

EuroASPIRE III - population studied

	n	Participation rate (%)	Age years	Women (%)	PTCA (%)
EuroASPIRE I 1995-1996	3180	77.2	47.8	24.9	25.6
EuroASPIRE II 1999-2000	2975	76.5	48.1	25.2	27.8
EuroASPIRE III ? 2006-2007	2392	68.4	40.6	23.1	49.8

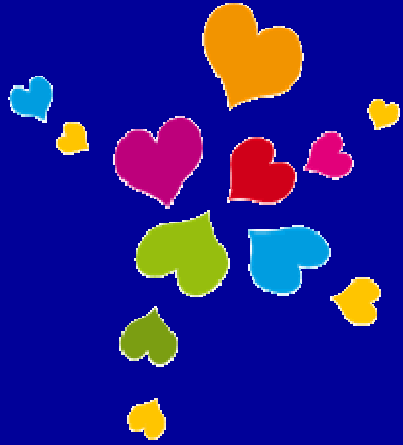
Consecutive patients, ≤ 70 years at time of index event
Data verified by trained researchers

EuroASPIRE III - disappointments

	Overweight (BMI ≥ 25 kg/m ²) %	Obesity (BMI ≥ 30 kg/m ²) %	Diabetes %	Raised blood pressure %	Smoking %
EuroASPIRE I	76.8	25.0	17.4	54.6	20.3
EuroASPIRE II	79.9	32.6	20.1	54.0	21.2
EuroASPIRE III	82.7	38.0	28.0	55.2	18.2

EuroASPIRE III - some progress

	Total chol. ≤ 5 mmol/L %	Anti-platelet drugs %	Beta-blockers %	ACE/ ARB %	Statins %
EuroASPIRE I	87.0	80.8	56.0	31.0	18.1
EuroASPIRE II	59.6	83.6	69.0	49.2	57.3
EuroASPIRE III	28.5	93.2	85.5	74.6	87.0



europaean heart health charter

Part II: Signatories recognise that Article 3

Cardiovascular disease is a multi-factorial condition and that it is essential that all risk factors and determinants are addressed at societal and individual levels.

Characteristics associated with cardiovascular health include:

No use of tobacco,

Adequate physical activity – at least 30 minutes 5 times a week,

Healthy eating habits,

No overweight,

Blood pressure below 140/90,

Blood cholesterol below 5 mmol/L (190mg/dl)

Normal glucose metabolism,

Avoidance of excessive stress.

Signed June 2007



EuroASPIRE III

The conclusions of a discussant

1. Changes relating to lifestyle are disappointing
2. Cardiovascular physicians are treating according to guidelines
3. There is a danger that patients are medicalised
4. Population may choose to take tablets rather than alter lifestyle
5. The benefit of specialised clinics nationally, compared to alternative approaches, is uncertain and still unproven
6. The reasons for the failure to impact greatly on lifestyle need to be examined further
7. Exercise, diet and alcohol might be included in future studies