

PS1.005

Cardiovascular risk and ankle-brachial index evolution in a population cohort at 5 years of follow-up

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Background: Atherosclerosis is currently considered a chronic, progressive systemic disease of multifactorial aetiology including arterial hypertension, hypercholesterolemia, diabetes mellitus and smoking as modifiable risk factors and age and sex as non modifiable factors . These factors have been integrated in prediction tables based on regression models with the aim of detecting the population with a high risk of cardiovascular events. In subjects with high vascular risk, the determination of ankle-brachial index (ABI) may provide relevant information on the presence of sub-clinical arteriosclerosis and future vascular events.

Aim: The evolution of cardiovascular risk and ABI in a population cohort at 5 years of follow-up.

Method: Prospective follow-up of a population cohort including 3786 patients > 55 years assigned to 28 health primary care centers settled at an urban and semi-urban environment. Followed for five years (2006-2011), a second cross-sectional evaluation was performed in (2011-2012). The cardiovascular risk was determined by the Framingham and Framingham adapted to the Spanish population (REGICOR). The ankle-brachial index determination was performed in a standardized method.

Results: The average cardiovascular risk in the first cross section (2006-2008) was 5.8% and at follow-up 2012-2013), the average was 5.5%. The same happened with the Framingham (14.2 vs 13.7) respectively. The difference found between baseline cohort and follow cohort was -0.24 to -0.51 for REGICOR and Framingham. Mean ABI observed at baseline was 1.09 and mean ABI at follow-up 1.12. The linear correlation between baseline ABI and that at follow-up was low ($r = 0.23$).

Conclusion: In addition to cardiovascular risk behind the perspective of primary prevention, the development of strategies to allow for the identification of sub-clinical atheromatous is needed.