

Title of Intervention: Stanford Coronary Risk Intervention Project (SCRIP)

Intervention Strategies: Supportive Relationships, Individual Education

Purpose of the Intervention: To reduce the rate of progression of atherosclerosis in the coronary arteries

Population: Adults post angiogram

Setting: Health care facility-based

Partners: None mentioned

Intervention Description:

- Supportive Relationships: Participants received individual counseling. Follow-up counseling was done through clinic visits, telephone and mail.
- Individual Education: Participants received a written risk-reduction plan for diet and smoking.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Physician, dieticians, nurse, psychologist
- Training: Not mentioned
- Technology: Phone, computer
- Space: Space for counseling sessions
- Budget: Not mentioned
- Intervention: Written risk reduction plans
- Evaluation: Blood pressure monitoring equipment, paper, pen, space, serum lipid monitoring equipment, treadmill and ECG, weight scale

Evaluation:

- Design: Randomized trial
- Methods and Measures:
 - Biological measures included blood pressure, weight, cholesterol, skin fold measurements, smoking status
 - 7-day physical activity recall
 - Treadmill exercise test
 - Knowledge questionnaire
 - 4-day food diary
 - Framingham risk score
 - Angiographic studies of coronary arteries

Outcomes:

- Short Term Impact: There was an increase in knowledge of healthy diet and physical activity. There were significant differences between intervention and control group participants for body composition, blood pressure, exercise test performance, plasma lipoprotein concentrations, glucose and insulin and a composite risk score. There was a non-significant decrease in smoking.
- Long Term Impact: Not measured

Maintenance: Not mentioned

Lessons Learned: The combination of lifestyle changes and use of lipid-altering medications resulted in a highly significant improvement in the overall risk profile of the risk-reduction patients compared with the small changes in risk status of patients assigned to the usual care group. This program used a "physician supervised, nurse case-manager" model with consultation from other health professionals that could be implemented in a variety of health care settings.

Citation(s):

Haskell, et al. (1994). "Effects of intensive multiple risk factor reduction on coronary atherosclerosis and clinical cardiac events ... The Stanford Coronary Risk Intervention Project (SCRIP)." *Circulation* 89(3): 975-90.