

## STUDY REPORT SUMMARY

### ASTRAZENECA PHARMACEUTICALS

**FINISHED PRODUCT:** -

**ACTIVE INGREDIENT:** -

<b>Study No: NIS-CFR-XXX-2010/1</b>
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Cardiovascular risk week
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**Developmental Phase:**

**Study Completion Date: October 2010**

**Date of Report: 3 April 2012**

### OBJECTIVES:

The goal of the study was to assess cardiovascular risk profile in high risk primary care patients not treated with lipid-lowering treatment.

### METHODS:

This observational study was conducted among a sample of 1,147 general practitioners. All men and women aged 50 and 60 years and older, with at least one additional cardiovascular risk (CVR) factor among: smoking, high blood pressure (HBP), type 2 diabetes, low HDL-c ( $<0.40$  g/l), in primary prevention, not treated for dyslipidemia, and attending a primary care clinic over a week, were included in the study. A questionnaire filled-in by the physician enabled calculation of the cardiovascular risk and age of arteries according to SCORE risk equation.

### RESULTS:

9,049 patients were included (mean age: 68 years old; men: 57%; LDLc  $> 1.3$  g/L: 57%; HDL-c  $< 0.4$  g/L: 16%; uncontrolled HBP: 44%; type 2 diabetes: 21%; smoking: 21%). According to SCORE, the prevalence of HCVR reached 50% in men and women (49% vs. 51%, respectively). Age had the highest impact on CVR assessment: the prevalence of HCVR was increased by 4.6 fold in men between 55 and 65 years old and by 7 fold in women between 60 and 65 years old. Moreover, half of the patients aged 60 to 64 years had a 6.7 year increase of their arterial age as compared to their real age. The influence of age on CVD risk assessment was confirmed across French regions with the highest HCVR prevalence (54%) in the Mediterranean population (oldest population in France), and the lowest HCVR prevalence (47%) in the Northeast population (the youngest

population in France in this study) ( $p < 0.01$ ). The adjustment by age and gender reduced regional disparities with a 52% and 48% prevalence of HCVR in both regions. Beside age, 3 other risk factors were over represented in the highest CVR region compared to the lowest: uncontrolled HBP, renal impairment and left ventricular hypertrophy.