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The effectiveness of a cardiometabolic prevention program in general practices offering integrated care programs including a patient tailored lifestyle treatment

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Background & Aim: Selective cardio-metabolic prevention programs (CMP) may be especially effective in well-organized practices. We studied the effect of a CMP program in the academic primary care practices of the Julius Health Centers (JHC) that offer integrated cardiovascular disease management including a patient-tailored lifestyle program.

Method: JHC participates in the INTEGRATE study, a randomized clinical trial among patients aged 40-70 years without pre-existent cardiovascular disease or risk factors. The present analysis included those who scored above the threshold in the online risk calculator. Intervention patients were informed about the score results and were advised to visit their GP for a comprehensive risk assessment and treatment. After one year we planned a follow-up visit and an online questionnaire on treatment and lifestyle factors. Control patients were not informed about the risk score results. We checked the medical records after one year follow-up and compared the outcomes using T- and chi-square tests.

Results: In total 4170 (2332 intervention and 1838 control) patients were invited, 31% and 26% responded. In total 162 and 105 patients scored above the threshold, respectively. Among these, 36% and 21% consulted the GP who diagnosed a new CMD risk factor among 21% vs 20% visitors of the practice, respectively; hypertension in 12% vs 12%, diabetes in 4% vs 4% and hypercholesterolemia in 11% vs 8%. After one year patients who visited the GP showed a decrease in SBP of 0,6 mmHg with a decline of 21,8 mmHg in hypertensive patients (n.s.). The percentage with a BMI <25 increased from 46% to 54% (n.s). No improvement in smoking, physical exercise, alcohol consumption was seen.

Conclusion: A new CMD is diagnosed in one fifth of patients visiting the practice after an online risk assessment test. Newly detected CMD risk is accurately treated by the GP but lifestyle improvements remain a challenge.