Effects of a Multifaceted Intervention to Narrow the Evidence-Based Gap in the Treatment of High Cardiovascular Risk Patients: The BRIDGE CV Prevention Cluster Randomized Trial

Purpose: evaluation of a multifaceted educational quality improvement intervention on patient care and clinical outcomes in high-risk cardiovascular patients in Brazil.

Trial Design: 2-arm cluster, randomized trial; randomized to multifaceted quality improvement intervention or to routine practice. 1619 high-risk CV patients in Brazil. 40 clusters.

Primary Endpoints: complete adherence to evidence-based therapies @ 12 months (statins, antiplatelet therapy and ACE inhibitors or angiotensin receptor blockers).

Results: Adherence to evidence-based therapies (antiplatelets, statins and ACE inhibitors) for high CV risk Brazilian patients was improved with the use of a multifaceted quality improvement educational intervention vs routine practice.

Adherence to evidence-based therapies @ 12 months			
	Intervention	Control	Pop. Avg. odds ratio
All or None Primary	73.5%	58.7%	OR=2.30; p=0.01
Statins	93.6%	81.7%	OR=4.04, p<0.01
Antiplatelet therapy	94.0%	86.3%	OR=3.13, p<0.01
ACEi or ARB	80.3%	74.4%	OR=1.44, P=0.09
Composite MACE			HR=0.76; p=0.34

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