

PS2.288

Daily clinical practice: cardiovascular risk and statin prescription patterns.

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Background: The latest clinical practice guidelines do not refer to specific levels for defining hypercholesterolemia in primary prevention, since most of the patients with ischemic heart disease had total cholesterol levels between 200 and 250 mg / dl. In patients with hypercholesterolemia, the calculation of cardiovascular risk (CVR) is crucial as atherosclerosis is an inflammatory process with a multifactorial etiology and multiple factors (some of them included in the CVR equation) are involved.

Aim: To know the CVR of our patients with dyslipidemia and the adequacy of treatment.

Method: This is a descriptive, cross-sectional study. All patients over 60 years with a diagnosis of dyslipidemia in the electronic medical records were included. A population of 16593 people (2523 were over 60 years) are assigned to our primary care center. For data comparison, chi square and Student test were used as necessary.

Results: A total of 1084 patients with diagnosis of dyslipidemia were included. Six hundred and four (55.7%) were treated with statins. Of dyslipidemic patients who had received statins, the mean of Framingham CVR was 14.2 (SD 8.6) and REGICOR CVR (adaptation of the Framingham tables to the Spanish population) was 6.04 (SD 4.3). A 39.7% of patients with Framingham CVR > 20 (high risk) was untreated and 55.4% of patients with low CVR was treated with statins ($p = 0.417$).

Conclusions: A high percentage (55.4%) of our patients with low CVR was being treated with statins despite the potentially serious side effects of these drugs. We must be aware that prescribing a statin to a person at low risk unnecessarily increases the likelihood of adverse effects without providing any preventive effect. All authors declare no competing interests.