

## CVD Risk Profiles in Secondary Prevention Not Improving



---

An analysis of more than 6000 adults with a history of cardiovascular disease (CVD) showed that CVD risk profiles in secondary prevention have failed to improve over the last two decades. The findings are published in the *Journal of the American College of Cardiology*.

Despite significant advancements in safe and effective therapies, the trends in CVD risk profiles in adults with CVD have not improved from 1999 to 2018.

The risk factor profiles analysed included blood glucose, blood pressure, cholesterol, body mass index, smoking, physical activity and diet. All of the risk factors showed a worsening or unchanged trend. The only exception was cholesterol, which also showed only a modest improvement. Only 30% of adults with CVD had an ideal cholesterol profile between 2015 and 2018.

These numbers are disappointing and require attention. The lack of improvement on these risk factors puts people with cardiovascular disease at risk for recurrent events. There is thus a need to effectively translate established guidelines into patient care. There is also a need to use innovative approaches to reach a diverse group of patients and improve secondary prevention in patients with CVD.

The analysis also showed significant racial and ethnic disparities in heart-related health. The worst risk factor profiles for blood glucose were found among Asian adults. Similarly, the worst profiles for blood pressure were found among Black adults, and a worsening trend for cholesterol was observed among Hispanic adults. A worsening smoking trend was found among Black adults. The main drivers of these disparities are access to healthcare, patient education and affordability of medicines.

The researchers point out that telemedicine and smartphone apps can help engage and motivate patients with a history of CVD to live a more healthy lifestyle. Health systems also need to improve how they deliver preventive care during the transition from hospital to home and long-term chronic care. Technology can help fill gaps and promote a more continuous and active engagement in preventive care. In addition, the researchers highlight the need to redesign health systems and use fresh approaches to health care delivery and public health education to eliminate racial and ethnic disparities and improve the implementation of prevention guidelines.

Source: [Johns Hopkins Medicine](#)

Image Credit: iStock

Published on : Tue, 19 Jul 2022