

Smoking prevalence stays the same but proportion with no intention to quit rises

September 1 2015

Smoking prevalence has stayed the same but the proportion with no intention of quitting has risen in the last seven years, according to results from the latest EUROASPIRE surveys presented for the first time today at ESC Congress 2015 by Professor Kornelia Kotseva, chair of the EUROASPIRE Steering Committee and senior clinical research fellow at Imperial College London, UK.

EUROASPIRE is a series of cross sectional surveys of the practice of preventive cardiology in patients with [coronary heart disease](#) (CHD) and people at [high risk](#) of developing [cardiovascular disease](#) (CVD) across Europe. Four EUROASPIRE surveys have been conducted under the ESC's EORP initiative. EUROASPIRE III, conducted in 2006 to 2008, included for the first time people at high risk of developing CVD in general practice from 12 countries. The primary care arm of EUROASPIRE IV was carried out in 2014 to 2015 in 14 countries.

The current study was a time trend analysis of lifestyle, risk factor and therapeutic management in people at high risk of developing cardiovascular disease between the EUROASPIRE III and IV surveys in general practice. It was conducted in the five countries (Bulgaria, Croatia, Poland, Romania and the UK) that participated in both surveys. A total of 5 890 consecutive patients were included of whom 3 827 were interviewed across the two surveys.

"We wanted to see whether there had been any change in lifestyles or risk factors between the two surveys and whether the practice of

preventive cardiology in patients at high risk of developing CVD had improved over time," said Professor Kotseva.

In each general practice, consecutive patients under the age of 80 years, with no history of coronary or other atherosclerotic disease, who had been prescribed one or more of the following medications: (i) anti-hypertensive and/or (ii) lipid lowering and/or (iii) anti-diabetes treatments (diet and/or oral hypoglycaemics and/or insulin) were retrospectively identified and invited to an interview and examination. Study interviews took place >6 months and

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