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Distribution of cardiovascular risk factors according to renal function in a population with low incidence of coronary heart disease

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Background and Aim: Chronic kidney disease (CKD) has been defined as a marker of cardiovascular risk susceptible to therapeutic intervention. Distribution of traditional risk factors may play a role in this association which has been little studied in populations with low incidence of coronary heart disease (CHD).

Aim: To describe the distribution of traditional risk factors according to different glomerular filtration rate (GFR) categories in a population with low CHD incidence.

Methods: Retrospective descriptive study of a population-based cohort of 1,079,272 people aged 35 to 74 years. Main variables: Age, sex, Hypertension, Dyslipidaemia, smoking status, obesity, diabetes, 10-year CHD risk estimation, medication and GFR.

Results: The mean age was 49 (11.7) years, and women constituted 51% of the cohort. Diabetes was present in about 7% of participants, obesity in 31%, hypercholesterolemia in 20% and hypertension in 21%; about one third were smokers. Mean 10-year coronary risk was 3%. The most frequently prescribed medications were antihypertensives (16.3%), followed by statins (9.1%), antidiabetic agents (4.6%), and aspirin (2.8%). The proportion of all these factors increased as GFR decreased, apart from patients in GFR category G5. Mean GFR was 93 ml/min/1.73m² (SD: 17.1). However, the distribution was skewed and 1,043,069 patients in GFR categories G1 and G2 accounted for nearly 97% of the total population. There were 36,203 (3.4%) participants with a GFR below 60ml/min/1.73 m²; 30,648 (85%) of them belonged to GFR category G3a.

Conclusion: in general population with low incidence of CHD only about 3% of the population had a GFR below category G3a. in general, the proportion of all traditional risk factors increased as GFR decreased. Thus, traditional risk factors may play a role in the excess of cardiovascular risk in CKD.