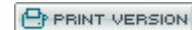


Abstract 84334

*denotes a mandatory field



Abstract Information

Abstract Submitter:	Doctor Zhang Danyi - dzhang@vitalstrategic.com
Event:	ESC Congress 2009
Status:	Accepted
Number:	84334
Title:	Can one drug fit all? - urban Chinese population has high prevalence of CAD and stroke with unique pattern of risk factors - a study of CCMR
Evaluation Topic:	06.15 - Regional / Ethnic differences
Acronym Abbreviation:	CCEIP
Acronym:	Capital Community Cholesterol Education and Intervention Program
On Behalf of:	CCMR
Category:	Bedside
Options:	No Options

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Abstract Content

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INTRODUCTION:

Rapid economic development and adverse changes of lifestyle in China have resulted in increasingly high incidence of cardiovascular mortality and morbidity. China Cardiometabolic Registries (CCMR), which includes both community based population surveys and prospectively designed cohort studies in patients with cardiovascular or metabolic diseases, was designed to establish longitudinal database that can provide valid information on disease progression and scientific basis for allocation of health care resources.

OBJECTIVES:

As part of CCMR program, the Capital Community Cholesterol Education and Intervention Program (CCEIP), was conducted to assess the prevalence of cardiovascular diseases, general awareness of risk factors, and outcomes of disease education.

METHOD:

The survey was conducted in a 15 million people community in Beijing. Multistage sampling was taken based on geographic region. Participation in the survey was voluntary. The baseline data collection was performed from May 2007 to August 2008. Follow up visit is planned in 2 years. Multivariate analysis was performed.

RESULTS:

A total of 10,002 individuals participated in the survey, with a mean age of 53 years old (range from 16 to 96). Among them, 36.6% were male, 30.4% were smokers of 10 years or longer, 33.7% had hypertension, 35.8% had dyslipidemia (20% high TC, Tg, or LDL, 15.8% low HDL), 10.1% were overweight (>80kg), 6.8% were diagnosed with type II diabetes, 9.5% had history of coronary artery diseases, and 4.2% had history of ischemic stroke or TIA The prevalence of CAD

and stroke were higher in those with metabolic syndrome, almost doubled if also diabetic as shown in the table below. Men were in much higher risk of CAD and stroke than women (17.9% men vs. 4.6% women for CAD, $p < 0.001$, 7.0% men vs. 3.6% women for stroke, $p < 0.001$).

CONCLUSION

The survey showed that Chinese adult population is no less vulnerable to CAD and ischemic stroke than westerners. The unique pattern of risk factors warrants testing of western developed therapy in Chinese patients and may require modification of regimens in order to achieve the optimal therapeutic outcomes

Impact of metabolic syndrome

	Metabolic Syndrome (N=2325)	Metabolic Syndrome with Diabetes (N=357)	p Value
Ischemic Stroke n, (%)	159 (6.8)	42 (11.8)	0.001
CAD n, (%)	351 (15.1)	94 (26.3)	< 0.001

CAD - Coronary artery disease