Istanbul, Department of Cardiology, Bagcilar Training and Research Hospital, Istanbul, Turkey.

Acute coronary syndrome (ACS) refers to clinical symptoms of acute coronary artery disease (CAD). The lack of care for this disease is a major public health concern. The aim of this study is to evaluate the awareness and knowledge of patients about their disease and sociodemographic characteristics such as age, sex, marriage status, family history, working status, education status, financial status, together with serum parameters and behavioural changes were investigated.

**Results:** Among 264 patients 22.7% were women and 77.3% were men. Smokers, males and patients who did not follow CAD diet had significantly higher MI incidence (p<0.05). Married patients and patients with BMI ≥ 25 had a significantly higher level of knowledge (p<0.05). Married patients, working patients, and patients with a high cholesterol and LDL levels had significantly more accurate knowledge about CAD.

The awareness of the fact that cardiovascular disease is the leading cause of deaths were significantly higher in females, non-smokers, patients on diet and patients with a positive family history.

**Discussion:** Modifying risk factors for healthy diet, adequate exercise and avoidance of smoking decreases the CAD risk. Men are more prone to MI risk. Overweight patients although having sufficient knowledge about CAD, did not take any precautions. Patients with a high total cholesterol and LDL cholesterol levels have an idea about CAD but did not follow any diets. In our study, we concluded that patients had general knowledge about CAD but this is not enough to create awareness to modify their lifestyles. More efficient education programmes for patients about lifestyle modifications are needed. Cardiologists and family medicine physicians should work together to make such interventions.

**OP-107**

**Hypertension Yearbook of a Family Physician in Turkey: The Role of Family Medicine in Prevention and Control of Hypertension**

Sibel Gönül, Meral Atalay

Çankaya Aşapı Ayrancı Family Health Center, Ankara

**Background:** Hypertension is one of the top ten diseases diagnosed and followed up in Family Medicine practice. 20 million office visits to Canadian family physicians and internists annually are due to high blood pressure. Most of the hypertensive patients are treated and followed up by teams consisting of a family physician and a nurse in Canada, Israel and in UK. In Turkey, Family Medicine has been put into practice in various regions since 2003 and nationwide since 2010. In this study, one year records of a family health unit consisting of a family medicine specialist and family medicine nurse have been evaluated for hypertension to emphasize the role of family medicine for prevention and control of hypertension.

**Methods:** Applications and follow up records of registered hypertensive patients to a family health unit in Çankaya province of Ankara-Turkey between June 2012 and June 2013 were evaluated. The data were derived from the patient records of the Family Physician (FP) recorded through Family Health Information System (FHIS). Since the records of FHIS based on ICD-10 (International Statistical Classification of Diseases and Related Health Problems) coding and the medications are included in the current pharmaceutical list of the Ministry of Health, the codes I10 Essential (primary) hypertension and I25 Chronic ischemic heart disease codes were taken for the evaluation.

**Results:** Of the total 3812 registered population to the FP between June 2012 and June 2013, 1589 (42%) were males and 2232 (58%) were females and 881 people (23%) were over 65 years. Total of 12,379 office visits were performed between the dates 01.06.2012 and 01.06.2013 and 3736 of these office visits (1344 males and 2392 females) were admissions of hypertensive and/or hypertension comorbid patients. The most common comorbidities were chronic ischemic heart disease, Diabetes Mellitus and osteoarthritis consequently. Of the 85% of the patients home care visits were provided by FP or FP nurse in one year were hypertensive and/or hypertensive comorbid patients, mostly bedridden, immobile and old patients and of the 95% of the medication use reports given by FP were for antihypertensive medications and/or comorbid diseases mostly for Diabetes Mellitus.

**Conclusion:** About half of the FP office admissions are hypertensive and chronic ischemic heart disease patients. Family medicine health services are free of charge, currently each individual is registered to a FP in Turkey and Family Health Centers are easily accessible by patients.