LONG-TERM CARDIAC AND VASCULAR PHENOTYPE OF YOUNG WOMEN WITH PREGNANCIES COMPICLATION BY PREECLAMPSIA

Methods

Women with a previous history of preeclampsia had 4–12 mm Hg higher peripheral and central BP (p<0.001) as well as characteristic differences in ambulatory measures. They also had increased arterial stiffness (ANOVA p=0.04), cIMT (ANOVA p=0.006) and capillary rarefaction (ANOVA p=0.005). Cardiac size and systolic function were preserved but there was evidence of abnormal diastolic relaxation (E/E' – ANOVA p=0.04) and elevated total: HDL cholesterol (p=0.003), insulin resistance (p=0.04), circulating TNFα (p=0.007) and E-selectin (p<0.001). All changes were graded according to the timing and severity of preeclampsia.

Conclusion

Structural micro and macrovascular changes predominate in young women a decade after preeclampsia. Alterations in metabolic markers and mild changes in diastology are also evident. Timing and severity of preeclampsia are predictive of these differences and may identify women at greatest potential benefit from primary prevention advice.

144 NURSES MEET THE CHALLENGE OF HELPING HIGH CVD RISK SMOKERS TO QUIT WITH THE HELP OF VARENICLINE IN A PREVENTIVE CARDIOLOGY PROGRAMME

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Background

The EUROACTION PLUS: A RANDOMISED CONTROLLED TRIAL ON PREVENTIVE CARDIOLOGY PROGRAMME PLUS INTENSIVE SMOKING CESSION WITH VARENICLINE FOR VASCULAR AND HIGH CVD RISK SMOKERS AND THEIR PARTNERS—PRINCIPAL RESULTS

Aim

The aim of the EUROACTION PLUS trial was to determine if the nurse-led preventive cardiology programme in primary care, with an intensive smoking intervention including the optional use of Varenicline, could achieve more effective smoking abstinence among persistent smokers with either established vascular disease, or at high risk of developing cardiovascular disease and to reduce overall cardiovascular risk compared to usual care (UC).

Methods

EUROACTION PLUS (EA PLUS) was a randomised controlled intervention trial carried out in general practices across 4 European countries: Italy, The Netherlands, Spain and the UK. Vascular patients and people at high risk of developing cardiovascular disease who were current smokers were individually randomised to receive either a professional smoking cessation intervention, which included the optional use of Varenicline, delivered in the context of the nurse-led EUROACTION preventive cardiology programme, or their usual care. The primary outcome was the proportion of non-smokers (7-day prevalence of non-smoking) validated by breath CO (<10 ppm) in intervention compared to usual care at 16 weeks. The secondary outcomes included the proportions of patients achieving the Joint European Societies lifestyle, risk factor and therapeutic targets for cardiovascular disease prevention.

Results

696 patients were recruited: 350 randomised to EA PLUS and 346 to UC. 85% EA PLUS and 83% UC returned at 16 weeks. 91% of patients in EA PLUS chose to use varenicline to help them quit smoking and 51% of EA PLUS patients quit compared to 19% in UC (OR 4.52 95% CI 3.2 to 6.4 p<0.0001). In those who fully participated in EA PLUS 68% quit smoking compared to 17% who did not complete and 22% who did not participate. At follow-up self reported health related quality of life (HRQoL) was better in EA PLUS with significantly higher mean EQ-VAS scores in EA PLUS (74/100) compared to UC (70, p=0.002). Functional limitation profile scores (SF36) improved in EA PLUS during the programme (5.62–5.27 Δ +0.56% CI 0.25 to 0.83 p=0.0009). No differences were seen in depression scores (HADS), but anxiety scores reduced in EA PLUS during the programme (5.62–5.27 Δ –0.35% CI –0.67 to –0.53 p=0.03).

Conclusion

Intensive support from nurses with optional use of varenicline was successful in helping over half of all high CVD risk smokers to quit. This was associated with a reduction in anxiety and increased quality of life.