254

Evaluation of cardiovascular risk and excess of risk according to age in high risk primary care patients not treated with lipid-lowering treatment in France

Jean Ferrières (1), Jean Dallongeville (2), Serge Kownator (3), Xavier Guillaume (4), Florence Thomas-Delecourt (5), Pierre-Henri Delage (6), Eric Bruckert (7)


Purpose: Few data exist on high cardiovascular risk (HCVR) prevalence within a primary prevention population. The main goals of the present study were: 1) to assess HCVR distribution according to SCORE, in France, for high-risk primary care patients not treated for dyslipidaemia; 2) to compare risk assessment by physician and risk SCORE estimate; 3) to define the excess of risk (ER) due to other risk factor than age.

Methods: This observational study was conducted over a week within a representative sample of French general practitioners (GP). All consulting primary care men/women aged ≥50/60 y, with at least one other risk factor (RF) (smoking, high blood pressure (HBP), type 2 diabetes, HDL-c<0.40 g/L), not treated for dyslipidaemia were included in the study. GP filled-in an on line questionnaire that enabled SCORE risk calculation in real time. ER was calculated from a “theoretical” SCORE, namely patient with no RF: total cholesterol=6 mmol/L, Systolic BP=120 mmHg, no smoking.

Results: GPs (n=1147) included 9049 patients with the following characteristics: mean age: 68y; male: 57%; LDLc=1.3 g/L: 57%; smoking: 21%; HBP: 44%; type 2 diabetes: 21%; HDL-c<0.4 g/L: 16%. According to SCORE, 50% of the patients were at HCVR. CVR was correctly assessed for 45.9% of the patients and under estimated for 62.8% HCVR patients. There was little correlation between GPs risk assessment and SCORE results: Kappa=0.078 [IC95%=0.062-0.094]; weighted Kappa=0.097 [0.082-0.112]. Mean ER increased with age, from 1.1/0.9% to 4.3/3.6% for male (50y to >75y)/female (60y to >75y). At the end of the study, 85% of the GP declared that SCORE was useful in HCVR identification and 87% declared that they will use it in the future.

Conclusion: In France, 50% of the patients consulting in primary care with at least 1 RF on top of age and no lipid-lowering treatment have a high SCORE. GPs tend to underestimate their patient’s risk as compared to objective SCORE risk assessment. Excess risk increases with age.

255

Prevalence of hypertension among schoolchildren in Brazzaville (Congo)

Bertrand Ellenga Mbolla (1), Thierry Raoul Alexis Gombet (1), Annie Rachel Okoko (2), Gaston Ekouya Bowassa (2), Suzy Gisele Kimball- Kaky (2), Georges Marius Moyen (2)

(1) CHU de Brazzaville, urgences, Brazzaville, Congo – (2) Faculté des sciences de la santé, Université Marien Ngouabi, Département de médecine, Brazzaville, Congo

Aim: To determine the prevalence of hypertension among children in Brazzaville.

Patients and methods: a prevalence survey was conducted from March to May 2011 in five urban schools in Brazzaville. The survey was random at three levels. The variables studied were clinical and epidemiological.

Results: 603 children divided into 325 girls (54%) and 278 boys (46%) were examined. The average age was 11.8±3.6 years (range 5-18 years). There was 315 children (52.2%) from primary schools and 318 (53%) from private schools. The social level was average or higher in 360 cases (60%). The mean SBP was 112.8±13 mm Hg (range 79-190) and the mean DBP was 73.6±8.8 mm Hg (range 48-104). Obesity was noted in 25 cases (4.1%), and overweight in 47 cases (7.8%). Hypertension was found in 61 cases (10.1%) during the first screening, and in 20 cases (3.3%) during the second screening. Factors correlated with hypertension were obesity (OR 6.6, 95% CI 2.2-21) and overweight (OR 3.6, 95% CI 2.1-15).

256

Ramadan fasting and high sensitive CRP in patients with stable coronary artery disease: a pilot study

Fauzzi Addad (1), Majdi Amami (1), Nadia Hammami (1), Sami Gargouri (1), Sonia Marrakchi (2), Houssine Chammem (1), Wacif Ayedi (1), Aref Ben Halima (2), Ikram Kammoun (2), Sadek Yahlaoui (3), Sailem Kachboura (2)

(1) EPS Abderahmen Mami, service de cardiologie, Ariana, Tunisie – (2) CHU A. Mami, service de cardiologie, Ariana, Tunisie – (3) EPS Abderahmen Mami, department of medical biology, Ariana, Tunisie

Introduction: Ramadan fasting is one of the five pillars observed by Muslim adults worldwide. Data on incidence of acute coronary syndrome during fasting Ramadan are scarce and conflicting. Inflammation plays a major role in atherothrombosis, and measurement of cardiac biomarkers such as High sensitive C-reactive protein (hs-CRP) may provide a strong independent predictor of future cardiac events.

Aim of this study: was to evaluate the effect of fasting during Ramadan on hs-CRP in patients with stable coronary artery disease (CAD).

Patients and Methods: it was a prospective pilot study among 27 patients with stable CAD (within the last 6 months) who were observed before and at the end of Ramadan fasting. Patients were recruited from outpatients department. Twenty one were males and 6 were females with a mean age of 59±8.2 years (52-75 y). Fifteen patients had hypertension, 10 were smokers and 7 were diabetics. Blood was analyzed at the first visit was a week before the onset of Ramadan and the second visit at the third week of Ramadan. The assay of hs-CRP was done with the collected sera by Demeditec Diagnostics Systems Laboratories (Germany).

Results: Six patients were excluded for the second visit due to various reasons (break voluntary of fasting in two cases, 4 patients with concurrent inflammatory disorders e.g. rheumatoïd disease in 2 cases and intercurrent infections in two others). A total of 21 subjects were screened during this period. There was a significant reduction in hs-CRP during Ramadan compared before this period: 6.6±3.7 vs 3.8±5.5 (p =0.0001). The mean variation of hs-CRP during this holy period was – 39.3± 20.9% (0% a – 68.3%). The hs-CRP level was less than 3 mg/l in 10 patients (47.6%) before compared to 13 pts (62%) during Ramadan. The reduction of hs-CRP was independent of the risk factors or the dosage of statins.

Conclusion: The practice of fasting during the month of Ramadan by the people with stable CAD might be cardio-protective as it resulted in the lowering of hs-CRP.

257

Cardiovascular risk prevalence in high risk primary care patients not treated with lipid-lowering treatment in France, results of an online study

Eric Bruckert (1), Serge Kownator (2), Jean Dallongeville (3), Genevieve Bonnelle (4), Florence Thomas-Delecourt (5), Pierre-Henri Delage (6), Jean Ferrières (7)


Purpose: Few data exists on high cardiovascular risk (HCVR) prevalence within a primary prevention population. The goal of the study was to assess HCVR distribution, according to SCORE, in France for high-risk primary care patients not treated with lipid-lowering drug.