PS1.106

Atherosclerosis as the main challenge of prevention in family medicine practice

Larisa Gavran(1), B Pojskic(2), O Batic-Mujanovic(3), A Alic(1), S Prasko(1), E Ramic(3), I Gledo(1)
(1) Primary Health Care Zenica, Department of Family Medicine, Zenica University, Bosnia and Herzegovina
(2) Cantonal Hospital Zenica, Departmentof Internal Medicine, Zenica University, Bosnia and Herzegovina
(3) PHCDr Mustafa Šehovic, Tuzla, Department of Family Medicine, Tuzla University, Bosnia and Herzegovina

Corresponding author: Assistant Professor Larisa Gavran, Primary Health Zenica, Family Medicine, Zenica, Bosnia and Herzegovina. E-mail: gavranlarisa@yahoo.com

Background: The most important consequences of atherosclerosis include: coronary or ischemic heart disease, especially myocardial infarction, cerebrovascular disease and narrowing or blockage of peripheral arteries, especially the legs and causing gangrene. Aim was to invesigate the number of patients at risk for the occurrence of atherosclerosis and underline key preventive activities in Family medicine practice.
Method: Data were collected from the last Statistical Yearbook of the Federation of Bosnia and Herzegovina (FB&H). Recommendations for prevention are taken from the European Guidelines on cardiovascular disease prevention in clinical practice.
Results: The last decades, cardiovascular diseases are the leading cause of death in the FB&H with a 53.9% of total mortality. The prevalence of risk factors in the population are: hypertension 41.0% (male 35.5% vs. 44.8% female); smoking 37.6% (male 49.2% vs. 29.7% female); obesity 21.5% (male 16.5% vs. 25.0% female) and physical activity-active 15.0% (male 19.6% vs.12.0% female). in primary prevention, assessment of absolute risk of fatal cardiovascular events for all healthy high-risk persons (smokers, with hypertension and hyperlipidemia) by Systematic Coronary Risk Evaluation-SCORE are necessary. for high risk persons is necessary to reach the target value of interventions: do not smoke; balanced feed; 150 min. weekly physical activity, body mass index <25 kg / m2 and avoid central obesity; blood pressure <140/90 mmHg; total cholesterol <4.5 mmol / L; LDL <2.5 mmol / L, blood glucose <6.0 mmol / L and HbA1c <6.5%.
Conclusion: Work on primary prevention should start as early as possible, even in childhood, creating healthy eating habits, no smoking, regular physical activity, can prevent or at least slow down the development of atherosclerosis. in secondary prevention, in addition of reduction of risk factors much more important is proper treatment of the disease.
Keywords: Assessment of cardiovascular risk, primary prevention, family medicine