The incidence of secondary VTE may be at least 40% lower for Asians compared to Caucasians and Eurasians, respectively. Rates for Chinese, Malays and Indians were 93, 100 and 62 per 10,000 admissions, respectively. Total VTE rates for Caucasians and Eurasians were 241 and 122 per 10,000 admissions, respectively. Rates for Chinese, Malays and Indians were 93, 100 and 62 per 10,000 admissions, respectively. Total VTE rates for Caucasians and Eurasians was estimated.

This study describes the incidence of VTE among Asians, Caucasians and Eurasians in Singapore. METHODS: This is a cross-sectional study using data from the Operations Data Store (ODS) administrative database of the National Healthcare Group (NHG), Singapore. Total admissions, cases of VTE and demographic characteristics of patients admitted to the 3 acute care hospitals of NHG in 2006 were obtained from the ODS. A diagnosis of VTE was based on the ICD-9-CM code assigned to the patient. Age and gender-specific rates, as well as incidence of overall and secondary VTE (cases which developed during admission) among Asians, Caucasians and Eurasians was estimated. RESULTS: Out of 98,121 patients, 860 had VTE. The age-adjusted rate for total and secondary VTE was 73 and 54 per 10,000 admissions, respectively. Incidence of VTE increased with age, and was higher in females. Total VTE rates for Caucasians and Eurasians were 241 and 122 per 10,000 admissions, respectively. Rates for Chinese, Malays and Indians were 91, 100 and 62 per 10,000 admissions, respectively. Secondary VTE rates for Caucasians and Eurasians were 201 and 122 per 10,000 admissions, respectively, while rates for Chinese, Malays and Indians were 71, 74 and 43 per 10,000, respectively. CONCLUSIONS: The incidence of secondary VTE may be at least 40% lower for Asians compared to Caucasians and Eurasians. Improvements in VTE risk assessment will lead to more targeted prophylaxis, thus resulting in more acceptable and cost-effective care.

Venous thromboembolism in the Singaporean population—The need to revisit risk assessment tools for prophylaxis

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OBJECTIVES: The identification of risk factors for venous thromboembolism (VTE) has led to the establishment of standards of prevention and care in many Western countries. Despite the growing evidence of lower VTE risk among Asians, risk assessment tools used in North America and Europe do not take this into consideration. This study describes the incidence of VTE among Asians, Caucasians and Eurasians in Singapore.

METHODS: This is a cross-sectional study using data from the Operations Data Store (ODS) administrative database of the National Healthcare Group (NHG), Singapore. Total admissions, cases of VTE and demographic characteristics of patients admitted to the 3 acute care hospitals of NHG in 2006 were obtained from the ODS. A diagnosis of VTE was based on the ICD-9-CM code assigned to the patient. Age and gender-specific rates, as well as incidence of overall and secondary VTE (cases which developed during admission) among Asians, Caucasians and Eurasians was estimated. RESULTS: Out of 98,121 patients, 860 had VTE. The age-adjusted rate for total and secondary VTE was 73 and 54 per 10,000 admissions, respectively. Incidence of VTE increased with age, and was higher in females. Total VTE rates for Caucasians and Eurasians were 241 and 122 per 10,000 admissions, respectively. Rates for Chinese, Malays and Indians were 91, 100 and 62 per 10,000 admissions, respectively. Secondary VTE rates for Caucasians and Eurasians were 201 and 122 per 10,000 admissions, respectively, while rates for Chinese, Malays and Indians were 71, 74 and 43 per 10,000, respectively. CONCLUSIONS: The incidence of secondary VTE may be at least 40% lower for Asians compared to Caucasians and Eurasians. Improvements in VTE risk assessment will lead to more targeted prophylaxis, thus resulting in more acceptable and cost-effective care.

Relationship between admitting (non-fasting) blood glucose and in-hospital mortality stratified by diabetes mellitus among acute coronary syndrome patients in Oman

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OBJECTIVES: To evaluate the relationship between admitting (non-fasting) blood glucose and in-hospital mortality in patients presenting with acute coronary syndrome (ACS) in Oman. METHODS: Data were analyzed from 1551 consecutive patients admitted to 15 hospitals throughout Oman with the final diagnosis of ACS during January to June 2007, as part of Gulf RACE (Registry of Acute Coronary Events). Admitting blood glucose was divided into four groups: namely, euglycemia (<7 mmol/L), mild hyperglycemia (7 to <9 mmol/L), moderate hyperglycemia (9 to <11 mmol/L), and severe hyperglycemia (≥11 mmol/L). Analyses were performed using descriptive and multivariate statistical techniques. RESULTS: Thirty-eight percent (n = 584) and 62% (n = 967) of the patients were documented with and without a history of diabetes mellitus, respectively. In non-diabetic ACS patients, there was a near-linear relationship between admitting blood glucose and in-hospital mortality. Non-diabetic patients with severe hyperglycemia were two-fold more likely to be hospitalized significantly higher in hospital compared to those with euglycemia (13.1% versus 15.2%; p = 0.001), mild hyperglycemia (13.1% versus 6.2%; p = 0.003) and even moderate hyperglycemia (13.1% versus 4.17%; p = 0.034). Even after multivariate adjustment, severe hyperglycemia was still associated with higher in-hospital mortality when compared to both euglycemia (odds ratio (OR), 6.3; p < 0.001) and mild hyperglycemia (OR, 3.42; p = 0.011). No significant relationship was noted between admitting blood glucose and in-hospital mortality among diabetic ACS patients even after multivariable adjustment (all p-values >0.05). CONCLUSIONS: Admission hyperglycemia is common in ACS patients and is associated with higher in-hospital mortality among those patients with previously unreported diabetes mellitus.

The Puerto Rico Cardiovascular Risk Estimation Study (PRCARES): An exploratory assessment of new patients in physicians’ offices

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OBJECTIVES: To understand the risk of developing cardiovascular disease in a sample of Puerto Ricans through analysis of the 10-year risk Framingham Risk Score for developing coronary heart disease (CHD) of patients undergoing first visit at private practices in Puerto Rico. METHODS: Exploratory cross-sectional record review study of 500 consecutive patients whose first visit occurred on or after July 1, 2007 to the offices of four physicians. Records of new patients 35 years or older with recent laboratory values that included a lipid profile and a fasting glucose level were selected. Data collected included patient information, clinical parameters, and medication therapy at first visit. RESULTS: Preliminary analysis of 336 patients is presented. Most patients were female (59%) and the mean age was 59 years. Eighty percent of those with documented height and weight were either overweight (40.4%) or obese (39.6%). Less than a third (27%) was on dietary restriction and 12% were physically active based on patient history. Seven of 10 had hypertension, 37.8% had dyslipidemia and 37.5% had diabetes. Nearly one-third had two or more comorbidities. More than half (63%) were overweight at goal for lipid, blood pressure and blood glucose parameters, with the exception of LDL cholesterol and systolic blood pressure where 42% were at goal. Men were nearly five times more likely to have a 10% or greater 10-yr CHD risk than females (59.7% vs. 13.5%, respectively) using the Framingham Risk Score. CONCLUSIONS: In this exploratory study, patients undergoing first visit at private practices in Puerto Rico were found to have multiple risk factors that may lead to CHD, including obesity, lack of exercise, hypertension, high LDL levels and high systolic blood pressure. This information may be used as a basis for larger CHD risk estimation studies which could be important to establish primary prevention strategies for the general population.

Health disparities in modifiable risk factors for coronary heart disease: A comparison of Appalachian to non-Appalachian portions of Appalachian states

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OBJECTIVES: To determine if there are geographic disparities in behavioral risk factors for coronary heart disease in Appalachian versus non-Appalachian portions of Appalachian states. METHODS: Using Behavioral Risk Factor Surveillance System (BRFSS) data from 2000 to 2005, county codes were utilized to identify resident locations for 1,567,206 respondents residing in states that are located partly (twelve states) or entirely (one state) within the Appalachian region, as designated by the Appalachian Regional Commission. Prevalence of modifiable risk factors of cardiovascular disease (obesity, physical inactivity, low intake of fruit and vegetables, and smoking) in the Appalachian portions of states was compared to that in the non-Appalachian portions. Chi square tests were utilized to test for significant differences. RESULTS: Overall, obesity rates were higher in the Appalachian region compared to the non-Appalachian region. When compared within each individual state, obesity rates were significantly higher in the Appalachian portion compared to the non-Appalachian portion in seven states. Overall, fewer respondents participated in leisure time physical activity in the Appalachian region, and this trend held in eight states. Respondents in the Appalachian region were less likely to eat five or more servings of fruits/vegetables per day, and this trend held in nine states. Finally, more subjects reported smoking every day in the Appalachian region, which held true in ten states. Gender differences in the Appalachian region mirrored the trends in non-Appalachian areas. Prevalence of physical inactivity was higher in women, as was daily consumption of the recommended amount of fruits and vegetables. Smoking rates were generally higher in men. CONCLUSIONS: In general, the Appalachian region was associated with higher prevalence of modifiable risk factors for coronary heart disease, possibly explaining the increased burden of heart disease in this population. These data highlight a culture of poor diet and sedentary lifestyle prevalent in Appalachian populations.


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OBJECTIVES: The objective of this study was to explore rates of baseline and follow-up liver enzyme and baseline creatine kinase (CK) testing in new statin users. METHODS: The PharMetrics Integrated Outcomes Database was used to obtain...