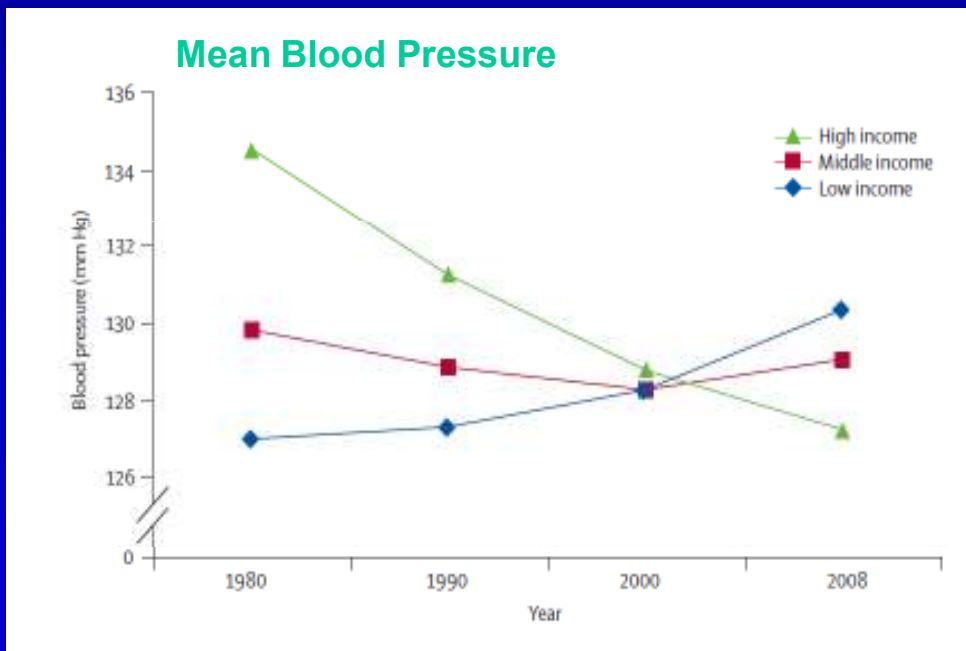
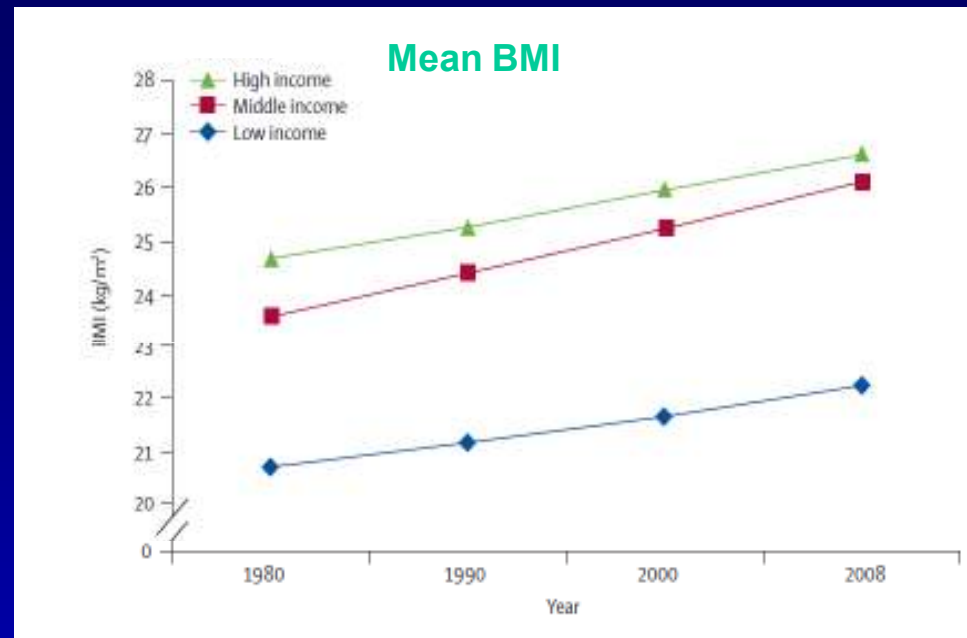
National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants

National, regional, and global trends in systolic blood pressure since 1980: systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5.4 million participants

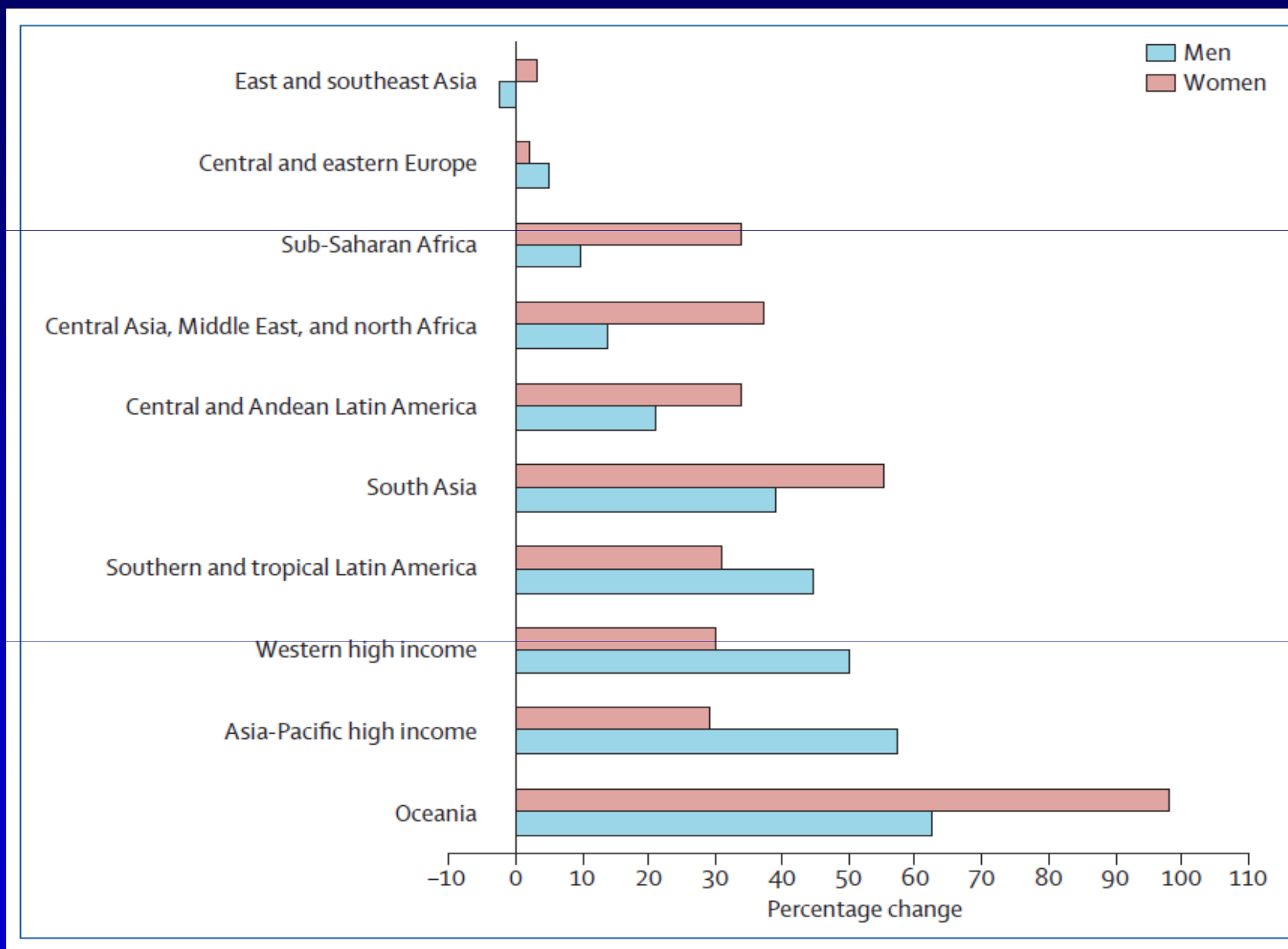
National, regional, and global trends in serum total cholesterol since 1980: systematic analysis of health examination surveys and epidemiological studies with 321 country-years and 3.0 million participants

National, regional, and global trends in fasting plasma glucose and diabetes prevalence since 1980: systematic analysis of health examination surveys and epidemiological studies with 370 country-years and 2.7 million participants

Stemming the global tsunami of cardiovascular disease



Percentage growth in age-standardised diabetes prevalence, 1980–2008, by region



Use of secondary prevention drugs for cardiovascular disease in the community in high-income, middle-income, and low-income countries (the PURE Study): a prospective epidemiological survey

Salim Yusuf, Shofiqul Islam, Clara K Chow, Sumathy Rangarajan, Gilles Dagenais, Rafael Diaz, Rajeev Gupta, Roya Kelishadi, Romaina Iqbal, Alvaro Avezum, Annamarie Kruger, Raman Kutty, Fernando Lanas, Liu Lisheng, Li Wei, Patricio Lopez-Jaramillo, Aytekin Oguz, Omar Rahman, Hany Swidan, Khalid Yusoff, Witold Zatonski, Annika Rosengren, Koon K Teo, on behalf of the Prospective Urban Rural Epidemiology (PURE) Study Investigators

Lancet, August 28, 2011

Background

- Antiplatelet drugs, betablockers, ACE-I/ARBs and statins reduce MI, stroke and death in CHD; and these interventions and BP lowering reduces stroke after a cerebro-vascular event.
- Most studies regarding the use of these drugs are hospital based or among patients followed by physicians, but not from the community.
- Little information from low and middle income countries, where >80% of global CVD occurs.

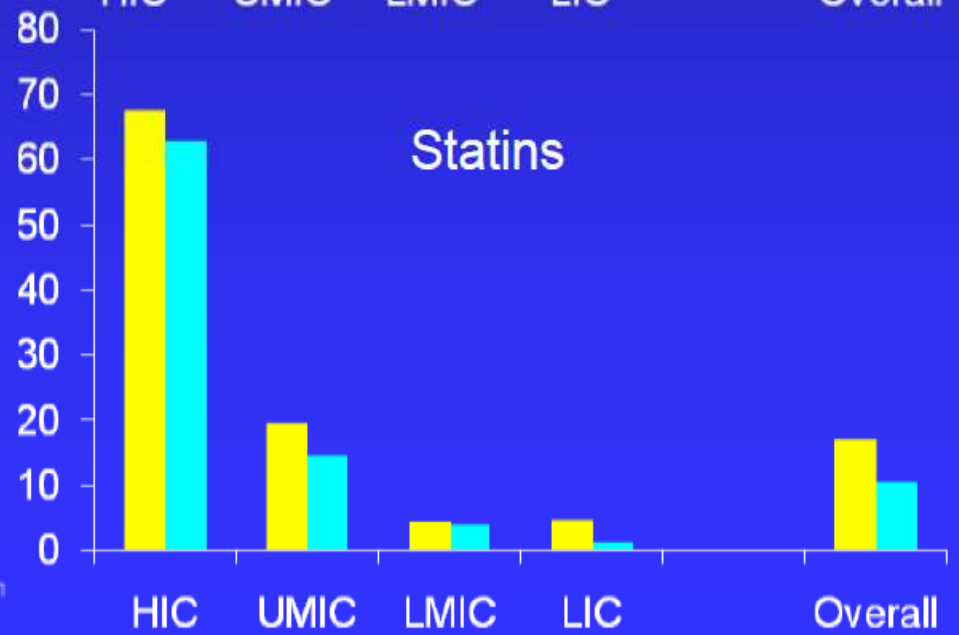
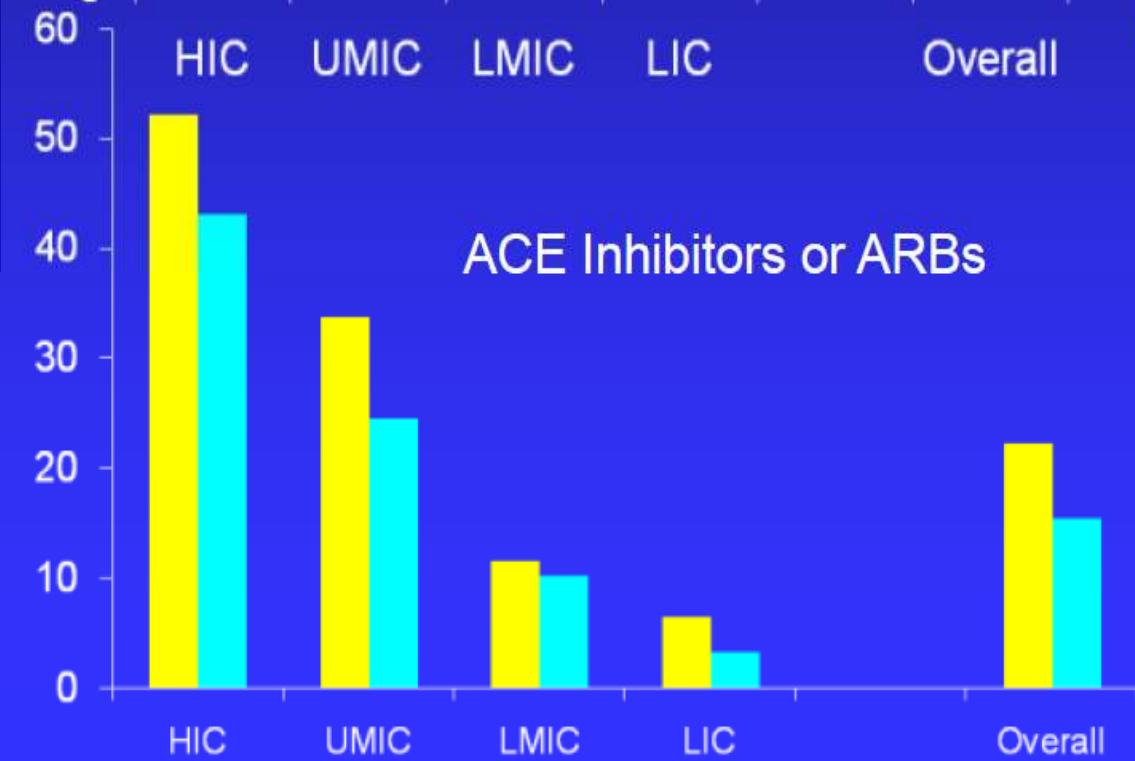
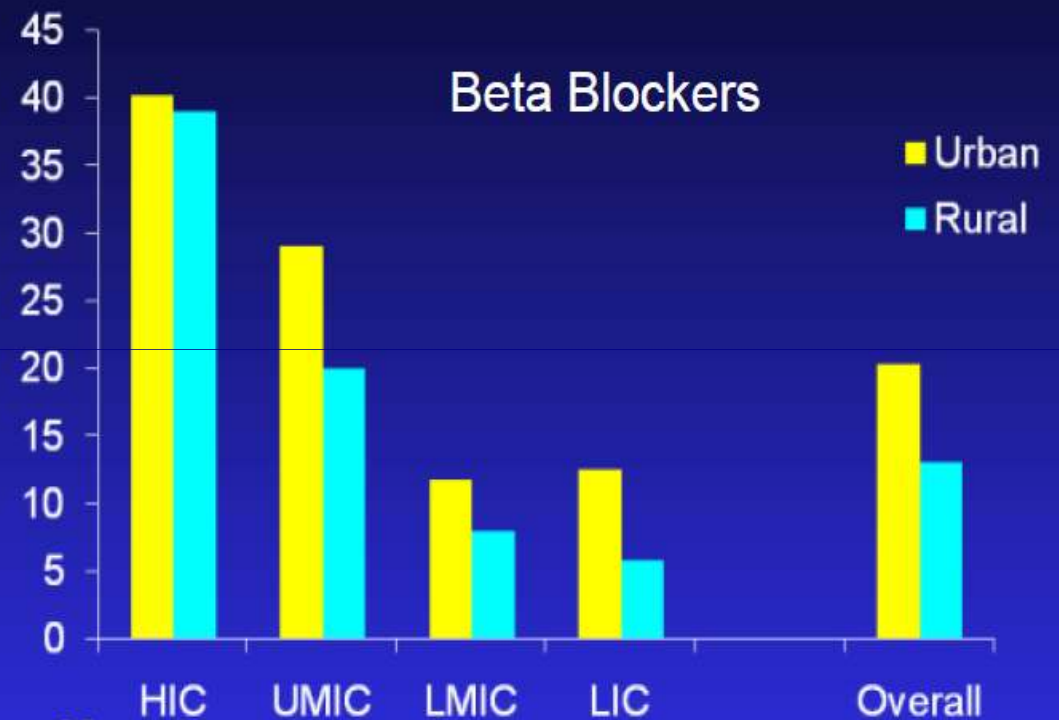
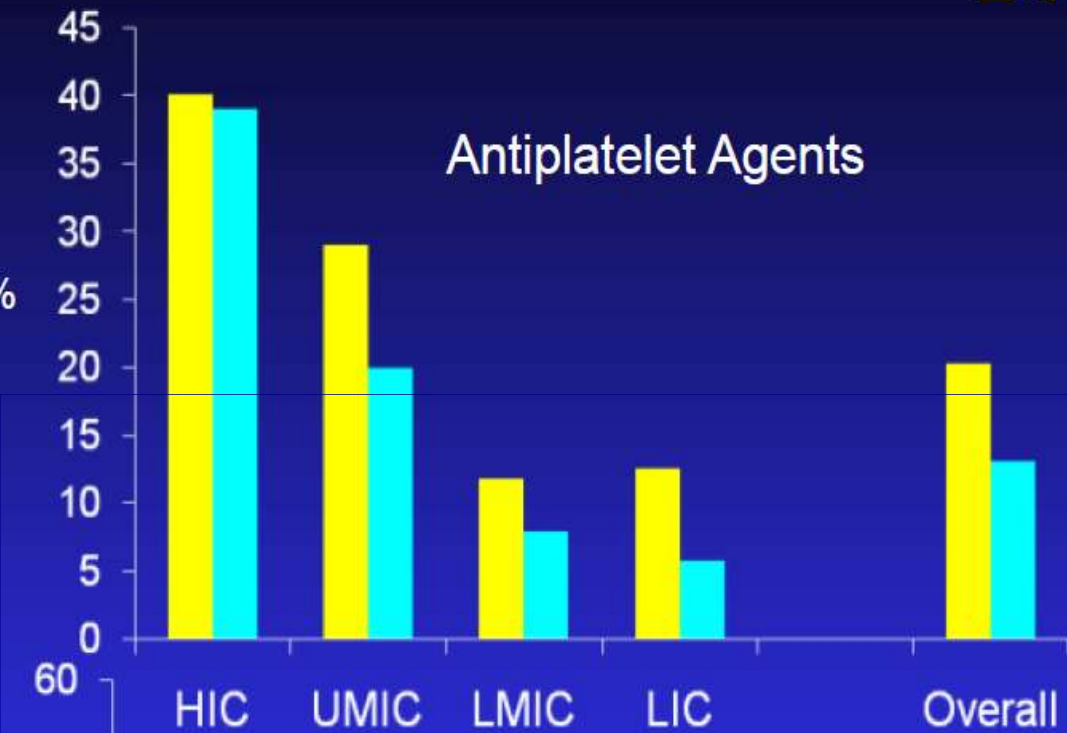
Design of PURE

- Unbiased *population sample* from 628 urban and rural communities in 17 countries involving >390,000 people (154,000 are >35 to 70 yrs; surveyed in 2003-2010).
- Documentation of the characteristics of the community, the household and individual (lifestyles, conditions, and drug use).
- Long term follow-up ongoing.

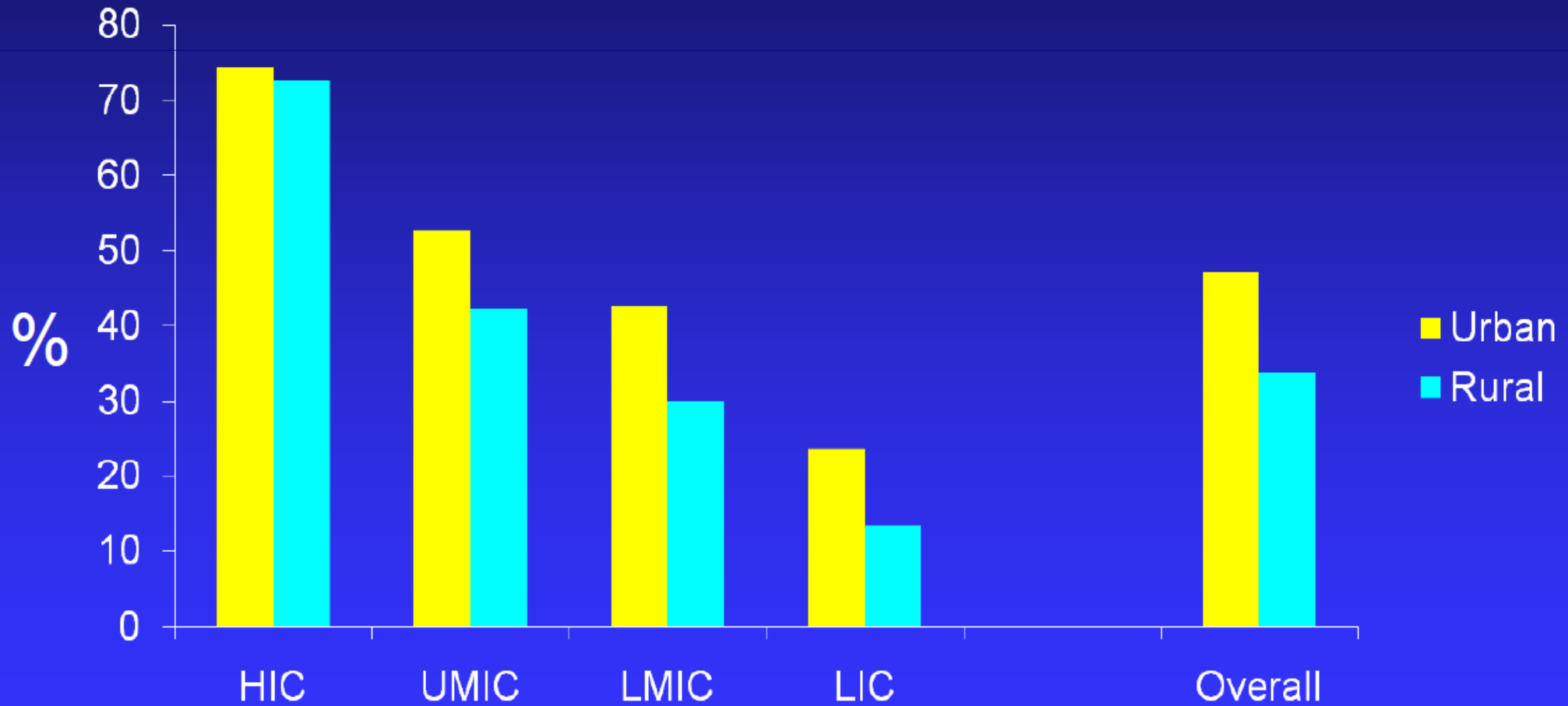
Aims

- To document the rates of use of proven secondary prevention medications in the community in high, mid and low income countries.
- To describe the variations in drug use by societal (economic level of countries and urban vs rural) and individual (gender, age, SES, other conditions) factors.

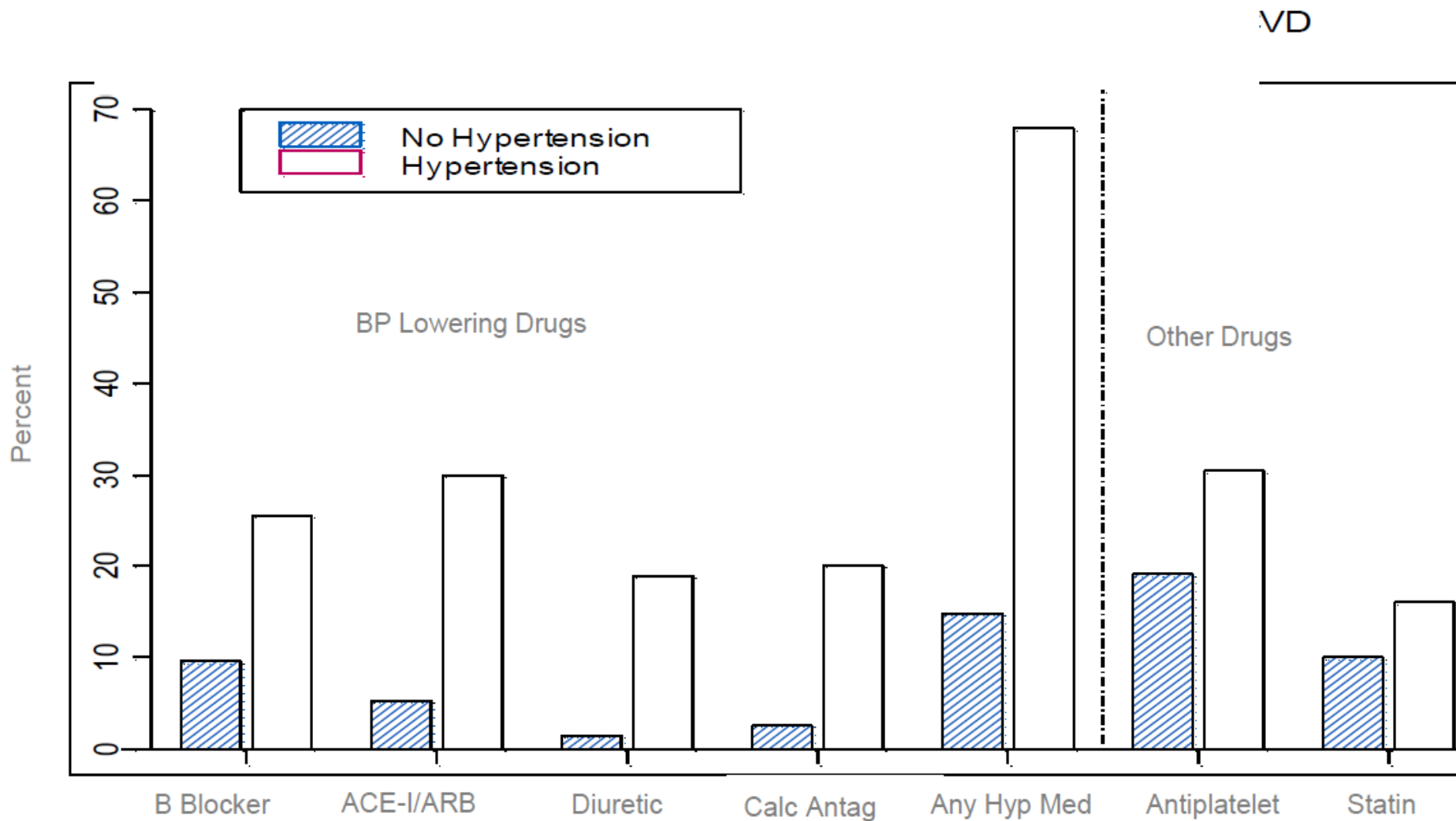
Drugs



BP Lowering Drugs



Drug Use by Hypertension in people with CVD



Conclusions

- Substantial underutilization of proven, inexpensive secondary prevention medications in the community worldwide, but the gap is worse in MIC & LIC.
- Less use of medications in rural compared to urban communities, especially in LIC and MIC, in young, females, less educated, smokers, non-obese, & non-DM individuals.

Conclusions

- Marked differences in use of BB, ACE-I/ARB, diuretics & CCB in those with hypertension + CVD vs those without hypertension & CVD: *Do physicians treat risk factors rather than risk?*
- Inter-country variability twice as large as between subject variability: *national policies & structured health systems are more important.*

The large global gap in use of proven, inexpensive and safe strategies that could be readily dealt with that can benefit millions of individuals each year.

“Health-related research cannot be separated from research into policies related to agriculture, trade, education, taxation, and urban design, and political solutions across these sectors are needed to ensure that the health of a nation’s people is a top priority”

Anand and Yusuf, Lancet 2011