

## Research Article

# Evaluation of primary prevention of coronary artery disease in primary care and ways to perform better

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### Purpose:

Using the USPTF guidelines to evaluate the adherence of a community hospital resident clinic to Primary prevention of CAD: use of aspirin, statins and smoking cessation. Proper implementation of these guidelines has potential to benefit millions of patients and also reduce the health care cost secondary to cardiovascular diseases

**Methods:** Inclusion and exclusion criteria were defined.

#### Inclusion criteria:

- Age 45-65
- Active patient at the resident clinic (seen at least once between June 2014 – April 2015)

#### Exclusion criteria:

- History of coronary artery disease
- Aged <45 or > 65

Retrospective EMR chart review was performed. Use of aspirin, statin type and dose, allergy/ contraindication to these meds and current smoking status were tabulated.

**Results:** A total of 493 Patient charts were reviewed. 386 patients met the inclusion criteria. Of these only 19% (73/386) patients were on aspirin. A total of 64% (247/386) patients had high ASCVD risk and only 48% (118/247) of these were on optimal statins, while 2% (5/247) on suboptimal and 50% (124/247) were not on statins. 42% (162/386) of this non-CAD population was an active smoker.

**Conclusions:** The compliance to USPTF guidelines for primary prevention of CAD in resident clinic in community setting was much less than desired. Various educational measures including resident conferences and a reminder in the EMR has potential to increase the adherence to these guidelines. To see if the low rate of guideline compliance is a local phenomenon or seen in other resident clinics as well, collaboration with local residencies can be done.

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