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# **VEIN CONSULT Program: an Update**

**the world's largest awareness program  
for chronic venous disease**

**Eberhard RABE (*Germany*)**

# What is the VEIN CONSULT Program?

- **The largest international screening program for chronic venous disease (CVD):**
  - endorsed by the Union Internationale de Phlébologie (UIP)
  - supported by an unrestricted grant from Servier Research Group
- **The greatest global effort to raise awareness about CVD among patients, healthcare professionals and health authorities**

# VEIN CONSULT Program: Steps

*20 countries involved*

## STEP 1 within the framework of general practice

Brazil, Colombia, France, Georgia, Hungary, Indonesia, Mexico, Pakistan, Romania, Russia, Serbia, Singapore, Slovakia, Slovenia, Spain, Thailand, UAE, Ukraine, Venezuela, Vietnam.

**4 500 GPs**

## STEP 2 referral to selected specialists for deeper examination

Georgia, Mexico, Romania, Russia, Slovenia, Thailand, Ukraine, Venezuela.

**500 Specialists**

## Patient self-report questionnaire (QoL + costs)

All (except Brazil, Spain, Pakistan and Vietnam).

**CVD patients**



# Why the VEIN CONSULT Program (1)?

- **CVD is under-recognised and undertreated<sup>1</sup>**
- **The reasons for this are multifactorial:<sup>1</sup>**
  - inadequate graduate and post-graduate training
  - diffuse nature of the disease presentation
  - intervention of numerous specialities
  - lack of understanding of preventability and treatment
  - lack of focused interest by many practitioners

# Why the VEIN CONSULT Program (2)?

- **CVD has a considerable impact on health care<sup>1</sup>**
- **The role of GPs in the diagnosis of CVD is critical as:**
  - early intervention may prevent progression of this chronic disease,<sup>2</sup> and treatment of early skin changes increases the chances of preserving the tissues of the lower leg<sup>1</sup>
  - the referral of patients to a specialist is crucial to obtain venous testing, particularly at advanced stages
- **CVD may cause considerable suffering to patients<sup>3,4</sup>**

1. Henke P, Pacific Vascular Symposium 6 Faculty. *J Vasc Surg* 2010; 52(5 Suppl):1S-2S.

2. Bergan JJ, et al. *N Engl J Med* 2004; 355:488-498.

3. Kaplan RM, et al. *J Vasc Surg* 2003; 37:1047-1053.

4. Andreozzi GM, et al. *Int Angiol* 2005; 24:272-277.

# VEIN CONSULT Program

## *Why it is unique*

- **The first to screen a very large number of patients from many countries:**
  - using the *same questionnaire*
  - using the *same classification (CEAP)*
- **The first to consider symptomatic patients, even at a very early stage (C0s)**
- **The first to assess patients who consult spontaneously for chronic venous disease (CVD)**

# VEIN CONSULT Program

**First results  
70 000 subjects, 13 countries**

## *Program of the present session*

- Objectives, methods and perspectives of the VEIN CONSULT program (*E. Rabe, Germany*)
- Clinical results from the first 13 countries (*A. Puskás, Romania*)
- The impact of leg problems on quality of life and costs of disease (*A. Mansilha, Portugal*)
- Results from the venous specialists (*F. Fernández Quesada, Spain*)
- Conclusions (*J.J. Guex, France*)



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# Objectives, methods and perspectives of the VEIN CONSULT Program

*Eberhard RABE (Germany)*



# VEIN CONSULT Program

## *Aims*

- **To update information on the prevalence of primary CVD and its costs in different geographical areas**
- **To gather data on the management of CVD by GPs and to make comparisons between countries**
- **To improve our understanding of the relationship between GPs and venous specialists**
- **To assess the impact of CVD on patients' quality of life**

# VEIN CONSULT Program

## *Methods*

- **Performed in 2 steps:**
  - **Step 1**: primary health care
  - **Step 2**: specialized venous centers
- **Patients:**
  - consecutive adult outpatients seeking medical help
  - over 18 years of age, male or female
  - signed an informed consent form
  - not consulting for an emergency
  - screened in a short period of time (<1 week)

# VEIN CONSULT Program

## *First results*

*70 000 subjects, 13 countries*



# Perspectives (1)

<i>What we will obtain</i>	<i>This is helpful for</i>
<ul style="list-style-type: none"><li>• <b>Collective data on patients with CVD and the management of their disease</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Establishing CVD prevalence</b></li><li>• <b>Comparing the VEIN CONSULT program epidemiological data with those of previous surveys</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Specific data on current CVD prevalence in many geographical areas</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Performing comparative analyses between countries and with previous surveys in the same country</b></li></ul>

# Perspectives (2)

<i>What we will obtain</i>	<i>This is helpful for</i>
<ul style="list-style-type: none"><li>• <b>Assessment of the impact of CVD on patients' quality of life and costs</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Evaluating resource requirements</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Estimation of CVD risk by various predictors</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Building a simplified screening questionnaire for earlier CVD detection and management</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Analysis of relationships between environmental / behavioral factors and severity of CVD</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Preventing CVD progression by intervention on environmental / behavioral factors</b></li></ul>

# Publication Strategy

<i>Topic</i>
<b>Epidemiology of CVD in geographically diverse populations</b>
<b>Management of CVD in general practice and by venous specialists</b>
<b>Symptoms and CVD</b>
<b>Repercussions of CVD on costs and QOL</b>
<b>Pregnant, menopausal women, and CVD</b>
<b>CVD in men</b>
<b>The C6 patient</b>
<b>The C0s patient</b>



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## Executive Committee

*Interpretation and selection of results,  
development of publications,  
commitment to international communication*

### 5 members

**1. A. Puskás** (*Romania*)

**2. F. Fernández Quesada** (*Spain*)

**3. E. Rabe** (*UIP President*)

**4. A. Scuderi** (*President Elect, VCP coordinator in Brazil*)

**5. J.J. Guex** (*UIP Treasurer, VCP coordinator in France, VCP instigator*)



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