

PS1.042

Prevalence of cardiovascular risk factors in young patient in the province of Ciudad Real, Spain

Mario Andrés Castillo Wisman, Y Stark

SESCAM, E.R. and Primary Care, H.G.U.C.R. University Ciudad Real, Spain

Corresponding author: Dr Mario Andrés Castillo Wisman, Servicio de Salud de Castilla-La Mancha (SESCAM), ED and Primary Care, Ciudad Real, Spain. E-mail: mariocwisman@yahoo.es

Background and Aim: Knowing the risk factors for cardiovascular patients presenting between 30-55 years they have led to an acute coronary syndrome (ACS) and thus optimize the preventive management in primary care.

Knowing biochemical markers that we can use in primary care for prevention.

Method: Patients admitted with a diagnosis of SCA during 2012 were taken with an age range between 30-55 years lesion confirmed by cardiac catheterization .

Patients with pre-existing conditions like cancer procoagulant, coagulopathies, autoimmune diseases and pathological patients without coronary catheterization normally atherosclerotic lesion (coronary dissection, valvular) were excluded.

Results: 97 patients are obtained in the selection range, of which 86.3 % with male and 7.76 % of females.

CVRF in common predominated the following: smoking 73.7 %, 45.5 % hypertension, hyperlipidemia with LDL > 100 38.8 % 34.9 % hypertriglyceridemia, hyperuricemia 24.2 % (all men), Diabetes Mellitus 20.3 % Other (obesity, overweight, OSAS) 20.3 %. As for biochemical markers it was requested only by 7.7 % Homocysteine not show significant and which rose by 1.94 %. HsCRP required under 0.97 % with no significant result.

Conclusions: To encourage the cessation workshops increased consumption of snuff and organize programs for them. Optimize nutritional management (Mediterranean diet) and / or pharmacological our patients with poor control of LDL lipid in particular, to keep them in range currently recommended preventive objectives. Optimize the management of non-invasive diagnostic imaging and ankle -brachial index in patients with intermediate cardiovascular risk according to the current SCORE table in order to reduce the risk of presenting subclinical atherosclerotic lesion.