



INTRODUCTION

THE CASE FOR ACTION

CVD IS THE LEADING CAUSE OF DEATH

Cardiovascular Disease (CVD) is the single leading cause of death, disability, and hospitalization in our province and across the Champlain District. The number of deaths caused by CVD is expected to double by 2018 as a result of an aging demographic, population growth, and increasing prevalence of CVD risk factors. ¹

MOST CVD IS PREVENTABLE

An estimated 80% of premature CVD deaths are preventable through early management of CVD risk factors. ² Evidence-based strategies for CVD prevention and management are already well established and have been proven to be highly cost-effective.

CVD IN OUR REGION

The Champlain District encompasses a significant portion Eastern Ontario and includes four municipal planning areas:

- The City of Ottawa;
- Renfrew County;
- Eastern Counties of Prescott & Russell and Stormont, Dundas & Glengarry; and,
- Parts of northern Leeds, Grenville & Lanark County.

The geographic boundaries of the Champlain District also align with the boundaries of the Champlain Local Health Integration Network (LHIN).

THE CHAMPLAIN DISTRICT IS HOME TO ONTARIO CVD HOT SPOTS

Significant differences in the rates of CVD mortality and CVD risk factors exist within the Champlain District. Three of Champlain's counties – Renfrew, Eastern Ontario (Prescott & Russell), and Leeds, Grenville & Lanark - have been identified as Ontario hot spots for CVD morbidity and mortality. ^{1,3} These counties experience rates of morbidity and mortality which are significantly higher than both the City of Ottawa and the provincial average. The increase in CVD mortality in these communities is also associated with higher prevalence of CVD risk factors. The rates of several key CVD risk factors (such as smoking, hypertension, and Diabetes) in these counties are significantly higher than the provincial average. ⁴

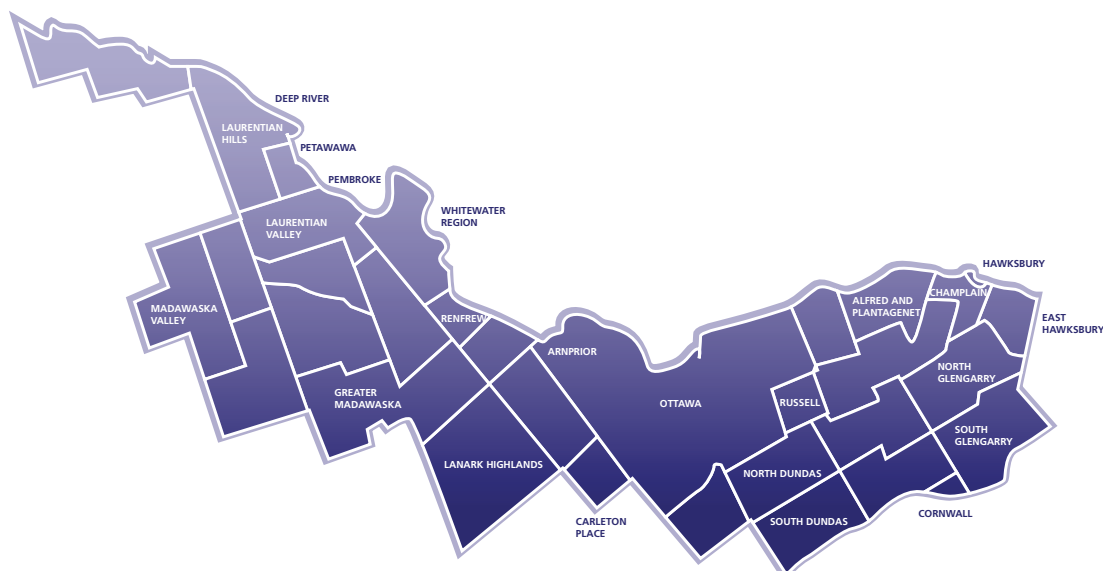




TABLE 1: CVD MORTALITY AND CVD RISK FACTOR PREVALENCE (%) IN CANADA, ONTARIO, THE CHAMPLAIN DISTRICT, AND HEALTH REGIONS (population aged 12 years and older)

Region	CVD Mortality Rate (per 100,000 persons)	Hyper-tension	Diabetes Mellitus	Over-weight (18+)	Obesity (18+)	Smoking (Daily)	Physical Inactivity	<5 servings fruits & veg/ day
Canada	200.7	14.9	4.9	33.4	15.5	19.0	46.7	55.3
Ontario	204.9	15.2	4.8	33.4	15.1	15.4	45.8	53.4
Champlain	206.7	14.3	5.1	33.7	14.0	15.9	42.1	53.3
Eastern Counties	247.6	15.7	7.0	38.6	18.7	20.8	45.5	58.1
Renfrew County	257.0	18.3	6.3	32.4	20.2	22.4	44.2	51.9
Leeds, Grenville & Lanark	225.0	16.5	6.0	37.0	15.3	23.0	40.8	52.6
City of Ottawa	186.5	13.5	4.6	32.2	12.3	12.5	41.4	52.2

Source: Statistics Canada's health indicators data and Statistics Canada, Canadian Community Health Survey (CCHS 3.1), 2005.⁵

THE CHAMPLAIN CVD PREVENTION & MANAGEMENT GUIDELINE

The development of the Champlain Primary Care CVD Prevention & Management Guideline began in April 2006 under the direction of the Expert Panel on Knowledge Translation of the Champlain CVD Prevention Network (CCPN).

GOAL OF THE GUIDELINE

The goal of the guideline is to summarize evidence-based strategies for the prevention and management of Coronary Artery Disease (CAD), Peripheral Vascular Disease (PVD), Stroke/ TIA, and Diabetes Mellitus (DM, or Diabetes) that are tailored to primary care practitioners working in the Champlain District.

THE GUIDELINE DEVELOPMENT PROCESS

Evidence Monitoring Committees were established for major CVD risk factors and for the management of patients with Coronary Artery Disease (CAD), Peripheral Vascular Disease (PVD), Stroke/ TIA and Diabetes. A total of nine Evidence Monitoring Committees, each responsible for reviewing the latest evidence and practice guidelines for their respective risk factor or disease management area, were struck to assist with the guideline development process. Each committee was comprised of local knowledge and practice experts.

Committee members reviewed the most recent Canadian guidelines along with other international guidelines and/ or sources of evidence as required. Recommendations from these guidelines applicable to primary care were extracted and discussed with respect to usual practices in the Champlain District. Recommendations were then summarized and placed into algorithm format. Knowledge translation tools appropriate to primary care and conforming to practice recommendations were also approved by the Evidence Monitoring Committees. The draft Champlain Guideline has been reviewed by primary care practitioners throughout the Champlain LHIN and modified based on feedback received. The guideline will be regularly reviewed to ensure its alignment with current knowledge.