

ASSESSMENT OF CARDIOVASCULAR RISK AND THE PRACTICE OF GP'S CONTINUOUS CARE IN CASE OF PATIENTS WITH HIGH CARDIOVASCULAR RISK CONDITIONS

SUMMARY

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Cardiovascular diseases are on top of the Hungarian mortality statistics, therefore the diagnosis of cardiovascular risk factors and the assessment of cardiovascular risk are very important, because they determine the intervention to be introduced.

The study investigates the occurrence of risk factors, their connections and the rate of cardiovascular risk by applying the Joint European Coronary Risk Chart in case of the adult population who are not under continuous care because of known cardiovascular risk or disease. High systolic blood pressure can be observed in the 30% of patients believing themselves to be healthy, increased T-C value in the 50%, increased LDL-C and Tg values in the 40-40%, and increased FBG level in the 11%. The 30% of patients were smoking currently, the 34 % were reported unhealthy nutritional habits, the physical activity was not adequate in the 52%, and increased BMI were observed in the 38% of patients. The distribution of patients divided into different cardiovascular risk categories were as follow: low – 34%, mild – 24%, moderate – 29%, high – 12%, extremely high – 0,6%. The occurrence of risk factors and the rate of patients classified into different risk categories were more unfavourable by of men and middle-aged patients, than in women and younger persons. According to the results, relations between certain risk factors were equal with the connection between the components of metabolic syndrome. Risk factors ignored from the cardiovascular risk assessment can influence the development of cardiovascular risk through their connection with other factors, which are the basis of the risk assessment.

Evaluating the practice of continuous care for hypertension, diabetes and dyslipidaemia we reported the following findings: the most frequently used products for the hypertension treatment were ACE-inhibitors, Ca-channel blockers and beta-blockers. Normal blood pressure can be observed in 46% of patients in the course of evaluation.

The distribution of treatment methods and the applied therapy in 2TDM were adequate. However, the frequency of follow up visits falls short of the prescribed protocol, the achievement rate of target values were low (FBG level: 16%, ppBG:19%, HgA1c: 34%), the major part of the results indicates high (macrovascular) risk (FBG: 67%, ppBG: 53%, HgA1c: 29%).

In case of dyslipidaemic patients the rate of drug therapy was 88%. The rate of increased T-C values was decreased with 13% as a result of the treatment. The achievement rate of T-C values was 1.7% by high, 15.1% by medium risk and 66% in case of mild risk.

Weight gain between 20-40 years of age could be an important factor in the aetiology of type 2 diabetes. Stable or at least limited weight gain may be a preventive factor.

Nutritional counseling in the primary care offers more comfort and help for diabetics but requires changes in insurance regulation, and reimbursement system together with increase in resources.

Keywords: cardiovascular risk factors, cardiovascular risk assessment, GP's continuous care

Kulcsszavak: cardiovascularis rizikófaktorok, cardiovascularis rizikóbecslés, háziorvosi gondozás