

Methods: Cross-sectional study. Logistic regression was used, to explore associations between CVD incidence and six BRFs (high body weight, physical inactivity, high alcohol consumption, smoking, low vegetables/fruits consumption, high red meat intake) adjusting for gender, age, education, marital status, living area, occupation, comorbidity and intermediate risk factors (high fasting glucose, blood pressure and cholesterol).

Results: The sample comprised of 804 individuals (mean age 65.2 years, 55.7% women). CVD prevalence was 24.0%. CVD was more prevalent in men, older ages or individuals with comorbidity ($p < 0.05$). High body weight, physical inactivity, high alcohol consumption, smoking, low fruits/vegetables consumption and increased red meat intake was documented in 81.2%, 74.6%, 16.8%, 19.4%, 55.3% and 18.7% of participants respectively. Patients with CVD had almost twice the odds for physical inactivity than their counterparts [86.0% vs. 71.0%; OR: 1.85; 95%CI: 1.13-3.04]. Having ≥ 3 BRFs was not significantly associated with CVD (OR: 1.12; 95%CI: 0.59-2.13). Higher frequencies of intermediate risk factors were observed in patients with CVD ($p < 0.05$ for all BRFs).

Conclusions: Our results agree with international trends, indicate the training needs of primary healthcare providers and underline the urgency of effective interventions to support CVD prevention and management in primary care in Greece.

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05. Cardiovascular disease: risk, prevention, and treatment - 05.01 Cardiovascular disease and risk factors

EAS19-0072.

DATA ON SMOKING IN TURKEY: SYSTEMATIC REVIEW, META-ANALYSIS AND META-REGRESSION OF EPIDEMIOLOGICAL STUDIES ON CARDIOVASCULAR RISK FACTORS

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Background and Aims: The aim of this study was to conduct a systematic review and meta-analysis of epidemiological studies performed in the country in the last 15 years to determine the prevalence of smoking in Turkey.

Methods: Ovid Medline, the Web of Science Core Collection, ULAKBIM, as well as the websites of the Ministry of Health and the Turkish Statistical Institute were searched for the appropriate epidemiological studies. Studies included in the analysis were evaluated by a self-developed bias score regarding their potential to represent Turkey and standardization of measurements. The meta-analysis and metaregression analysis were performed using a random effects model.

Results: Ten epidemiological studies ($n=122383$) that included data about smoking were found. Eight of them included separate data about the smoking habit of women ($n=49524$) and men ($n=37684$). The smoking prevalence was determined to be 30.5% for the whole group, 15.7% for women, and 46.1% for men, when occasional smokers were included. Although the change observed in crude prevalence values over time was not statistically significant, when the data of the 3 studies that gave prevalence values according to age categories were standardized according to age, the incidence of smoking between 2003 and 2012 decreased 6.8% (20.2%) when occasional smokers were included and 8.4% (26.3%) when they are excluded.

Conclusions: Despite implementation of major healthcare policies and some success in decreasing rate of smoking, one-third of the Turkish population aged over 15 years and nearly half of the men are smokers. It is essential to continue and to strengthen measures to combat smoking.

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05. Cardiovascular disease: risk, prevention, and treatment - 05.01 Cardiovascular disease and risk factors

EAS19-0082.

CORONARY HEART DISEASE RISK FACTORS AND IN-HOSPITAL MORTALITY AMONG PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCT: ANALYSIS OF 2-YEARS COHORT REGISTRY IN NATIONAL CARDIOVASCULAR CENTER HARAPAN KITA

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Background and Aims: The highest numbers of mortality among patients with ST-Elevation Myocardium Infarct (STEMI) become the main concern of risk factor modification as the primary intervention. In Indonesia, little is known about the impact of each risk factors on in-hospital mortality. Therefore, this study aims to investigate the implication of each coronary heart disease risk factors on in-hospital mortality among patients with STEMI.

Methods: Retrospective analysis study was conducted on the data obtained from National Cardiovascular Center cohort registry on 2695 consecutive STEMI patients who were admitted between 2014 and 2016. The association between variables was analyzed using a bivariate method and logistic regression analysis.

Results: The overall in-hospital mortality rate exceeds 9%. Based on bivariate analysis, variables as age > 65 years (OR=2.28; 95%CI: 1.66-3.14) and diabetes mellitus (DM) (OR=1.81; 95%CI: 1.36-2.40) was independently associated with in-hospital mortality. These factors associated with several comorbidities which enhancing death. This study finds out that smoking history is a protective factor for in-hospital mortality rate (OR=0.6; 95%CI: 0.46-0.80) which might be caused by a different response between smoker and non-smoker in pharmacological therapy of anti-platelet. Age > 65 years is the most significant risk factor based on logistic regression analysis, followed by DM. The presence of these factors in concordance will have three-fold increase in the outcome.

Conclusions: DM must become the focus of risk factor modification among STEMI patients considering age is unmodifiable. Also, analysis of both risk factors and clinical intervention should be conducted to obtain a better accuracy result for studying in-hospital mortality rate predictor.

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05. Cardiovascular disease: risk, prevention, and treatment - 05.01 Cardiovascular disease and risk factors

EAS19-0087.

DISCORDANCE OF LOW DENSITY LIPOPROTEIN CHOLESTEROL AND NON-HIGH DENSITY LIPOPROTEIN CHOLESTEROL AND CORONARY ARTERY DISEASE SEVERITY

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Background and Aims: Sizeable proportion of patients have discordant low density lipoprotein cholesterol (LDL-C) and non-high density lipoprotein cholesterol (NHDL-C). We assessed the relationship between discordance of LDL-C and NHDL-C and coronary artery disease (CAD) severity.

Methods: We retrospectively evaluated the data of 574 consecutive patients who underwent coronary angiography. Fasting serum lipid profiles were recorded, SYNTAX and Gensini scores were calculated to assess CAD complexity and severity. We determined the medians for LDL-C and NHDL-C to examine the discordance of LDL-C and NHDL-C. Discordance was defined as LDL-C greater than or equal to the median and NHDL-C less than median; or LDL-C less than median and NHDL-C greater than or equal to median.

Results: LDL-C levels were strongly and positively correlated with NHDL-C levels ($r=0.865$, $p < 0.001$) but 15% of patients had discordance of LDL and NHDL-C (figure 1). Percentage of patients with a Gensini score of zero or SYNTAX score of zero didn't differ among discordant or concordant groups. Mean Gensini and SYNTAX scores, percentage of patients with Gensini score > 20 and SYNTAX score > 22 were not different among groups. Also there wasn't statistically significant correlation between LDL-C and

Gensini or SYNTAX score in any of the groups. Additionally, there wasn't any correlation between NHDL and Gensini or SYNTAX score.

Conclusions: While discordance was present between LDL-C and non-HDL-C (15% of patients), there is no difference regarding to severity and complexity of the CAD between discordant and concordant groups.

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05. Cardiovascular disease: risk, prevention, and treatment - 05.01 Cardiovascular disease and risk factors

EAS19-0100.

STRONG ASSOCIATIONS BETWEEN CURRENT PERIODONTAL CONDITION AND EARLY STROKE

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Background and Aims: To evaluate the association between current periodontal condition, past cardiovascular and early stroke events in a cohort of patients treated for chronic coronary artery disease from a university hospital in São Paulo, Brazil.

Methods: This cross-sectional study included 169 consecutive coronary artery disease patients (62% males, 59% over 60 years of age) that had been given cardiovascular care for at least 5 years. After using a structured questionnaire about demographics, socioeconomic and behavioral variables, periodontal examinations were carried out by independent examiners, at probing depth (PD), bleeding on probing and clinical attachment loss (CAL) in all teeth. Patients were submitted to blood sampling to measure C-reactive protein, lipidic and glycemic profiles. The cardiovascular and stroke outcomes were assessed in the patients' medical records. The primary outcome was the occurrence of any major cardiovascular event (MCE), i.e. non-fatal acute myocardial infarction and non-fatal stroke under the age of 40. Patients that had not experienced major events composed the control group.

Results: Overall, the sample presented a worst periodontal condition with high levels of inflammation and destruction. Patients in the MCE group had 12.4±21.1 and 62.5±39.2 of teeth with PD and CAL ≥6mm, respectively, whereas this figures in the control group were 19.0±16.31 and 45.1±24.0. No statistically significant differences were observed in clinical periodontal parameters between groups that experienced or not MCE, but have significant association the stroke events with increase status periodontal disease.

Conclusions: Loss periodontal condition was not associated with past experience of MCE in this Brazilian cardiovascular disease cohort, but increase early stroke event.

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05. Cardiovascular disease: risk, prevention, and treatment - 05.01 Cardiovascular disease and risk factors

EAS19-0113.

REAL-WORLD CHARACTERISTICS AND RISK OF CARDIOVASCULAR EVENTS IN HIGH CARDIOVASCULAR RISK PATIENTS IN FRANCE

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Background and Aims: Describe LDL-C control and cardiovascular event (CVE) rates in high risk patients in France.

Methods: Data were extracted from two databases: THIN (The Health Improvement Network; an electronic medical records database powered by GERSDATA, a Cegedim Data Division), with data extraction from October 2016 to June 2017 for patients with a history of myocardial infarction [MI], ischemic stroke [IS], and/or peripheral artery disease [PAD], treated with at least one lipid-lowering therapy, and not adequately controlled on LDL-C (LDL-C not available in EGB); and EGB (Échantillon Généraliste des Bénéficiaires, national claims database powered by CNAMTS), with two years follow-up for CVE and death for patients alive in January 2013 (data not available in THIN).

Results: 10 335 patients in the THIN met the inclusion criteria; half had LDL-C values ≥ 100 mg/dL and 16.5% had LDL-C values ≥ 130 mg/dL. 648 patients in the EGB database met the inclusion criteria. In those with recent MI (<1 year), the risks of death (2.60%) or heart failure (3.64%) were lower than the risk of new MI (5.20%). In patients with recent IS, the risk of new IS was lower (2.31%) than the risk of death (5.51%). In patients with PAD, the risks of death (7.47%) and heart failure (6.06%) were higher than the risk of MI (1.82%).

Conclusions: These real-world data report suboptimal LDL-C goal attainment and high mortality/CVE rates in patients at high CV risk treated in France and underscore the urgency to improve treatment in these patients.

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FREQUENCY AND OUTCOME OF UNDIAGNOSED HYPERCHOLESTEROLEMIA IN PATIENTS PRESENTED WITH ST-ELEVATION MYOCARDIAL INFARCTION

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Background and Aims: Dyslipidemia has been clearly identified as one of the major cardiovascular risk factors and it is one of the major causes of cardiovascular related morbidity and mortality. Many patients are not aware of the pattern of their lipid profile except after an acute cardiovascular or cerebrovascular event.

The aim of this work was to determine the frequency of undiagnosed hypercholesterolemia in patients presented with ST-elevation myocardial infarction as well as the effect of this entity on cardiovascular morbidity and mortality.

Methods: A descriptive multi-center analysis was conducted on 1111 patients in 4 tertiary care hospitals in Egypt on patients admitted with ST-elevation myocardial infarction (STEMI) between the period of June 2014 to June 2017 to determine the frequency of known dyslipidemic patients, newly diagnosed dyslipidemics, as well as in-hospital and one-year cardiovascular outcomes (MACCE).

Results: 129 patients (11.6%) of STEMI patients were newly diagnosed with dyslipidemia with a mean low-density lipoprotein cholesterol (LDL-C) level of 190 (±19) mg/dl. In-hospital and 1-year MACCE were higher in patients with newly diagnosed dyslipidemia in comparison with non dyslipidemic patients (P=<0.001).

STEMI (n = 1111)	Known Dyslipidemics	Newly Diagnosed Dyslipidemics	Non Dyslipidemics
Number (%)	122 (10.98%)	129 (11.61%)	860 (77.41%)
In hospital MACCE	8 (6.6%)	13 (10.1%)	27 (3.1%)
1 Year MACCE	28 (23%)	33 (25.6%)	51 (5.9%)