Cardiovascular disease risk reduction in rural China – policy recommendations

**POLICY BRIEF**

Cardiovascular disease (CVD) is the leading cause of morbidity and mortality worldwide. In China, CVD accounts for 38% of total mortality. CVD events are predicted to increase by 23% from 2010 to 2030, resulting in an additional 21.3 million CVD events and 7.7 million deaths. Meta-analysis has indicated that CVD risk reduction by treating hypertension or diabetes is not sufficient. A comprehensive approach based on drug therapies and lifestyle is needed. Based on preliminary effects of an exploratory study, in a rural primary healthcare setting in Zhejiang, China, we initiated a pragmatic, cluster randomised controlled trial (cRCT) to assess the health effects of the interventions over 2 years.

**Findings (all compared with control arm)**

- Better drug adherence in the intervention arm (66% vs. 47%);
- Smoking rates were significantly reduced in the intervention arm (4% reduced vs. 2% increased);
- More patients in the intervention arm took less salt (50% vs. 34%);
- Patients in the intervention arm reported drinking less alcohol and had more exercise (32% vs. 15%, and 31% vs. 18%, respectively);
- Prescribing and taking of statins and aspirin, and prescribing (but not taking) of anti-hypertensives, were substantially higher.

**Recommendations**

- Raising coverage for essential medicines for hypertension and diabetes in primary care facilities;
- More intensive training of doctors;
- Innovative patient education;
- Improved health insurance cover for outpatients.

For more information, contact Simin Deng at: dengsimin2012@126.com

This brief is informed by the following research:


This project was funded with UK aid from the UK government.