Cardiovascular risk profile of hypertensive patients with ischemic heart disease

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Cardiovascular disease and most importantly ischemic heart disease is the most frequent cause of death among adults in Europe. The prevalence of ischemic heart disease is rising due to the aging of the population. Epidemiologic studies have identified the most important risk factors with primary role in the appearance and evolution of the atherosclerotic process.

Secondary prevention's priority is to prevent recurrent cardiovascular episodes and progression of the disease as well as to increase life quality of patients with known atherosclerosis. Cardiovascular rehabilitation is an integral part of secondary prevention.

The first step of secondary prevention is to evaluate the global cardiovascular risk of the coronary patient, then to identify the risk factors, followed by intervention to modify these, consequently reducing the risk.

Numerous scientific studies show that intervention on life style and modification of risk factors reduces the risk of fatal and nonfatal recurrence of episodes in patients with known cardiovascular atherosclerosis.

Effective communication between general practitioner and specialist has a vital role in implementation of secondary prevention strategies.

Despite these findings and clear recommending guidelines the control of risk factors appears to be below optimal. The majority of hypertensive and coronary patients are not integrated in programs of cardiovascular rehabilitation.

EuroAspire constitutes the most important European study of cardiovascular prevention and rehabilitation. It has observed an existence of heightened risk factors and suboptimal control of these in coronary patients. In the same time it has noticed that the majority of patients do not get recommended to participate in cardiovascular rehabilitation programs. In our country cardiovascular rehabilitation has started in the 1970's, the center in Tirgu Mures being one of the first to initiate complex, comprehensive cardiovascular rehabilitation programs.

Romania participated in the EuroAspire III study conducted on the prevalence and control of risk factors in coronary patients in the timeframe 2007-2008, being represented only by Timisoara, Institute of Cardiovascular Diseases and 6 general practitioners' offices in the city.

For this reason the goal of this study has been to analyze the prevalence of traditional cardiovascular risk factors at patients with arterial hypertension and coronary heart disease at

the time they arrive at the cardiovascular rehabilitation center in Tirgu Mures. Moreover, we wanted to determine how the guides of secondary prevention are being implemented and to what extent the primary risk factors are being controlled at patients with known coronary disease from the medical records of GP's working with Clinic of cardiovascular Recovery from Tirgu Mures.

We have analyzed cardiovascular risk factors as hypertension, coronary atherosclerotic disease highlighting the female sex's characteristics.

At a sub batch of patients we have analyzed the non-traditional risk factors besides the traditional ones.

The study is representative for the hypertensive and coronary population of Mures County, including patients from Tirgu Mures as well as the adjacent areas – a population so far excluded from all other secondary prevention studies.

In 2008-2010 there were 2916 patients hospitalized at the Cardiovascular Recovery Clinic in Tirgu Mures. From these 1047 took part in the study.

We have observed that a large percentage of patients had already been suffering from cardiovascular disease complications at the time of hospitalization in the recovery ward. These complications are the result of 10 years of untreated hypertension and approximately 5 years of coronary damage. Their existence limits the possibility for cardiovascular rehabilitation, makes patients health care difficult and negatively affect individuals life quality and prognosis.

Classic cardiovascular risk factors are present for a number of years, including when the complications appear. Accumulation of risk factors is also common, 88% of patients having other conventional risk factors as well, besides hypertension. Control of risk factors is unsatisfactory at a large percentage of people, the recommended guidelines' goals being reached at only a small number of them.

Half of patients with extremely high cardiovascular risk do not achieve the guides' recommended target, especially those who present glucose metabolism disorder and those with cardiometabolic syndrome.

Moreover, even at the patients who have reached the recommended targets regarding arterial blood pressure we can observe a lack of circadian variability, which in turn represents a heightened risk for new cardiovascular events.