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بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغييرات



Salwa Akl



بعض الوثائق الأصلية تالفة
وبالرسالة صفحات لم ترد بالأصل



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**Assessment of the prevalence of risk factors of
ischemic heart disease among faculty members of
Suez Canal University**

A thesis submitted for partial fulfillment of master degree in Cardiology

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Abbreviations

- ACE: Angiotensin converting enzyme.
 - ADA: American diabetes association.
 - ADMA: Asymmetric dimethylarginine.
 - AFCAPS/TexCAPS: The Air Force/Texas Coronary Atherosclerosis Prevention Study.
 - AMI: Acute myocardial infarction.
 - Apo-B: Apolipoprotein-B.
 - BECAIT: Bezafibrate Coronary Atherosclerosis Intervention Trial.
 - BMI: Body mass index.
 - C. pneumoniae : Chlamydia pneumoniae.
 - CAD: Coronary artery disease.
 - CARE: Cholesterol And Recurrent Events trial.
 - CDC: Center for disease control.
 - CDS: Cardiovascular dysmetabolic syndrome.
 - CETP: Cholesterylester transfer protein.
 - CHD: Coronary heart disease.
 - CRP: C-reactive protein.
 - DM: Diabetes mellitus.
 - ECG: Electrocardiogram.
 - FH: Familial hypercholesterolaemia.
 - FHCHD: Family history of coronary heart disease.
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- FPG: Fasting plasma glucose.
 - GP IIIa: Glycoprotein IIIa.
 - GRIPS: The Goettingen Risk, Incidence and Prevalence Study.
 - HARP: The Howard Atherosclerosis Reversibility Project.
 - HDL-C: High-density lipoprotein cholesterol.
 - HRT: Hormonal replacement therapy.
 - ICAM-1: Intercellular adhesion molecule-1.
 - ICD: The international classification of mental and behavioral disorders.
 - IDDM: Insulin dependent diabetes mellitus.
 - IGF-1: Insulin-like growth factor-1.
 - IHD: Ischemic heart disease.
 - JNC: Joint national committee.
 - LCAS: Lipoprotein and Coronary Atherosclerosis Study.
 - LDL-C: Low-density lipoprotein cholesterol.
 - LIPID: Long-term intervention with pravastatin in ischemic disease.
 - Lp (a): Lipoprotein (a).
 - LRC-CPPT: Lipid Research Clinics-Coronary Primary Prevention Trial.
 - LV: Left ventricle.
 - LVH: Left ventricle hypertrophy.
 - MARS: The Monitored Atherosclerosis Regression Study.
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- MI: Myocardial infarction.
 - MRFIT: Multiple Risk Factors Intervention Trial.
 - NCEP: National cholesterol education program.
 - NIDDM: Non-insulin dependent diabetes mellitus.
 - ox-LDL: Oxidized low-density lipoprotein cholesterol.
 - PAI-1: Plasminogen activator inhibitor-1.
 - REGRESS: Regression Growth Evaluation Statin Study.
 - SHC: Steroid hormonal contraceptive.
 - SHEP: Systolic hypertension in the elderly program.
 - SSSS (4S): Scandinavian Simvastatin Survival Study trial.
 - SUA: Serum uric acid.
 - T.C.: Total cholesterol.
 - TABP: Type A behavior pattern.
 - t-PA: Tissue plasminogen activator.
 - U.S.: United States.
 - UA: Unstable angina.
 - VLDL: Very low-density lipoprotein cholesterol.
 - WCS: The Western Collaborative Study.
 - WHO: World health organization.
 - WHR: Waist / hip ratio.
 - WOSCOPS: West of Scotland Coronary Prevention Study.

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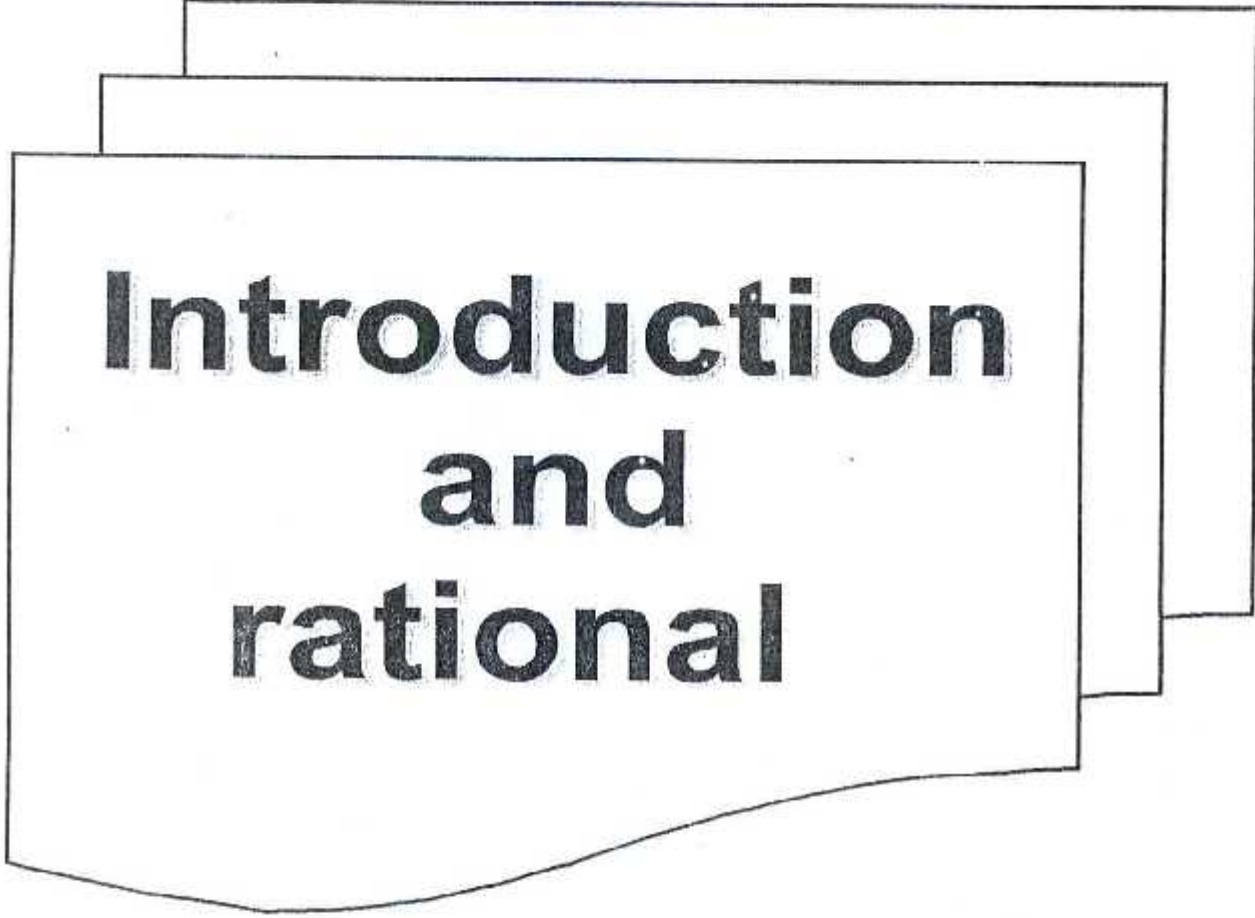
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Introduction and rational

Introduction and rational

Coronary heart disease (CHD) is the leading cause of morbidity and mortality in the industrialized world. CHD is the number one killer in the United States (*Topol et al., 2000*). It causes 4 millions deaths in the world each year. Even sometimes if not fatal, it is sufficient to seriously affect functional ability (*WHO, 1996*).

It is now an emerging major health problem in developing countries. The incidence curve of CHD, among Egyptians, is rising in the last few decades. This is a general impression among Egyptian physicians repeatedly discussed in scientific meetings. This impression is reflected by increase in number of patients admitted to coronary care units, although no accurate statistical data are available.

Atherosclerosis is a process that usually starts early in childhood predominantly in the abdominal aorta. Then, it spreads to involve the femoral arteries and finally spreads to the coronary arteries (*Fuster et al, 1992*).

It usually starts asymptomatic until the luminal narrowing exceeds 50%, then the patient starts to experience symptoms of ischemia including anginal chest pain, claudication and manifestations of cerebrovascular insufficiency (*Basha & 1996*).

Epidemiological data have strongly linked untreated hypertension, elevated levels of total cholesterol and low-density lipoprotein with subsequent development of CHD (*Cremer et al., 1997*).