III Escuela de Verano Medicina Interna

SEMI
LA VISIÓN GLOBAL DE LA PERSONA ENFERMA

FEMI

Grupo de formación SEMI

¿CUÁL ES EL RIESGO VASCULAR DE ESTE PACIENTE?

Diego Real de Asúa

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¿QUÉ LE PUEDE AUMENTAR EL RIESGO?

- ¿ Edad y sexo?
- ¿ Hábitos tóxicos?
- ¿ Antecedentes familiares?
- ¿ Sus cifras de TA?
- ¿Su peso? o ¿su perímetro abdominal?, ¿ambos?
- ¿Sus análisis?
- ¿Sus pruebas complementarias?

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SEMI

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VARÓN 56 años

2007 Guidelines for the management of arterial hypertension

European Heart Journal (2007) **28**, 1462–1536

Table 2 Factors influencing prognosis

Risk factors
• Systolic and diastolic BP levels
• Levels of pulse pressure (in the elderly)
• Age (M > 55 years; W > 65 years)

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TABACO y ALCOHOL

(IPA 20 y 20 gr OH^- / día)

The Surgeon General's Report on
The Health Consequences of Smoking

28 Surgeon General's Reports on Smoking and Health, 1964–2004

prevention in clinical practice: executive summary

¡No mención específica del alcohol como FR!

http://www.cdc.gov/tobacco/

European Heart Journal (2007) **28**, 1462–1536

doi:10.1093/eurheartj/ehm316

SU MADRE
(HTA y DM2, fallece a los 60, IAM)

- *Framingham (USA):*

> that the risk associated with family history of early CHD (in first-degree relatives, male <55 years and female <65 years) ranges between 1.5 and 1.7 and is independent of classical CHD risk factors.[175,176]

- *II Northwick Park (UK):*
  - 2827 pacientes.
  - **Varones con AF:** RR x 1.7 de enfermedad coronaria.

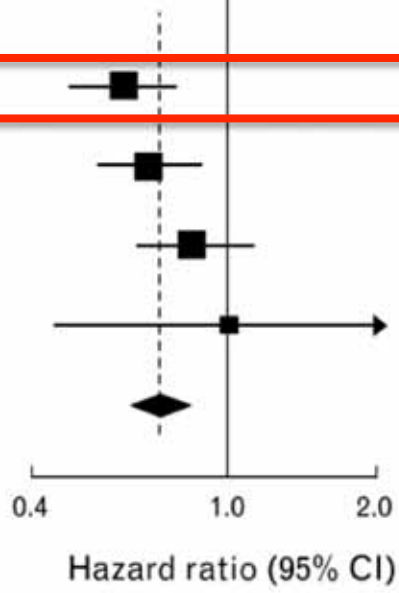
(Ann Hum Gen 2003;67:97)

doi:10.1093/eurheartj/ehm316

HTA

(en consulta: 167/98)

SBP (mmHg)	Events/patients active	Events/patients placebo	Combination therapy	SBP difference	Favours active / Favours placebo	Relative risk red. (95% CI)
All participants						
≥ 160	95/ 787	149/ 785	68%	11.1 mmHg		39 (-21 to 53)
140 to 159	105/1192	150/1204	58%	9.2 mmHg		31 (-11 to 46)
120 to 139	95/ 898	109/ 889	53%	7.6 mmHg		14 (-13 to 35)
< 120	12/ 174	12/ 176	42%	7.4 mmHg		0 (-123 to 55)
Total	307/3051	420/3054	58%	9.0 mmHg		28 (-17 to 38)



PROGRESS. J Hypertens 2006;24:1201

EL PESO o LA TRIPA
(86 Kg, IMC 29, PC 103 cm)

Sobrepeso vs **PC** en nivel de acción 2 OMS

In conclusion, there is no solid evidence for superiority of either variable in the prediction of risk factors. WC has the advantage of simplicity, may be a slightly better estimator of risk than BMI, but is probably more prone to measurement error.

doi:10.1093/eurheartj/ehm316

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

A. promote and support exclusive breastfeeding for the first six months of life and promote programmes to ensure optimal feeding for all infants and young children;

B. develop a national policy and action plan on food and nutrition, with an emphasis on national nutrition priorities including the control of diet-related noncommunicable diseases;

C. establish and implement food-based dietary guidelines and support the healthier composition of food by:

- **reducing salt levels**
- **eliminating industrially produced trans-fatty acids**
- **decreasing saturated fats**
- **limiting free sugars**

D. provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;

E. prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, salt;

http://www.who.int/nmh/publications/9789241597418/

SUS ANÁLISIS

- Glucemia 114 mg/dl.

M 5

(i)

- Ac. Úrico 7.8 mg/dl.

European Heart Journal (2007) **28**, 1462–1536

The metabolic syndrome in hypertension: European society of hypertension position statement

- Mecanismos propios de daño vascular.
- Elevada prevalencia de LOD subclínica.
- Factor independiente de alto riesgo vascular.

Journal of Hypertension 2008, 26:1891–1900

OTRAS PRUEBAS

1. **Microalbuminuria**: 45 mg/g.

   (pto corte varones 22 mg/g)

2. **Retinopatía** grado II.

3. **HVI**: IMVI 142 gr/m²

...tial component in the assessment of organ damage
...observ... ...ither
...focal ... ...ping)
...retinal ... ...ently
...report... ...nted
...clinica... ...rotid
...plaque... ...these
...milder... ...alysis
...to be... ...his is

Established CV or renal disease
• Cerebrovascular disease: ischaemic stroke; cerebral haemorrhage; transient ischaemic attack • Heart disease: myocardial infarction; angina; coronary
Subclinical organ damage
• Electrocardiographic LVH (Sokolow-Lyon >38 mm; Cornell >2440 mm*ms) or: • Echocardiographic LVH° (LVMI M ≥ 125 g/m², W ≥ 110 g/m²)

European Heart Journal (2007) **28**, 1462–1536

EN RESUMEN…

1. FUMADOR ACTIVO.
2. HTA esencial grado II, con LOD subclínica:
   - Microalbuminuria.
   - HVI.
   - y con AF de enfermedad cardiovascular precoz.
3. Dislipemia.
4. Sobrepeso.
5. Síndrome metabólico.
6. Hiperuricemia.

¿DÓNDE ESTAMOS?

Blood pressure (mmHg)					
Other risk factors, OD or Disease	Normal SBP 120–129 or DBP 80–84	High normal SBP 130–139 or DBP 85–89	Grade 1 HT SBP 140–159 or DBP 90–99	Grade 2 HT SBP 160–179 or DBP 100–109	Grade 3 HT SBP ≥180 or DBP ≥110
No other risk factors	Average risk	Average risk	Low added risk	Moderate added risk	High added risk
1–2 risk factors	Low added risk	Low added risk	Moderate added risk	Moderate added risk	Very high added risk
3 or more risk factors, MS, OD or Diabetes	Moderate added risk	High added risk	High added risk	High added risk	Very high added risk
Established CV or renal disease	Very high added risk	Very high added risk	Very high added risk	Very high added risk	Very high added risk

¿POR QUÉ HACERLO?

European guidelines on cardiovascular disease prevention in clinical practice: executive summary

Three strategies for the prevention of CVD can be distinguished: **population, high-risk and secondary prevention.**

- PRIORIDAD - pacientes **asintomáticos** de alto RV:
  - **Múltiples FR combinados**

  (edad-sexo, ECV precoz, fumador, sobrepeso, HTA , DL, sd. metabólico)
  - Un FR con datos de **LOD subclínica**

doi:10.1093/eurheartj/ehm316