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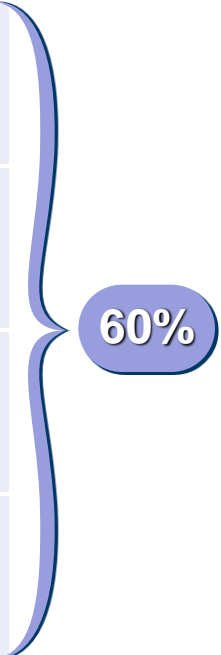
CONCLUSIONS of the VEIN CONSULT Program

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VEIN CONSULT Program:

In line with previous surveys

Survey	Population	Sample size	Prevalence C1 to C6, in % patients
Rabe ¹ 2003, Germany 	General population (population register)	3 072	90 
Jawien ² 2003, Poland 	Consecutive outpatients	40 095	49 
Ruckley ³ 2008, Scotland 	General population (GP lists)	1 566	85 
McLafferty ⁴ 2008, USA 	General population (volunteers)	2 234	71 
	Consecutive outpatients	69 886	61 




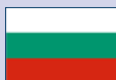




60%

1. Rabe E et al. *Phlebologie*. 2003;32:1-14.
 2. Jawien A et al. *Phlebology*. 2003;18:110-122.

3. Ruckley CV et al. *Eur J Vasc Endovasc Surg*. 2008;36:719-24.
 4. McLafferty RB et al. *J Vasc Surg*. 2008;48:394-399.

VEIN CONSULT Program:

The first survey to distinguish between C0A and C0s

Prevalence (%) in:					
	Zahariev¹ <i>Bulgaria</i> 	Jawien² <i>Poland</i> 	Rabe³ <i>Germany</i> 	McLafferty⁴ <i>USA</i> 	
	C0A 18.8 C0s 20.0	C0A,S 62	C0A,S 51.1	C0A,S 9.6	C0A,S 29.0

1. Zahariev Tet al. *Int Angiol.* 2009; 28:303-310.

2. Jawien A et al. *Phlebology.* 2003;18:110-122.

3. Rabe E et al. *Phlebologie.* 2003;32:1-14.

4. McLafferty RB et al. *J Vasc Surg.* 2008;48:394-399.

VEIN CONSULT Program:

The first survey to compare different populations

Clinical CEAP classes (% patients)	Eastern Europe	Western Europe	Central & Latin America	Middle & Far East	TOTAL
No symptoms No signs	16.0	21.5	10.6	21.6	18.8%
C0s	20.4	17.3	17.3	39.7	20.0%
C1-C6	63.6	61.1	72.0	38.5	61.2%

Previous surveys at a lower scale:

1. Burkitt DP et al. *Lancet* 1976;2:202-203

2. Criqui MH et al. *Am J Epidemiol* 2003;158:448-456

3. Sam RC et al. *Eur J Vasc Endovasc Surg* 2007;34:92-96

Conclusion (1)

CVD does not appear to depend on ethnicity

**The prevalence of both symptoms and signs is high
whatever the continent considered**



CVD is a worldwide condition

Conclusion (2)

Earlier CVD management is required

**Early stages of CVD predominate (C0s-C2=58%),
but patients only consult spontaneously at more severe stages**



**Points to need for early diagnosis
from C0s?**

**GPs do not refer patients to a
venous specialist before C2**



Role of GPs is critical in early management of CVD

Conclusion (3)

Awareness campaigns to be promoted

CVD was underestimated by GPs and by patients themselves

More than 5 in 10 subjects were diagnosed as CVD patients thanks to the VCP, while 2 in 10 mostly at severe stages consulted spontaneously



Public awareness campaigns are needed to alert patients to contact their physicians for care.

Educational programs are also needed so that primary care physicians recognize early cases of CVD.

Conclusion (4)

The VEIN CONSULT program could serve as a model for the assessment of CVD burden

CVD is responsible for large productivity losses, hospitalizations, and invasive therapies worldwide

CVD causes physical and psychological suffering for patients, which is reflected in worsened quality of life



Such figures could be used for the assessment of CVD burden



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**Slides available
on
www.VEINCONSULT.com**