P1.43: FRAMINGHAM SCORE UNDERDIAGNOSES VASCULAR DISEASE IN PATIENTS UNDER CARDIOVASCULAR PREVENTION


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acutely reduce blood pressure by baroreceptor stimulation lowers apparent but not intrinsic stiffness in hypertensives.


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COULD MEASUREMENT OF ARTERIAL STIFFNESS PROVIDE BETTER APPROACH IN RISK ASSESSMENT THAN THE CONVENTIONAL RISK FACTOR-BASED STRATIFICATION?

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Although traditional risk factors may account for 90% of the attributable cardiovascular risk their prediction of CVD is weak based on SCORE Chart. We need to find new established risk factors and to detect subclinical cardiovascular disease to predict future coronary events. Stiffening of the aorta is one of the earliest surrogate marker of vascular damage and measurement of arterial stiffness has a growing interest in risk assessment. Aim: Authors investigated the correlation between the high risk state characterized by SCORE (> = 5%) and elevated aortic pulse wave velocity (PWVao, increased arterial stiffness) measured by arteriograph.

Subject and Methods: 2243 adults were included to the analysis in which SCOR was calculated. Sensitivity, specificity and predictive values of SCOR in detecting increased PWVao were calculated by SPSS software.

Results: Elevated PWVao (> = 9.62 m/s) was detected in 38% of patient population but sensitivity of SCORE high risk category (> = 5%) to detect elevated PWVao was poor (33%) despite high specificity (88%) while false negative cases were in 26%. Sensitivity of SCORE was a little bit better in men (65%) but much poorer in females (17%). 10% of males and 36% of females are underestimated by SCORE assessment. The ROC curve of SCORE at the cut-off value of 5% has shown 33% sensitivity but 89% specificity.

Conclusions: If PWVao is a good surrogate of preclinical atherosclerosis SCORE risk assessment seems to be quite acceptable in men but not in women because it markedly underestimate females CV risk.

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PRECLINICAL ATHEROSCLEROTIC DISEASE: IS IT A MARKER OF RISK OF CARDIOVASCULAR EVENTS?

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Aim: We compared the severity of vascular disease (VD) by ultrasonography in patients (p.) with and without cardiovascular events (CVE), to detect high risk asymptomatic individuals.

Methods: We did in the same procedure 1) CIMT 2) Plaques characterization, 3) PWV and 4) FMD with an strict quality control. We set a score (VS) from 0 to 5 according to the severity of the VD. The CV Risk using Framingham score (FS) was also obtained from medical records.

Results: We performed a cross sectional, observational study on 702 p. (54 ± 13 y.o., 448(64%) males).FS was high (> = 20%) for 216p. (30,8%), moderate (10-20%) for 204p. (29%), and low (< = 10%) for 282p. (40,2%).

Conclusions: 1- The higher the FS, the more the severity of the VD increases. Although, we have found 54,2% with a low FS with moderate to severe VD and 18% of pts. with severe VD classified low to moderate clinical risk.

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EARLY DETECTION OF ATHEROSCLEROTIC DISEASE IN MILD HYPERTENSIVE PATIENTS: A STRONG REASON TO RE-EVALUATE CARDIOVASCULAR RISK

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Aim: To analyze the incidence and severity of subclinical vascular disease (VD) by ultrasonography in patients (p.) with essential hypertension (HT).

Methods: We did in the same procedure 1) CMT 2) Plaques characterization, 3) PWV and 4) FMD with a strict quality control. We set a score (VS) from 0 to 5 according to the severity of the VD. The CV Risk using Framingham score (FS) was also obtained from medical records.

Results: We did a cross sectional, observational study on 604 p. (479 with stage I-II HT (ESH/07) 53.2 ± 13 y.o., 636 males and 125 normotensive NT controls 51.7 ± 14 y.o. p.003, 62% males p NS).

Conclusions: 1- The higher the FS, the more the severity of the VD increases. Although, we have found 54,2% with a low FS with moderate to severe VD and 18% of pts. with severe VD classified low to moderate clinical risk.