INDO-CENTRAL ASIAN CARDIOVASCULAR HEALTH AND MANAGEMENT PROGRAM (ICA-CHAMP)

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Background: Compared with other ethnicities, Canadians of Central Asian descent have almost 2 fold higher rates of cardiovascular disease (CVD) and increased rates of diabetes, dyslipidemias and hypertension (HBP). Disparities in health system utilization and access barriers to mainstream programs may contribute to the high CVD rates.

Purpose Implement an accessible, culturally sensitive global cardiovascular risk awareness and management program in an urban Indo-Central Asian community.

Methods: Indo-Central Asians residing in Calgary (≥ 45 years old) were invited for cardiovascular risk assessment by trained community volunteers at temples, religious and community centres. Risk assessment included: questionnaire, BP assessment (BpTRU). Hypertensives (≥140/90 or ≥130/80 with diabetes) or ≥ 1 risk factor (positive family or personal history of CVD, diabetes, smoker, elevated cholesterol or on medications for HBP, lipids or diabetes) were eligible and underwent capillary measurements of random TC/HDL. High risk individuals (> 20 % 10 year CVD risk: British Hypertension Society CV risk assessment) were referred through their family doctor to an accessible culturally and linguistically sensitive High Risk CVD Assessment clinic. Low/moderate risk (≤20 % 10 year CVD risk) were asked to self refer to the Regional Chronic Disease Management Program for Diverse Populations. All participants received specifically designed language and culturally appropriate educational materials. Eligible participants were invited back for reassessment at 1 year.

Primary Outcome: Baseline and one year change in blood pressure, total, HDL cholesterol and TC/HDL ratio.

Secondary outcome: Baseline and one year change in risk score, proportion of high risk attendees identified as having occult CAD, participation rates with family doctor, CVD Risk Clinic and CDM program

Results: 375 were screened. 238 were eligible. The average age was 64.5 years and 50% were female. (181) 76% were high and 57 (24%) moderate / low risk. 11.6% reported previous CVD, 28.1% a family history of premature CVD, and 24.5% having diabetes or being on meds for diabetes. Reported awareness, treatment and documented control rates at baseline (Table 1 below)

Overall prevalence of HBP (Aware/ treated/controlled and uncontrolled)	67 %
• Aware and/or treated but above target	43 %
• Not aware and not treated and above target	28 %
• Diabetes and above target	46 %
Overall prevalence of dyslipdemia (Aware/ treated/controlled and uncontrolled)	82 %
• Aware and / or treated but above target	58 %
• Not aware and not treated and above target	34 %
• Diabetes and above target	61 %

Conclusion: Awareness, treatment and control of CVD risk factors in this high risk population are inadequate. Although not a random sample, hypertension treatment and control rates were much lower that the recent BP survey in Ontario. Research is ongoing to elicit the determinants of the observed inadequate awareness and management.

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