Letters to the Editor / Rev Esp Cardiol. 2011;64(4):342–348

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Available online 8 March 2011

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DOI: 10.1016/S1885-5857(10)70258-9

Response to “Stagnant Cardiovascular Prevention: Professional Barriers”

Respuesta a «Prevención cardiovascular estancada: barreras profesionales»

To the Editor,

We appreciate Dr. Carro’s interest in our article,1 where we argued that the persistence of unfavorable socioeconomic factors perpetuates harmful behaviors and lifestyles.1 This has been shown in many studies, in EUROASPIRE II, and indirectly in its three-phase comparison.1–3 Carro also proposes the existence of a “professional barrier” that might explain the poor control of cardiovascular risk factors after coronary events. However, the significant increase in the prescription of antihypertensive, lipid-lowering, and cardioprotective drugs shows that there were no major obstacles to scheduled professional care in EUROASPIRE.3 Factors such as lack of adherence to treatment due to patient unwillingness or denial, side effects, and the cost of medications may have an impact on these unsatisfactory results, in addition to unfavorable socioeconomic factors.

We agree that the time spent by health professionals to educate and motivate their patients is extremely important. This has been demonstrated in cardiac rehabilitation programs, which continue to be underutilized despite their cost effectiveness for secondary prevention and primary prevention in patients with multiple cardiovascular risk factors.3,4 Lack of funding has been one of the main causes of underutilization.

As we have stated,1 many barriers continue to favor the alarming increase in cardiovascular risk factors. Society as a whole, of which health professionals are only a small part, must become more aware, make more resources available, and facilitate the changes that may lead to improved control of these factors.

Note: these opinions do not necessarily reflect those of the institutions to which the authors are affiliated.

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Available online 8 March 2011

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