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938 Opportunity Knocks - Reducing Cardiovascular Risk in Patients Undergoing AAA Surveillance

E. Evans¹, J. Turner², A. Meldrum¹

¹NHS Scotland, Glasgow, United Kingdom
²University of Glasgow, Glasgow, United Kingdom

Aim: Secondary prevention medication is recognised to reduce cardiovascular events in patients with established atherosclerotic disease; in the form of antiplatelet and lipid-lowering therapy. Yet a lack of consensus between the European Society of Vascular Surgery (ESVS) (Wanhainen et al., 2019) and NICE guidelines (NICE, 2021b; a) is recognised (Saratzis et al., 2017). Abdominal aortic aneurysm (AAA) is a manifestation of peripheral arterial disease, and medical optimisation should be considered for those diagnosed (Wanhainen et al., 2019; NICE, 2021b). Compliance of secondary prevention in this patient group was assessed in our unit which serves over 1.4 million patients across the West of Scotland. The secondary aim was to optimise those identified.

Method: Data was collected systematically, analysed, and results held to the standard set by ESVS, NICE and current literature. Current medication information was obtained through Community Pharmacy Scotland.

Results: Out of 632 patients, 74.1% were on an antiplatelet, 75.6% on a statin, and 64.7% on both. 71.2% of these patients were male, mean age was 73.9 years. Circumstances that outweigh the introduction of such medications were explored, and changes have been
recommended to patients and general practitioners where appropriate. Preliminary data on second cycle shows increased uptake in the recommended medications.

**Conclusions:** Studies have shown significantly improved survival rates for AAA patients with prescribed secondary prevention therapy (Bahia et al., 2016; Cheng et al., 2019). This study has identified 32.8% whose cardiovascular health can be optimised, and realised through liaison with general practitioners, thus protecting these patients from adverse cardiovascular outcome and death.