

Is your heart aging faster than you are?

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Despite the increasing evidence that managing high cholesterol reduces cardiovascular events, many people do not achieve recommended lipid levels. This is due, in part, to patients' lack of understanding about their risk factors and the potential benefits of lifestyle modifications and therapy.

A new study undertaken by the McGill University Health Centre (MUHC), the Cardiovascular Health Evaluation to Improve Compliance and Knowledge Among Uninformed Patients (CHECK-UP), now provides definitive evidence that communicating the future risk of cardiovascular events to high-risk patients improves the treatment of cardiovascular risk factors, such as high cholesterol. CHECK-UP is the first successful study of its kind worldwide and is published in this week's Archives of Internal Medicine.

"The economic burden of cardiovascular disease is substantial to the Canadian healthcare system, but even more important are the devastating human costs associated with the disease," says Dr. Steven Grover, lead author and Director of the McGill Cardiovascular Health Improvement Program (CHIP). "The CHECK-UP study shows that when Canadians become more actively involved in the decisions surrounding their care, they are better equipped to manage their risk for future cardiovascular events."

Patients who entered the CHECK-UP study had high cholesterol requiring treatment as per the Canadian Working Group Lipid Guidelines. Included were those who had diabetes, established

cardiovascular disease or multiple risk factors for cardiovascular disease. The results of the study show that lipid therapy is enhanced when patients are informed about their cardiovascular risk and when they receive ongoing feedback from their doctor about the impact lifestyle modifications and statin therapy has on their cardiovascular risk. These patients saw a bigger drop in their lipid levels; in fact, the higher a patient's cardiovascular risk, the greater their risk profile was impacted.

The computerized risk profiles used in the CHECK-UP study were based on data from the Framingham Heart Study, and the Cardiovascular Life Expectancy model previously published by the McGill research team. Each patient's future risk of cardiovascular disease was based on their age, gender, blood pressure, blood lipids, and whether or not they smoked, had diabetes or a previous cardiac event such as a heart attack. For example, a 43-year-old male smoker who is substantially overweight, with above-average cholesterol and blood pressure levels, in actual fact has a cardiovascular age equivalent to that of a 51-year-old. If all these risk factors were managed according to current Canadian guidelines, he could reduce his cardiovascular age to that of a 42-year-old.

"We are very excited about the results of the CHECK-UP study," says Dr. Grover. "CHECK-UP is the first study of its kind in Canada to focus on the importance of communicating calculated cardiovascular risk to patients who are at high-risk for a cardiovascular event, such as a heart attack or stroke. Discussing a patient's coronary risk and taking the necessary steps to manage it is an important step in improving preventive care."

Cardiovascular disease, including heart disease and stroke, is the leading cause of death in Canada. Research shows that approximately 80 per cent of Canadians have at least one modifiable risk factor for cardiovascular disease, such as high cholesterol, hypertension, obesity and a sedentary lifestyle.

Source: McGill University Health Centre

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