Rev Esp Cardiol. 2010;63 Supl 3: 83

Revista Española de Cardiología

4043-2. UNA NUEVA ESCALA DE RIESGO CARDIOVASCULAR PARA LA POBLACIÓN MEDITERRÁNEA DE BAJO RIESGO: EL PROYECTO ERICE

Rafael Gabriel Sánchez, Laura Lorenzo Carrascosa, Margarita Alonso Arroyo, Francisco Rodríguez Salvanés, Saturio Vega, Carmen Suárez Fernández, Javier Muñiz García, Hospital Universitario La Paz, Madrid, Complexo Hospitalario Universitario A Coruña, A Coruña y Hospital Universitario de la Princesa, Madrid.

Resumen

Introduction: The HeartScore does not consider people older than 70 or diabetes status. Development of a specific CVD score for the elderly including the diabetic status.

Methods and materials: 10-year follows up of a Spanish elderly cohort. Population-based random sample of citizens > 65 years from the census (n = 3,750). Baseline examination in 1994. CVD events classified by the ICD-9 (codes 401-448). Subjects with previous MI at baseline (prevalent) excluded. Diagnosis of Diabetes by WHO 1999 and hypertension by JNC-VII definition. The risk functions calculated using Cox proportional hazard model. Separate hazard functions for men and women.

Results: In 86.4 % of participants information on 10-year CVD mortality and morbidity was obtained. Independent CV risk factors were: age (RR 4.38, CI95 %: 1.84-10.46); male gender (RR 1.94; 1.32-2.86); diabetes (RR 2.31; 1.33-4.02); and hypertension (RR 2.78; 1.30-5.96). A negative interaction was found between age and hypertension. Smoking and total cholesterol were not significant variables in any of the different models tested. The absolute risk increased exponentially with age, both in men and women. Males consistently showed a two-fold risk than women for each risk category at all age-groups. The presence of diabetes, hypertension or both on the same individual, significantly increased the CVD 10-year risk. In males without diabetes and hypertension from 2 % to 27 %, but only from 12 % to 27 % when both were present. However, the contribution of hypertension and diabetes at oldest ages (> 85 years) to the CVD incremental risk was marginal, both in males and females in this age-group.

Conclusions: Age is the strongest predictor of 10-year CVD, both in males and females. Males had two-fold risk than women for all risk categories and age groups. Smoking and total-cholesterol were not significant risk factors for CVD in this elderly cohort. The EPICARDIAN Score is the first specific tool of CVD risk assessment in an elderly population.