



Optimal Medical Therapy Improves CV Outcomes



New research suggests that optimal medical therapy improves outcomes because it lowers the risk profile for patients with CHD and diabetes mellitus. However, this can only be achieved if medications are being taken as prescribed. The findings were published in the *Journal of the American College of Cardiology*.

In the Bypass Angioplasty Investigation Revascularization 2 Diabetes (BARI 2D) trial, 2264 participants achieved control of multiple cardiovascular risk factors through a protocol guided intensive medical therapy. It was found that achieving control of the risk factors was inversely associated with all-cause death and composite end-point mortality, MI, and stroke. It was also found that patients who reached control of only one or two or fewer factors were at twice the risk of death and had a 70 percent higher risk of composite CV events as compared to those who reached control for at least six risk factors.

Lead author Dr Vera Bittner (University of Alabama at Birmingham) explains that the researchers were surprised to find that very few patients had control of multiple risk factors at baseline. Once the protocol-guided therapy was implemented, the proportion of patients who met the six specified risk factor goal more than doubled. She advises that clinicians should consider adopting such protocols in their daily practice and should work together with the patients to implement them effectively.

The investigators report that CV risk factor management comprised of monitoring and regular feedback on smoking cessation, dietary and exercise advice, and protocol-guided pharmacological management for dyslipidaemia, hyperglycaemia, and hypertension.

At baseline, the mean number of controlled risk factors was 3.5 vs 4.2 at the 5-year follow-up and individual risk factor goals were achieved at baseline by 40% to 68% of all participants. Only 7 percent achieved the six specified risk factor goal. At the 5-year point, only 15% of the patients had the six risk factors in control, but more than 74% of the patients had at least four in control.

"Protocol-guided therapy with specific treatment targets can improve control of multiple risk factors, which relates to survival and future clinical events," write the investigators. They do however point out that new research is needed to redefine optimal goals for each risk factor and identify how these goals can be achieved safely.

Dr David J Maron (Stanford University of Medicine, CA) writes in an accompanying editorial that the benefit of guideline-directed medical therapy is clear as it can save lives and prevent MI and stroke.

Source: Heartwire, Medscape.

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