



ORIGINAL ARTICLE

Characterization of lipid profile in primary health care users in Portugal[☆]



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Received 5 February 2013; accepted 25 June 2013

Available online 11 January 2014

KEYWORDS

Hypercholesterolemia;
Dyslipidemia;
Hypertriglyceridemia;
Prevalence

Abstract

Aim: To characterize the distribution of total cholesterol (TC), LDL cholesterol (LDL-C), HDL cholesterol (HDL-C) and triglycerides in primary health care users.

Methods: We performed a cross-sectional study in a primary care setting, involving 719 general practitioners based on stratified distribution proportional to the population density of each region of Portugal. The first two adult patients scheduled for an appointment on a given day were invited to participate. A questionnaire was applied to assess sociodemographic, clinical and laboratory data, including lipid profile.

Results: The study included 16 856 individuals (mean age 58.1 ± 15.1 years; 61.6% women). Data on TC, LDL-C, HDL-C and triglycerides was available in 95.9% ($n=16\ 159$), 59.1% ($n=9956$), 95.4% ($n=16\ 074$) and 97.9% ($n=16\ 494$) of the population, respectively. Hypercholesterolemia ($TC \geq 200$ mg/dl) was detected in 47% and 38.4% had high levels of LDL-C (≥ 130 mg/dl). Hypertriglyceridemia (≥ 200 mg/dl) and low HDL-C (< 40 mg/dl) were less prevalent, affecting roughly 13% of the population. Dyslipidemia was more common in middle-aged men and in post-menopausal women. Of the population aged over 40, 54.1% met eligibility criteria for lipid-lowering therapy and 44.7% were medicated with statins, but only 16.0% of these had $TC \leq 175$ mg/dl.

[☆] Please cite this article as: Cortez-Dias N, Robalo Martins S, Belo A, Fiúza M, em nome dos Investigadores do Estudo VALSIM. Caracterização do perfil lipídico nos utentes dos cuidados de saúde primários em Portugal. Rev Port Cardiol. 2013;32:987–996.

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PALAVRAS-CHAVE

Hipercolesterolemia;
Dislipidemia;
Hipertrigliceridemia;
Prevalência

Conclusions: Dyslipidemia is highly prevalent in primary health care users in Portugal. It is particularly common in middle-aged men and post-menopausal women, who should be considered target groups for preventive public health measures.

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Caracterização do perfil lipídico nos utentes dos cuidados de saúde primários em Portugal

Resumo

Objetivo: Caracterizar a distribuição dos níveis de colesterol total (CT), colesterol LDL (C-LDL), colesterol HDL (C-HDL) e triglicéridos nos utentes dos cuidados de saúde primários em Portugal.

Métodos: Estudo transversal envolvendo 719 médicos de família, segundo distribuição estratificada e proporcional à densidade populacional de cada região. Os primeiros dois utentes adultos de cada dia de consulta foram convidados a participar independentemente do motivo de consulta. Foi utilizado um inquérito para recolha de dados sociodemográficos, clínicos e laboratoriais, incluindo o perfil lipídico avaliado nos 12 meses precedentes.

Resultados: Foram avaliados 16.856 indivíduos (61,6% do sexo feminino, 58 ± 15 anos), dispondo-se da determinação de CT, C-LDL, C-HDL e triglicéridos em 95,9% (N = 16.159), 59,1% (N = 9.956), 95,4% (N = 16.074) e 97,9% (N = 16.494), respetivamente. Detetou-se hipercolesterolemia (≥ 200 mg/dl) em 47% e níveis aumentados de C-LDL (≥ 130 mg/dl) em 38,4%. A hipertrigliceridemia (≥ 200 mg/dl) e o C-HDL diminuído (< 40 mg/dl) foram menos prevalentes, afetando 13% da população. A dislipidemia foi mais frequente nos homens entre os 30-60 anos e nas mulheres pós-menopausa. Considerando a população com idade ≥ 40 anos, 54,1% dos indivíduos cumpriam critérios de elegibilidade para terapêutica hipolipidemiante e 44,7% estavam medicados com estatinas (mas apenas 16,0% desses apresentavam CT ≤ 175 mg/dl).

Conclusões A prevalência de dislipidemia é elevada entre os utentes adultos dos cuidados de saúde primários em Portugal. Além disso, é particularmente frequente nos homens entre os 30-60 anos e nas mulheres após a menopausa, que deverão constituir grupos-alvo nas estratégias preventivas de saúde pública.

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List of abbreviations

CVD	cardiovascular disease
HDL-C	HDL cholesterol
LDL-C	LDL cholesterol
TC	total cholesterol
TG	triglycerides

Introduction

Cardiovascular disease (CVD) is the leading cause of morbidity and mortality worldwide and a major problem in Portugal, in terms of coronary artery disease and even more of stroke, the incidence of which is among the highest in the world.^{1,2} Furthermore, the incidence of CVD is increasing in developed and developing countries, the result of changes in lifestyles and increased prevalence of cardiovascular risk factors.^{3,4}

Dyslipidemia is an important risk factor for CVD, since cholesterol is a central component of atheromatous plaques. The link between cholesterol levels and coronary and cerebrovascular disease has been clearly demonstrated.^{5,6} It is

estimated that hypercholesterolemia is implicated in 56% of cases of coronary disease and 18% of cerebrovascular disease.^{7,8} At the same time, lowering levels of total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-C) with HMG-coenzyme A reductase inhibitors (statins) has been shown to reduce the incidence of CVD in primary prevention⁹⁻¹¹ and the risk of recurrence in secondary prevention.^{12,13} The beneficial effect of lipid-lowering therapy on mortality rates means that assessment of global cardiovascular risk is now of fundamental importance.

Major medical societies have repeatedly reviewed optimum cholesterol levels for the general population and for those at increased risk, and have successively reduced the threshold for a diagnosis of hypercholesterolemia.¹⁴⁻¹⁶ It is now recognized that other changes in lipid profile also predispose to premature CVD. Atherogenic dyslipidemia is defined as a combination of high levels of triglycerides (TG), apolipoprotein B and small LDL particles, together with low levels of high-density lipoprotein cholesterol (HDL-C). It is also often associated with other cardiovascular risk factors in the form of metabolic syndrome.

The prevalence of dyslipidemia in Portugal has been investigated in various epidemiological studies at regional¹⁷⁻¹⁹ and national level,^{20,21} and estimated in a systematic review.²²⁻²⁴ However, these studies present

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