

2014 VASCULAR DISEASE IN ALBERTA FACT SHEET

Vascular Diseases are the major cause of death and disability

- Vascular diseases (including heart disease, stroke, diabetes, kidney and peripheral vascular disease) affect the lives of more than 300,000 people in Alberta
- The World Health Organization reported 89% of deaths in Canada are the result of vascular diseases

The causes of vascular disease are known and preventable

- Vascular disease is the result of high blood pressure, high cholesterol, detrimental nutrition or alcohol use, physical inactivity, obesity or tobacco use.
- Vascular risk factors can be prevented or controlled

More than 90% of Canadians have at least one vascular risk factor

- Approximately 60% of Canadians consume a low intake of fruits and vegetables
- 54% of Albertans are overweight or obese
- 45% of Albertans are physically inactive
- More than 40% of Canadians have high cholesterol
- More than 17% of Albertans have high blood pressure
- Approximately 17% of Albertans are daily smokers and 21% are daily or occasional smokers

Vascular risk factors are largely uncontrolled

- 60-80% of high cholesterol is uncontrolled in Canada
- 41% of Canadians with hypertension remain uncontrolled
- 23.8% of Canadians have moderate to high cardiovascular risk (Framingham Risk Score $\geq 10\%$) and statins have shown to lower this risk but unfortunately only 20% of those at moderate risk and 49% at high risk are presently on these medications

Vascular Diseases drain the health care system

- Heart disease, stroke, and hypertension cost the Canadian health care system an estimated \$7.4 billion each year in hospital, physician, and drug costs and account for an addition \$12.8 billion a year in productivity losses due to premature death and disability
- Heart disease and stroke costs Alberta \$373 million per year

Vascular Risk identification, control and management are key in the prevention of Vascular Disease

- Vascular risk screening and assessment are essential to identify the presence of vascular risks so appropriate measures can be taken to control, manage or reduce risk
- Vascular risk management must be evidence based and consistent with recommended guidelines
- Support for lifestyle modification can significantly reduce vascular disease
- only 22-48% of physicians regularly use cardiovascular risk assessment tools

Key Messages

- Vascular Risk Assessment should be completed on men at least 40 and women at least 50 years of age or older and those who have evidence of increased vascular risk
- Optimize dyslipidemia management according to recommended guidelines
- Assess tobacco use of every individual
- Support tobacco users in quitting smoking
- Support healthy eating and physical activity to promote health

Enhanced Lipid Profile Reporting

- A demonstration project which provides a laboratory based solution for the determination of cardiovascular risk, lipid profile and treatment recommendations.
- Laboratory Services plans to implement a laboratory requisition to capture all elements required for the laboratory to determine the Framingham Risk Score (FRS). The laboratory will then generate and report FRS with the lipid profile and alert the ordering clinician to the current 2012 Canadian Cardiovascular Society Dyslipidemia guidelines.
- Initially the project will include two or three interested primary care practices. If results are positive, this will be rolled out provincially.

Vascular Risk Factor Screening and Early Management in the Community

- Projects seeking to identify people at risk for vascular disease whose risk is undiagnosed and those who are diagnosed and not well managed then provide risk management services in accessible community locations.

Primary Care: Alberta Screening and Prevention (ASaP) Project

- Promotes primary care implementation of the harmonized vascular risk reduction guidelines (C-CHANGE) with practice supports and training provided by Toward Optimized Practice (TOP).
- Implements effective case-finding processes and evidence-based management of vascular risk factors.

Community Pharmacy Project: R_xEACH

- Alberta Health Services has partnered with the University of Alberta and the University of Calgary to evaluate the effect of a community pharmacy-based case finding and vascular risk screening and management program in patients at high risk for cardiovascular events on reduction in estimated risk for major cardiovascular events.

Worksite Project:

- Worksite vascular risk screening, case-finding and early management will evaluate the impact of intensive vascular risk reduction (smoking, hypertension, high cholesterol, type 2 diabetes and obesity) in higher risk employees at a Northern Alberta worksite.

Integrated Approach to Global Vascular Risk Reduction

- Designed to develop, implement and evaluate integrated approaches to global vascular risk reduction.
- Identifies opportunities for integrating vascular secondary prevention services, such as hypertension, dyslipidemia, stroke prevention and cardiac rehabilitation clinics to consolidate services, improve access and provide a more integrated, patient centric approach.

WHAT ARE THE BENEFITS?

- Increase identification of those at vascular risk
- Improve appropriate management of those with vascular risk or vascular disease
- Increase the appropriate use of pharmacological therapy for dyslipidemia
- Reduce the vascular burden of individuals
- Decrease incidence of vascular disease
- Reduce hospitalizations and cost to the healthcare system
- Reduce morbidity and mortality from vascular disease