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PP.29.05: BLOOD PRESSURE CONTROL IN VERY-HIGH RISK PATIENTS IN UKRAINE AND EUROPE BY EUROASPIRE IV RESULTS COMPARISON.

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Abstract

Objective: Objective of the study was to evaluate blood pressure control quality in very-high cardio-vascular risk patients in Ukraine compared to EU countries.

Design and method: We examined 643 patients after acute coronary event or revascularization procedure (index event) as a part of EUROASPIRE IV cohort. BP level control evaluation and interview regarding BP levels awareness, therapy and compliance were performed in all patients.

Results: Groups in Ukraine and EU were comparable by age (64 +/- 6,3 vs. 63,5 +/- 8,5 years, $p > 0,05$) and gender (26,75% vs. 25% women, $p = 0,33$). By the index event date 527 patients (82,0%) had arterial hypertension (AH): 29 patients (6,37%) with grade I, 300 (65,93%) - grade II, and 126 (27,69%) - grade III. Most of the patients (82%) were aware of high BP levels. Corresponding value in Europe constituted 87% ($p = 0,0003$). The prevalence of undiagnosed AH was 8% in Ukraine and 27% in Europe ($p < 0,0001$). Target BP levels were achieved only in 43% of the patients in Ukraine and 53% in Europe ($p < 0,0001$). 80% of patients in Ukraine regularly received their antihypertensive treatment, but only 58,6% followed DUSH diet. Analysis of adherence to therapy suggested high compliance: 84,2% of patients never or infrequently changed drug dosage and 85,4% of patients never or infrequently missed the dose.

Conclusions: 1. Patients with coronary events or interventions more frequent had AH grade II (65,93%) and III (27,69%).

2. The prevalence of undiagnosed hypertension in Ukraine in comparison with EU countries is significantly lower - on 19%. It may be explained by currently on-going local national program for hypertensive patients stratification.

3. Despite the AH awareness and compliance, prevalence of BP target levels being achieved in Ukraine (43%) is deficient and lower compared to EU countries (53%). It could be explained by absence of life-style modifications during treatment, as well as by inadequate dosages of prescribed antihypertensive agents.