



Title Rapid Assessment: Cardiovascular Primary Prevention

in Belgian General Practice

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### Aim

To assess and compare the current European guideline and the draft Belgian general practice guideline; to assess the practical application of cardiovascular primary prevention (CVP) guidelines in Belgian general practice and identify interventions to enhance this; and to assess the evidence for the effectiveness and cost effectiveness of primary prevention interventions in target populations.

#### Conclusions and results

The current CVP guideline from the European Task Force and the draft general practice guideline present only a few important differences, the most important of which is the absolute risk threshold for defining highrisk individuals. Regarding dietary interventions, there is only evidence for the benefits of a sustained diet low in saturated fats. In primary prevention, statin therapy is not cost effective in most target populations when compared to the alternative interventions of smoking cessation and low-dose aspirin treatment. Belgian general practitioners (GPs) do not systematically apply the current guidelines and tools for risk assessment.

### Recommendations

For pharmaceutical interventions in primary prevention, the focus should be on individuals having the highest cardiovascular risk who can benefit most from such intervention. For smokers, smoking cessation is the most effective and also the most cost-effective intervention. Regarding dietary interventions, the only hard evidence is for sustained diets low in saturated fats.

## Methods

We analyzed and compared the current guideline from the European task force and the draft guideline developed by a Belgian GP organization. We also performed a rapid assessment of available evidence on dietary interventions and on statin use in primary prevention. The economic literature on primary CVP was searched and assessed. Barriers against and facilitators for the implementation of CVP guidelines in general practice were investigated via a telephone survey of 286 Belgian GPs, a literature review of implementation research, and group discussions with GPs.

# Further research/reviews required

Currently, there is no hard evidence to show which interventions are most appropriate in Belgium to encourage GPs to apply CVP guidelines in daily practice.