

**ABCD Survey of CVD risk and treatment
amongst Consultant Diabetologists in the UK –
Do we practice what we preach ?**

- Virtually no information on CVD health and attitudes to CVD prevention amongst UK physicians
- Hypothesis- Diabetes specialists would themselves follow advice offered to patients esp. if in high CVD risk category
- Questionnaire sent to 301 members (+ 319 non-members) September 2004

ABCD Survey – Do we practice what we preach ?

- Response rate 187 (? /301 (62%) or /620 (30%))
- 3 declined to participate = 184 forms audited
- -----
- Age - 47 (33-70) M:F (%) - 77 : 22
- Ethnic Group : 83% European 17% Other
- BMI : 25-30 in 37% > 30 in 4%
- WHR : No response in 144 !

Do we practice what we preach ?

Lifestyle

- Smoking : Current – 4% Ex – 11%
- Alcohol Intake higher than recommended :
M (> 21u/wk) - 23% F (> 14 u/wk) - 8%
- Moderate or greater intensity of exercise
(> 1 hr/wk) - 73%

Do we practice what we preach ?

Diet

- Fruit and Veg : less than recommended 23%
- 3-5 portions/day in 60% - and > 5 in 17%
- Fish : less than recommended in 13%
- 2 or more servings/week in 52%
- Salt : added to food in 32%
- Red Meat : Weekly intake 0 in 13% ; > 4 in 24%

Do we practice what we preach ?

Current Medical History

- Known DM : 3%
- Known HBP : 2%
- Known IHD : 1%
- Known Dyslipidaemia : 9%

Do we practice what we preach ?

Family History in 1st degree relative

- DM – 20%
- HBP – 36%
- IHD – 20%
- Dyslipidaemia - 29%

Do we practice what we preach ?

Awareness of personal CVD risk

- Knowledge of CVD risk score in 30% -
Of these 6% had 15-30% 10-year risk and 10% had > 30% 10-year CVD risk
- Knowledge of cholesterol level in 59% -
Of these 41% had levels 5-6.4 mmol/l and 8% had levels > 6.5 mmol/l
- Knowledge of glucose level in 49%
- Knowledge of BP in 84% (> 140/90 in 10%)

Do we practice what we preach ?

Current Medication

- Statins in 9%
- Aspirin in 8%
- ACEI/ARBs in 5%
- Beta Blockers in 3%

Do we practice what we preach ?

Impact of family history on response

- No greater frequency of moderate exercise where fh of DM - 71% v 73%
- Where fh of IHD - less intake of fish x2/wk 45% v 53% and greater intake of red meat x4/wk 31% v 22% !!!!
- Similar frequency of added salt where fh of HBP - 34% v 33%

Do we practice what we preach ?

Impact of increased BMI on response

	BMI < 25	BMI > 25
• Excess alcohol	14%	29%**
• > 5/wk fruit-veg	23%	11%*
• > 4/wk red meat	16%	33%**
• CVD risk known	25%	34%
• Cholesterol > 5*	39%	58%
• Statin taken	4%	16%

Do we practice what we preach ?

Impact of ethnic origin on response

	Europid	Other
• Age	48	41***
• Excess alcohol	22%	8%
• fh DM	13%	67%**
• fh HBP	33%	58%*
• Cholesterol known	57%	67%
• BP Known	83%	92%
• Glucose Known	46%	58%
• On Statins	9%	8%

Do we practice what we preach ?

Impact of gender on response

	Male	Female
• Age	48	41***
• Increased BMI	50%	15%***
• Regular exercise	74%	70%
• Salt added to food	34%	72%**
• CVD risk known	34%	11%
• Statins used	11%	0%

Do we practice what we preach ?

Impact of age on response

• Age	Less than 47	47 or More
• Increased BMI	41%	42%
• Moderate Exercise	70%	75%
• > 4/wk red meat	12%	35%***
• CVD risk known	30%	28%
• Statin use	2%	16%
• Aspirin use	1%	15%

Do we practice what we preach ?

Summary -1

- ? Good response rate from members
- Majority are middle aged white males who drink too much alcohol , and rarely smoke
- Majority undertake moderate exercise, and reasonable intake of fruit and veg, but over 25% eat too much red meat and add salt to food

Do we practice what we preach ?

Summary -2

- Reported prevalence of DM as expected , but ? HBP , IHD and Dyslipaemia unaware
- Lack of awareness of CVD risk despite fh
- Less aware of cholesterol and glucose than BP
- Low use of CVD prevention Rx

Do we practice what we preach ?

Summary -3

Enhanced CVD risk based on age , fh, BMI, or ethnic origin often did not improve healthy lifestyle or use of CVD Rx -

fh IHD but less fish and more red meat in diet

Increased BMI greater intake of alcohol and red meat, more likely to be on statins

Older – equally active but diet poorer , no more aware of CVD risk score but greater use of statins and aspirin

Do we practice what we preach ?

Discussion

- Lack of attention to personal CVD health
- ? Why – Self-Delusion or Skepticism
- ? Is this behaviour unique to diabetologists
- ? Is this phenomenon observed in US and Europe
- ? Are these attitudes reflected in our clinical practice

Do we practice what we preach ?

**—Of
course
we don't
!!!**

