<25. 32.14% belonged to age group of 25–35 and 64.2% belonged to age group of 35–45.

53.5% were from rural areas and 56.5% cases were from urban area. In rural group 83.3% patients consumed tobacco and 48.1% consumed tobacco in urban group. 33.3% patients were alcoholic among rural group and 66.6% in urban group. 27% patients were hypertensive among rural group and 72.72% among urban group. 25% patients were diabetic among rural groups and 75% among urban group. 30% patients were obese among rural group and 69.23% among urban group. 36% patients had dyslipidemia among rural group and 52.63% patients among urban.

Conclusion: Family history of coronary artery disease, hypertension, diabetes mellitus, obesity, alcohol consumption, elevated lipoprotein a, and sedentary life style was more common in urban group than rural. Tobacco consumption and hyperhomocysteinemia was more common in rural group as compared to urban. Dyslipidemia was common both in urban and rural groups. Total serum cholesterol and LDL cholesterol was higher in urban group, elevated triglycerides and low HDL was higher in rural group. Accurate determination of the risk factors for CAD in rural and urban populations will thus enable planning of population-based screening and intervention strategies for the prevention of CAD in rural and urban India. The risk factors are modifiable and can be corrected by changing the life styles therefore screening for these risk factors should be mandatory.

Cardiovascular health awareness among school-aged children in a rural district of India

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Background: India is the second most populous country in the world and two-thirds of its population is less than 35 years old. This survey was conducted to assess the level of health awareness about cardiovascular disease (CVD) in adolescent school-aged children 14–16 years old, with the goal of establishing school-based health education and development of heart-healthy lifestyle practices.

Methods: A school-based survey was conducted in the rural district of West Midnapore, India between June and July of 2014. This involved a pre-evaluation of CVD health awareness, a short presentation on CVD, and a post-evaluation of CVD health awareness.

Results: A total of 2995 students (48% response rate) from 20 schools participated in the survey. The mean age of the students in the study sample was 14.7 years, 46% were male, 53% were in the 9th grade, and the rest were in 10th grade. After assessing students' awareness in six domains with 20 multiple-choice questions with a maximum score of 100, the mean pre-test score was 41.1 (SD $\pm$ 10.5) and the mean post-test score was 48.1 (SD $\pm$ 16.9) ($p < 0.001$).

Conclusions: Awareness of CVD and its risk factors was far from optimal among the adolescent school-aged children in this study. A school-based educational program may help improve awareness of CVD and reduce the future disease burden in this community. The results of this study may be useful in formulating a nationwide school health program to deal with the emerging epidemic of CVD in countries such as India.

Vascular stiffness in both men and women with more than 3 risk factors from urban, semi-urban and rural areas of South India

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Background: With increasing acute vascular events involving vital organs at premature age in India, a part of South East Asia is a matter of concern since the incidence of ACS, stroke and PVD were 15%, 0.2% and 10% respectively. WHO repeatedly emphasize the use of biomarkers, surrogate markers at population level to identify risk factors and occult disease for appropriate intervention at early stage to prevent increasing mortality and morbidity to establish quality of life. The present study is envisaged to assess vascular stiffness of both sexes in the age group of 20–60 years with more than 3 risk factors to know the risk burden in South Indian population

Materials and methods: *Study design:* Multistage stratified randomised cluster sampling. *Study setting:* Urban (Chennai), semi-urban and rural areas from Thiruvallur and Kanchipuram districts of Tamil Nadu. *Sample size:* 8080, both gender, age 20–60 years.

Methods: Arterial pressure wave forms were obtained from radial artery, right common carotid artery and right femoral artery by applanation tonometer using SphygmoCor MM3®. ASP, APP, AAP, AAIx and PWV were recorded as determinants of vascular stiffness.

Results: Among the recruited 8080 study participants, 44.9% were males and 55.1% were female and 2221, 2821 and 3038 were from urban, semi-urban and rural regions respectively. Using 2 sampled test of proportion the following statistical significance is observed between urban and rural population.

Prevalence (in %) of high vascular stiffness parameters

	Male (m)				Female (f)				*p* value U(m) vs U(f)	*p* value R(m) vs R(f)
	Urban (U) $n = 996$	Semi urban $n = 1251$	Rural (R) $n = 1314$	*p* value (U vs R)	Urban (U) $n = 1225$	Semi urban $n = 1570$	Rural (R) $n = 1724$	*p* value (U vs R)		
ASP	32.9	31.33	24.80	<0.001	23.59	24.33	19.83	<0.001	<0.0001	0.001
AAP	23.79	25.74	29.14	<0.001	12.16	12.93	14.37	0.02	<0.0001	<0.0001
APP	28.41	26.77	26.94	0.25	19.10	21.21	18.73	0.76	<0.0001	<0.0001
AAIx	30.02	33.09	31.58	0.23	13.45	17.19	18.15	<0.001	<0.0001	<0.0001
PWV	27.71	19.10	13.47	<0.001	20.65	14.96	9.39	<0.001	0.0001	0.0005

ASP, central aortic systolic pressure; AAP, aortic augmented pressure; APP, aortic pulse pressure; AAIx, aortic augmentation index; PWV, arterial pulse wave velocity.