

Impact of NAFLD on the Incidence of Cardiovascular Diseases in a Primary Care Population in Germany

Author: Labenz C, Huber Y, Michel M, Nagel M, Galle PR, Kostev K, Schattenberg JM

Cardio-vascular diseases

Background

Patients with NAFLD are considered at a high risk of cardiovascular events due to underlying metabolic risk factors. Currently, data related to the impact of NAFLD on cardiovascular risk in the general population are lacking.

Aims

The aim of this study was to investigate the role of NAFLD on risk of myocardial infarction (MI), coronary heart disease (CHD), atrial fibrillation (AF), and stroke in primary care in Germany

Methods

The study included patients diagnosed with NAFLD in primary care between 2010 and 2015. NAFLD cases (n=22,048) were matched to a cohort without NAFLD (n=22,048) based on age, sex, treating physician, type 2 diabetes, arterial hypertension, and hyperlipidemia. The primary outcome of the study was the incidence of MI, CHD, AF, and stroke.

Results

Within 10 years of the index date, 12.8% of patients with NAFLD and 10.0% of controls were diagnosed with CHD ($p < 0.001$). Additionally, frequency of MI was significantly higher in NAFLD (2.9% vs. 2.3%, $p < 0.001$). On regression analysis, HR for incidence of MI was 1.34 ($p = 0.003$) in all NAFLD patients and 1.35 ($p = 0.013$) for men. Incidence of AF was significantly higher in patients with NAFLD. On regression analysis, HR for

incidence of AF was 1.15 ($p = 0.005$). NAFLD was not associated with a higher incidence of stroke (HR 1.09, $p = 0.243$).

Conclusion

NAFLD constitutes an independent risk factor for CHD, MI, and AF in primary care in Germany. Identification of patients with NAFLD in primary care will allow specifically managing and modifying underlying risk factors to improve the overall prognosis.

Dig Dis Sci. 2019 Dec 3. doi: 10.1007/s10620-019-05986-9. [Epub ahead of print]



If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions. Thank you for your interest!

CONTACT

IQVIA Commercial GmbH & Co. OHG
Unterschweinstiege 2 - 14 | 60549 Frankfurt am Main
Tel. +49 69 6604-0

iqvia.de

Late Detection of Atrial Fibrillation after Stroke: Implications for the Secondary Prevention

Author: Tanislav C, Kostev K
Cardio-vascular diseases

Background

This study is aimed at investigating the incidence of atrial fibrillation (AF) within 5 years after an acute cerebrovascular event in AF-naive patients and its relevance for secondary prevention.

Methods

The current case-control study sample included patients who had received an initial ischemic stroke diagnosis documented in the Disease Analyzer database (IQVIA), which compiles data such as risk factors, drug prescriptions, and diagnoses obtained from 1,262 general practices in Germany.

Results

After the selection procedure, the stroke and non-stroke groups each included 22,774 patients. In both groups, the mean age of the population was 68.0 years (SD \pm 12 years), and the proportion of male participants was 51.1%. Within 5 years of follow-up, we calculated a higher probability for detecting AF in stroke patients than in controls (hazard ratio 4.95; 95% CI 1.93-2.09, $p < 0.001$). In the stroke group, AF was detected in 2,369 individuals (10.4%), whereas AF was only evident in 1,101 patients (4.8%) in the non-stroke group. In 1,741 (73.5%) patients (out of 2,369), oral anticoagulants had been prescribed after the AF diagnosis. In stroke patients, factors like diabetes mellitus and ischemic heart disease were associated with restraint in prescribing oral anticoagulants; age did not influence the decision for or against oral anticoagulants (mean age 72.9 vs. 72.7 years).

Conclusion

A recent stroke is a strong preconditioning factor for detecting AF within 5 years after an acute event. The majority of these patients are treated with oral anticoagulants, regardless of their age.

Eur Neurol. 2019;81(5-6):262-269. doi: 10.1159/000503562. Epub 2019 Oct 16.



If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions. Thank you for your interest!

CONTACT

IQVIA Commercial GmbH & Co. OHG
Unterschweinstiege 2 - 14 | 60549 Frankfurt am Main
Tel. +49 69 6604-0
iqvia.de

Long-term risk of stroke and its predictors in transient ischaemic attack patients in Germany

Author: Jacob L, Tanislav C, Kostev K
Cardio-vascular diseases

Background

Little is known about the long-term association between transient ischaemic attack (TIA) and stroke. Therefore, the goal of this study was to analyze the long-term risk of stroke and associated predictors in a large cohort of TIA patients followed in general practices in Germany.

Methods

This study included patients with an initial TIA diagnosis and subsequently followed up in one of 1262 general practices in Germany between January 2007 and December 2016 (N = 19 824 patients). The primary outcome of the study was the risk of ischaemic stroke within 10 years of the initial diagnosis of TIA. The secondary outcome was the identification of demographic, clinical and pharmaceutical variables significantly associated with stroke in TIA patients.

Results

Within 10 years of the initial TIA diagnosis, 18.3% of individuals were diagnosed with stroke. Age was positively associated with stroke, with hazard ratios ranging from 1.88 in patients aged 51-60 years to 4.00 in those aged >80 years (reference group: patients aged ≤50 years). Furthermore, male sex, hypertension, diabetes mellitus, atrial fibrillation and ischaemic heart diseases had an additional impact on the risk of stroke. Finally, new oral anticoagulants, heparins, diuretics, angiotensin II receptor blockers and platelet aggregation inhibitors were identified as protective factors.

Conclusion

In a cohort of almost 20 000 TIA patients, 18.3% were diagnosed with stroke within 10 years after the TIA index event. Several demographic, clinical and pharmaceutical variables significantly predicted the long-term risk of stroke in TIA patients.

Eur J Neurol. 2019 Dec 7. doi: 10.1111/ene.14136. [Epub ahead of print]



If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions. Thank you for your interest!

CONTACT

IQVIA Commercial GmbH & Co. OHG
Unterschweinstiege 2 - 14 | 60549 Frankfurt am Main

Tel. +49 69 6604-0

iqvia.de

Urinary and fecal incontinence in stroke survivors followed in general practice: A retrospective cohort study

Author: Jacob L, Kostev K
Cardio-vascular diseases

Background

Investigating the short- and long-term health outcomes after stroke is a public health priority.

Objectives

We aimed to analyse the incidence of urinary and fecal incontinence within 10 years of stroke in individuals followed in general practice in Germany.

Methods

Individuals who had received an initial stroke diagnosis at one of 1262 general practices in Germany between January 2006 and December 2015 were included (index date). Individuals without stroke were matched (1:1) to those with stroke based on propensity scores by using a “greedy” algorithm and logistic regression with sex, age, index year, and 17 comorbidities diagnosed in the 12 months before the index date. The main outcome of the study was the incidence of urinary and fecal incontinence within 10 years of stroke.

Results

This study analysed data for 16,181 individuals with stroke and 16,181 without stroke. Within 10 years of the index date, 22% and 11% of men with and without stroke received a diagnosis of urinary incontinence (log-rank $P < 0.001$); the prevalence of urinary incontinence was 34% in female stroke survivors and 17% in females with no history of stroke (log-rank $P < 0.001$). The respective proportions of fecal incontinence were 5% and 2% for men (log-rank $P < 0.001$) and 6% and 3% for women (log-rank $P < 0.001$).

Overall, stroke was positively associated with both urinary incontinence (men: hazard ratio [HR] 2.34, 95% confidence interval [CI] 2.10-2.61; women: HR 2.36, 95% CI 2.14-2.61) and fecal incontinence (men: HR 2.43, 95% CI 1.88-3.13; women: HR 2.60, 95% CI 1.98-3.41).

Conclusion

This study, using data from Germany, suggests that general practitioners should regularly screen for urinary and fecal incontinence in the decade following stroke.

Ann Phys Rehabil Med. 2020 Jan 22. pii: S1877-0657(20)30027-0. doi: 10.1016/j.rehab.2019.12.007. [Epub ahead of print]



If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions. Thank you for your interest!

CONTACT

IQVIA Commercial GmbH & Co. OHG
Unterschweinstiege 2 - 14 | 60549 Frankfurt am Main
Tel. +49 69 6604-0
iqvia.de