

EP17.05

Prevalence of risk factors and incidence of cardiovascular disease recurring cases in primary care

Juan Cabre, J Frigola, L Torrente, J Vizcaino, C Chanco, A Lopez, R Sagarra, J Garcia-Rosello

Basic Health Center 'Reus-1'. Catalan Health Institute, Reus, Tarragona, Spain

Corresponding author: Dr Juan Cabre, CAMFiC (Catalan Family Medicine Society), Research, Barcelona, Spain. E-mail: jcabre.tarte.ics@gencat.cat

Aim: To evaluate the incidence of recurrent cases in patients who had already suffered a cardiovascular disease (CVD), and to analyze the most prevalent risk factors (RF) associated with the occurrence of these events, comparing only recurring cases, and assess whether there is poor control on these factors as possible causes.

Methods: Descriptive observational study in primary care (14,500 inhabitants). Adult population who had had at least one CVD (stroke, transient ischemic attack, acute myocardial infarction (AMI) or angina pectoris), between 2005-2013 were selected. We evaluated the degree of control of RF, applying the objectives of the American Heart Association/American College of Cardiology (AHA/ACC) and the European Society of Cardiology.

Results: of the 186 individuals included, 112 (60.2%) men with average age 71.6+10.6 y., 33 suffered a recurrence of CVD (incidence rate=17.7%). 63.6% of recurrence were men (age 66.3 +11.7 y.; women 76+7.9 y. (p=0.016)). 119 patients had ischemic heart disease, recurrence being 21.8%; 65.4% of them AMI and 34.6% angina pectoris. 67 patients were cerebrovascular cases, with 10.4% being recurring. There is higher prevalence of various RF in patients were recurring cases compared to those who were a single case, the following remained significant: - HDL cholesterol (50.4±15.7 vs 42.6±10.2 mg/dL in recurrent, p<0.01) - Poor glycemic control (20.9% vs 36.4% of events recurring, p<0.01).

Conclusions: Poor control of HDL seems to indicate a higher prevalence of recurrent CVD, added to deficiency in the strict control of the LDL figures. Poor control of blood pressure was significantly associated with stroke. The study allowed us to compare changes in our scope. Controls have improved but have remain poor, so that should be more focused on the application of clinical practice guidelines to improve the quality of life and functional prognosis of patients.