



Contemporary Management and Cholesterol Targets Attainment for Outpatients in China

Results of a Chinese Society of Cardiology National Survey -- REALITY-CHINA SURVEY

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Disclosures

- This study was supported by the Chinese Society of Cardiology (a federally incorporated none-profit academic research organization) and AstraZeneca.
- The industry sponsors had no involvement in the study conception or design; collection, analysis, and interpretation of data.





Background

- The strong link between cholesterol and the risk of future cardiovascular events is well understood.
- Therefore, the National Cholesterol Education Program (NCEP) Adult Treatment Panel III (ATP III) guidelines and Chinese guidelines on dyslipidemia highlights the importance of the LDL-C as the primary therapeutic target and recommend individualized treatment goals tailored to the estimated cardiovascular risk.¹





Background

 However, despite the well-established efficacy of lipid-modifying therapy, limited data are available on current guideline attainment in ambulatory patients in China.





Objectives

- To investigate:
- a) the current attainment of the recommended LDL-C targets among patients in Chinese outpatient clinic
- b) sex differences in attainment of guidelinerecommended targets
- c) whether attainment of the recommended LDL-C targets are similar in ambulatory patients stratified by different risk category.





REALITY-CHINA: Methods

The following data were obtained on enrolment day: medical history, weight, height, fasting plasma glucose, systolic and diastolic blood pressure and fasting blood

From Mar 2011 to Dec 2011, consecutive patients visiting outpatient clinics in 19 provinces, involving 84 centers, around China were screened.

12244 eligible patients with complete data were analyzed.

lipids

Participants were stratified into risk categories according to the cumulative number of risk factors and the Framingham risk score, as reported by the NCEP ATP-III guidelines.





LDL Cholesterol Goals recommended in ATPIII

Risk Category	LDL Goal (mg/dL)
0-1 Risk Factor	<160
Multiple (2+) Risk Factors and <10-year risk <20%	<130
CHD and CHD Risk Equivalent (10-year risk for CHD >20%)	<100
Had a recent heart attack, or have cardiovascular disease combined with diabetes	<70



Centers distributions



19 provinces, 84 centers around China were selected

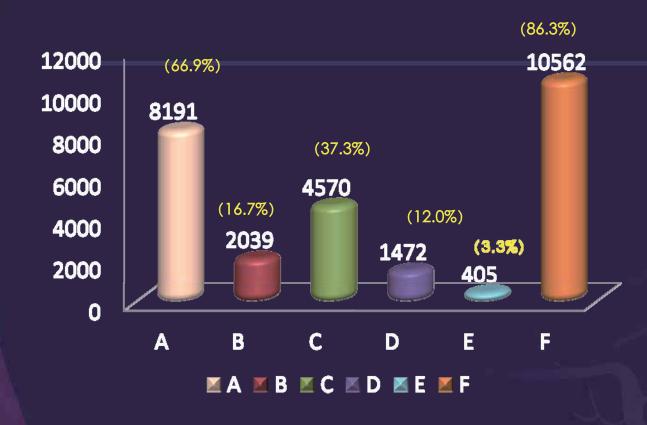


The geographical distribution of participants was relatively well balanced between the north(29%), east(33%), south central(19%), northwest (10%), and southwest (10%) regions of China.





Cardiac risk factors



A: Hypertension

B: Diabetes

C: Coronary artery

disease

D: Symptomatic

peripheral

atherosclerosis

E: Chronic renal

disease

F: Lipid disorder

N=12244





Risk stratification according to ATP III



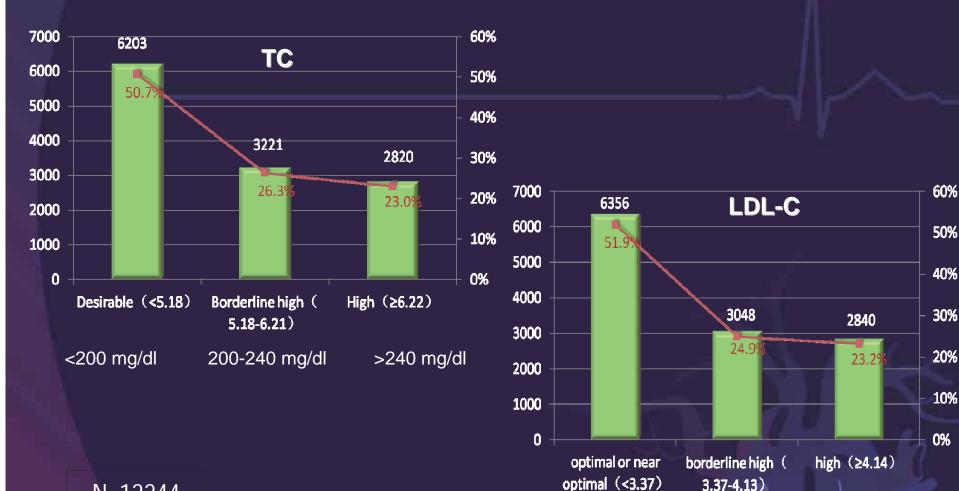


N=12244



>160mg/dl

Lipid profile of the cohort



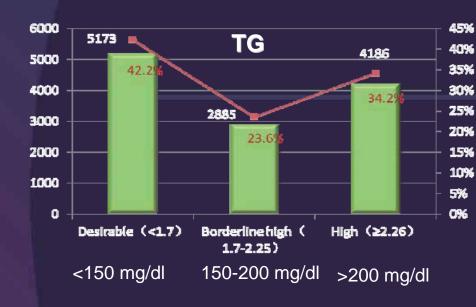
<130 mg/dl

130-160 mg/dl

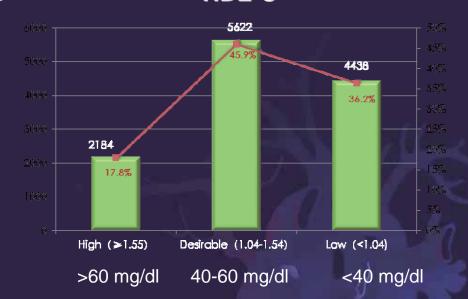




Lipid profile of the cohort



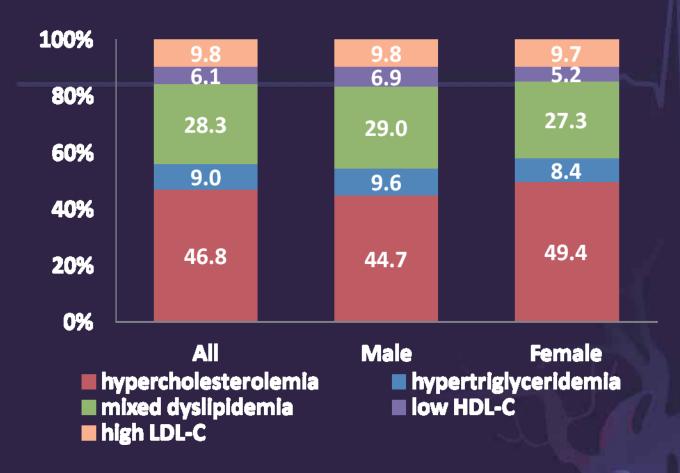
HDL-C







The proportion of individual or mixed lipid disorders in 10,562 patients with dyslipidemia

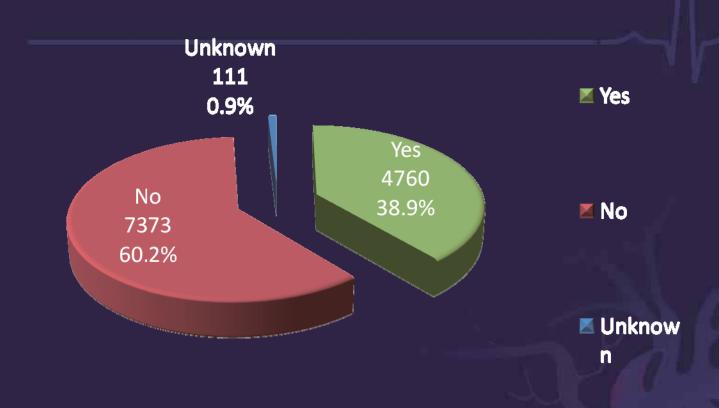


Female had a higher prevalence of hypercholesterolemia. Conversely, a higher proportion of hypertriglyceridemia, low HDL-cholesterol and mixed lipid disorders were observed in male.





Proportion of Previous lipid lowering medications

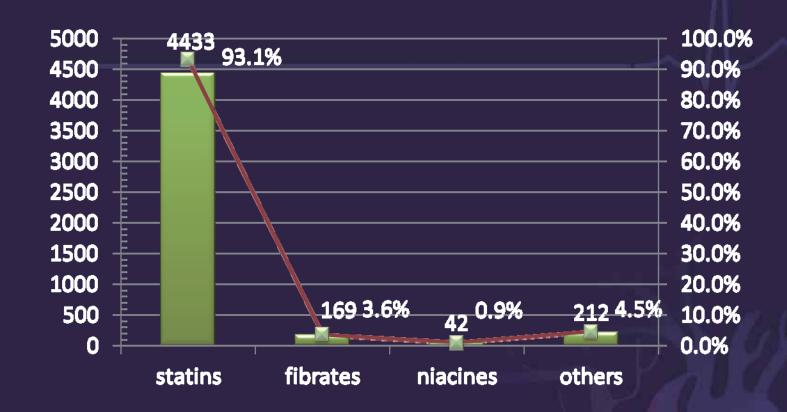


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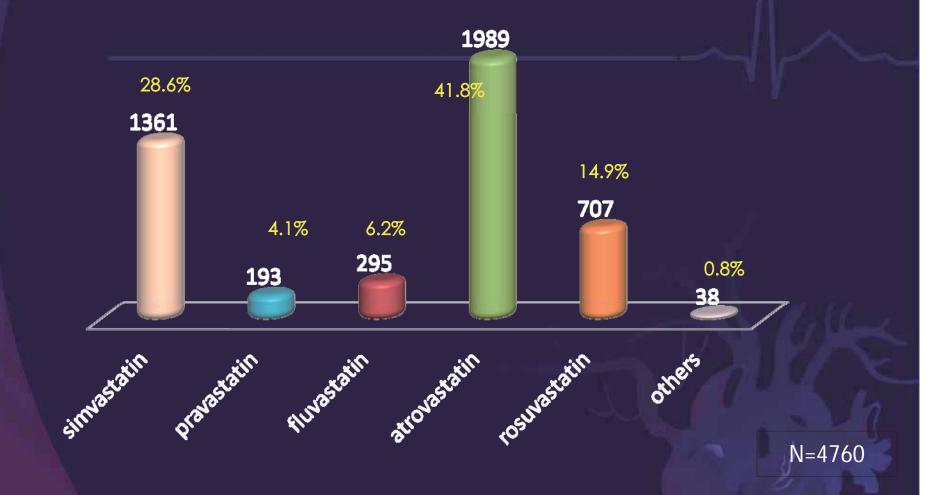
Types of previous lipid lowering medications







Types of previous lipid lowering medications







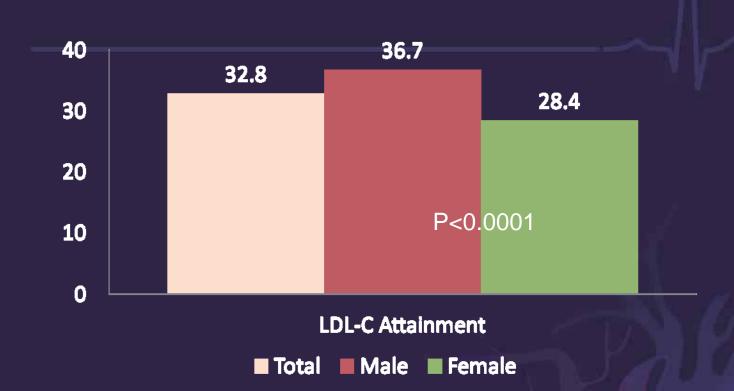
Monitoring of lipid lowering therapy

	Total	Male	Female
Monitoring of blood lipid (%)	41.3	40.7	42.2
Monitoring of creatine kinase and Liver enzyme (%)	30.8	30.9	30.6
Adverse effect (%)	1.5	1.5	1.5
Myalgia (%)	0.3	0.3	0.3
Elevation of Liver enzyme (%)	0.4	0.4	0.4
Elevation of creatine kinase (%)	0.04	0.06	0.02





Sex differences on LDL-C target attainment

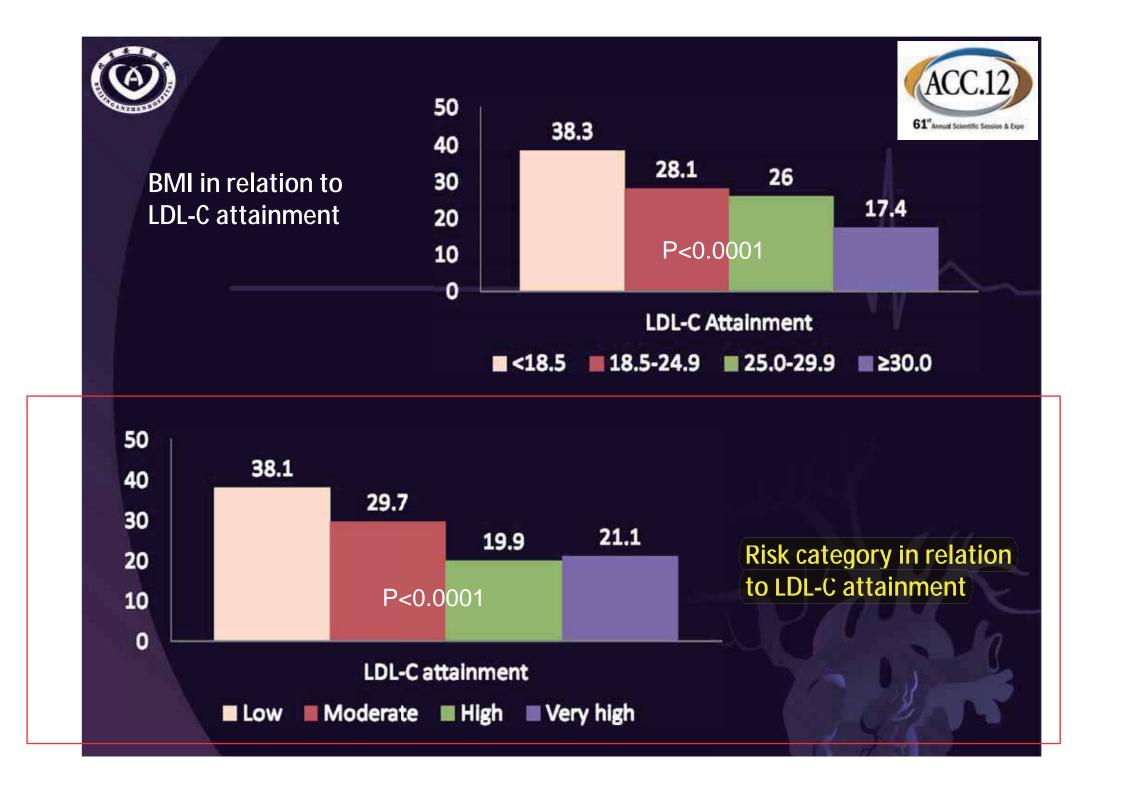






Age in relation to LDL-C attainment

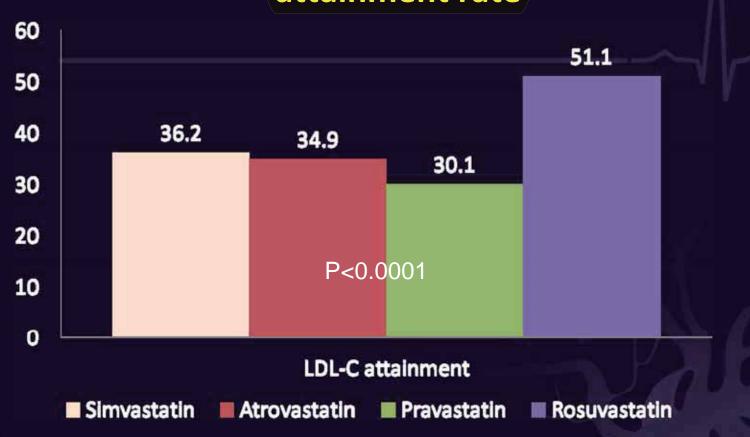








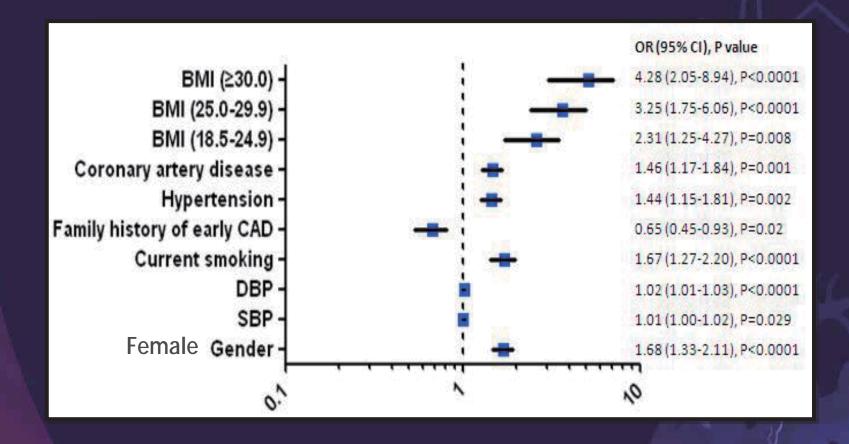
Previous lipid lowering medications and LDL-C attainment rate







Independent predictors of failure to reach recommended LDL-Cholesterol targets







Discussion

Study name	Country	Year	No. of patients	LDL-C attainment (%)
L-TAP	UA	2000	4888	38
VP & GOALL Registries	Canada	2006	8056	51
REALITY-Asia	China, Korea, Malaysia, Singapore, Taiwan, and Thailand	2008	2622	48
(REALITY-CHINA)	China	2011	12244	32.8

Arch Intern Med. 2000;160: 459–467 Am J Med. 2006;119:676–683 Curr Med Res Opin. 2008;24(7):1951-63





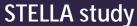
Discussion

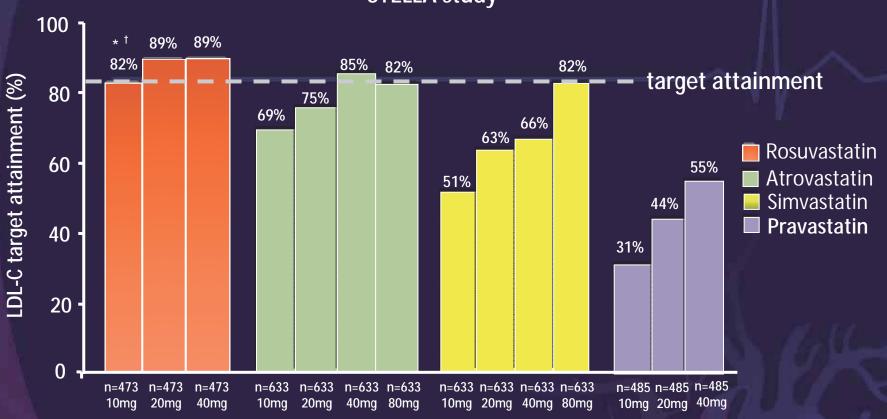
• Our previous observational studies found patients with increased BMI had higher incidence of adverse cardiac events after percutaneous coronary intervention, the disparity of LDL-C target attainment as shown in this survey may be one of the reasons contributing to the worse outcome in patients with obesity in China.



LDL-C target attainment among different statins











Limitations

- Did not collect data on the duration of lipid lowering therapy or adherence to medications.
- Dietary intake and physical activity were not assessed in our study.
- This survey is a cross-sectional study. A prospective follow-up study is required to assess the medical treatment, attainment in relation to mortality.





Conclusions

- Despite the proven benefits of lipid-lowering therapies, current management of dyslipidemia is still suboptimal in China.
- A considerable proportion of patients failed to achieve guideline-recommended targets, and the treatment gap was more pronounced among patients with increased BMI, higher risk stratification and women.
- Our study also suggests more aggressive treatment strategies and potent agent selections should be emphasized to narrow the existing gap.





Thanklou!

	△延日朔:	_L_I [#] L_I_I	n
基本信息			
出生日期 [年 月 日 年齢	」 性別 □ 男	口女
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通讯地址			-1-1-1
电 话	手机	(至少有	(一联系方式)
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PPETER SICHE			
20101 110 1701	n 体派 [ME	mmHg
身高 cm		DESCRIPTION AND DESCRIPTION OF THE PARTY OF	_ mmHg
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身高		DESCRIPTION AND DESCRIPTION OF THE PARTY OF	_ mmHg
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身高	口无 口己成 烟龄 年	吸幣 支/天	香
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否口

(如果是, 请继续填写以下调查内容)

患者是否入选? 是口

中国高脂血症治疗现状调查(REA	LITY-CHINA SURVEY)
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家族病史 (如有。请选择并	填写确论年份)	
早及映血性心血管病家族史 □ 无 □ 有	确诊年份 年 如唐福述请填于此	

既往病史	(如有。请选择并填写确诊年份)			
血脂异常 口 无 口 有	□ 混合型高脂血症			
高血压 □ 无 □ 有	The Control of Texas Control	□ 年 □ 極发性高血压 □ □ □ □ □ 年		
糖尿病 □ 无 □ 有	□ 至難尿病			
	(1) 急性冠脉综合症 口 无 口 有	□ 不稳定性心效應 LLL」 年 □ 急性心肌梗死 LLL」 年 如兩攝述请填至此		
短心病 口 五 口 有	(2) 稳定性心绞痛 □ 无 □ 有	□□□□□ 年 如雲攝述请填至此		
(如有请选择	(3) 第旧性心肌梗死 □ 无 □ 有	年 如丟攝述请填至此		
填写"1-6"小 题,如无则能	(4) 有客观证据的心肌缺血 □ 无 □ 有	年 如雲攝迷豬填至此		
至第5-6週)	(5) 冠脉介入手术 (PCI) 口 无 口 有	手术时间 年 月 如需描述请填至此		
	(6)短状动脉旁路移植术(casg) 口 无 口 有	手术时间 [] 年 [] 月 如菁攝迷请填至此		
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化 口无 口有	(2) 周围动脉疾病 □ 无 □ 有	L_L_L_I 年 如需描述请填至此		
	(3) 腹主动脉瘤 口 无 口 有	年 知器描述请项页此		
	(4)症状性颈动脉病(如TIA等) 口 无 口 有	_ _ _ 年 如需描述请填至此		

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	(1)既往有无服用阿司匹林 服药时长 年 月	2. 患者本次是否进行调贴治疗?	0 0
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口光口有	(2)既往有无服用氦吡格雷 服药时长 [] 年 [] 月 □ 无 □ 有 如無描述请填至此	本次调胎药物治疗情况 (如有、请选择、可多选)	0
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1. 监测频率	(1) 既往血脂验测频率 □ 无 □ 有 (如有、请填写频率)	2. 贝特类 □ 走 □ 非诺贝特	用药持续时间 [] 月 用药持续时间 [] 月 用药持续时间 [] 月 用药持续时间 [] 月
2. 无药物治疗 史原因 (订多选)	□ 未发现血脂异常 □ 发现血脂异常。但未进行药物治疗 □ 医生建议用药,担心药物的副作用 □ 医生未开药 □ 建议饮食和运动 □ 其他(请填写)	□ 其他 (諸填写)	、 用药拌钛时间 月
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编号。

中国高聯直亞治疗现状调查(REALITY-CHINA SURVEY)

中国真带直症治疗现状调查(REALITY-CHINA SURVEY)

编号: