SSA 06-1  PUBLIC HEALTH AND HYPERTENSION IN EASTERN EUROPE - A LIFE COURSE PERSPECTIVE

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During more than 50 years the high cardiovascular risk in Eastern Europe and former Soviet Union, now Russia, has been described as very high. This is based on epidemiological findings from countries and regions, for example within the MONICA study as organized by the WHO. One common explanation is that this is influenced by an adverse cardiovascular risk factor profile including high prevalence rates of hypertension in many subjects, in combination with unhealthy lifestyle (smoking, alcohol, diet) and stressful social conditions, including health care gaps. Even if this could explain a substantial proportion of the increased risk, it is not enough for a full understanding. If a so called life course perspective is applied this means that also factor in early life should be taken into account and the time-dependent context when people were born, so called birth cohort effects, for programing and lasting effects on the individual, i.e., via epigenetics. It is a historical fact that many adverse social factors, as well as war and human suffering, was prevalent in the 1930´ies and 1940´ies for a large part of these populations. Other studies have shown that this could influence programming of health and disease already during fetal life and early childhood. In this presentation the epidemiological trends of cardiovascular disease and risk factors in Eastern Europe and Russia will be put in perspective of the historical and social transition that has occurred in these countries and populations. A broader perspective could teach us new aspects of the origin of cardiovascular disease and that public health measures are of importance, as currently studied in the HAPPIEE Study based on Anglo-Russian research collaboration [1]. This could inspire new research agendas and how treatment of cardiovascular risk does not only involve the individual but whole communities.


SSA 06-4  RISK FACTORS AND COMPLIANCE AT HYPERTENSIVES – WEST SIBERIA RESIDENTS

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Objective: To study the risk factors (RF) prevalence and compliance in hypertension (Ht) associated with coronary artery diseases (CAD) pts – West Siberia residents.

Material and methods: 151 pts with Ht grade 1–3 and stable angina 54.8±0.7 years old divided in 3 groups. The 1st group included 43 Ht pts with uncomplicated angina and intact coronary arteries, the 2nd group - 47 Ht pts with angina and percutaneous coronary intervention last 1–3 years, the 3rd group - 61 Ht pts with myocardial infarction (MI) or stroke last 1–3 years. Methods included echocardiography, coronarography, Nt-pro BNP levels determination.

Results: Active smokers number in 1st group were less than in other groups. 3rd group pts consumed significantly more alcohol before event. About 50% pts had sedentary lifestyle, about 70% - family Ht history. 75–84% pts had overweight and abdominal obesity. Hyper- and dyslipidemia were found at most pts too. 3rd group pts have most left ventricular myocardium mass index, most frequency multifocal atherosclerosis markers and most NT-pro BNP values. All pts before monitoring administered basic antihypertensive, antiplatelet agents and statins. The average number of drugs consisted 3.0 ± 0.2, 3.9 ± 0.2 and 3.3 ± 0.2 at 1st, 2nd and 3rd groups accordingly for one patient (1-2=0.02). Multi-component therapy compliance was 22, 68 and 31% at 1st, 2nd and 3rd groups (1-2=0.006, 2-3=0.006). Most compliance associated with beta-blockers (91, 95, 86%) and ACE-inhibitors (45, 77, 56%) medication, the least – with statins (40–60%). Compliance decrease associated with lack treatment necessity understanding, lack higher education, lack family and satisfactory health.

Conclusion: In Ht associated with CAD pts – West Siberia residents smoking associated with complicated course of angina and more number of coronary arteries lesion; alcohol consumption - with next events. Other RF frequency at Ht with complicated and no complicated angina have not differences. Ht associated with previous events characterized more organ-damage lesion frequency.