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Risk Assessment of Coronary Heart Disease in Assiut University Staff

B10271

Thesis
Submitted for partial fulfillment of master degree in cardiology

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To My Son Moataz

And My Daughter

Miral

ACKNOWLEDGMENT

I am absolutely lucky to be supervised and directed by ***Professor Abdel kader A. Kholeif,*** professor of Internal Medicine, Faculty of Medicine, Assiut University, who suggested this work, kindly offered his remarkable experience through revising every part of this thesis and for his valuable guidance, wise advice, helpful suggestion which made the completion of this work possible.

I am really pleased to acknowledge with gratitude ***Dr. Mohie El-din A. Selim,*** lecturer of Public Health and Community Medicine, Faculty of Medicine, Assiut University, who suggested and encouraged this study, also for his expert guidance in the statistical analysis and revising this text.

I would like to express my deepest thanks and gratitude to ***Professor Nadia M. Selim,*** professor and chairman of Internal Medicine and Cardiology departement, Faculty of Medicine, Assiut University, for her continuos help, guidance, encouragement in all stages of this work, close supervision and revising the text.

I would like to express my cordial and sincere gratitude to ***Professor Farag M. Moftah,*** Professor of Public Health and Community Medicine, Faculty of Medicine, Assiut University, for his valuable advice, and guidance for the statistical part in this study.

I do express my deep gratitude towards all my colleagues in the Coronary Care Unit, Internal Medicine Deportment, Assiut University hospital, who helped me morally during the conduction of this work.

List of contents

1-INTRODUCTION AND AIM OF THE STUDY 1-2

2- REVIEW 3-63

2-1 Definition of CHD

2-2 Epidemiology of CHD

2-3 Risk factors of CHD

2-3-1 Definition

2-3-2 Un-modifiable risk factors

Age

Sex

Family history of CHD

2-3-3 modifiable risk factors

Major risk factors

Hypertension

Abnormal lipid profile

Smoking

Left ventricular hypertrophy (LVH)

Diabetes mellitus

Other risk factors

Physical inactivity

Obesity

Total plasma homocysteine level

Oxidative stress

2-4 Risk assessment

2-6 Prevention of CHD in clinical practice 69

3-SUBJECTS AND METHODS 64-70

3-1 Strategy

3-2 Sample

3-3 Technical design

3-3-1 clinical examination sheet

3-3-2 cardiovascular risk scoring sheet

3-4 Statistical analysis

3-5 Inclusion criteria

3-6 Exclusion criteria

3-7 Ethical considerations

4-RESULTS 70-95

5- DISCUSSION 96-110 109

6-SUMMARY AND COCLUSIONS 110-113

7-RECOMMENDATIONS 115-117

8-REFERANCES 118-134

* ARABIC SUMMARY

Abbreviations

AUS: Assiut University Staff

BMI: Body Mass Index

BP: Blood Pressure

CHD: Coronary Heart Disease

CVD: Cardiovascular Disease

DBP: Diastolic Blood Pressure

ECG: Electrocardiogram

EMR: Eastern Mediterranean Region

HDL: High Density Lipoprotein

Ht.: Height

IDL: Intermediate Density Lipoprotein

LDL: Low Density Lipoprotein

LP (a): Lipoprotein (a)

LVH: Left Ventricular Hypertrophy

MI : Myocardial Infarction

NCEP: National Cholesterol Education Program

RW: Relative Weight

SBP: Systolic Blood Pressure

TC: Total Cholesterol

TG: Triglyceride

VLDL: Very Low Density Lipoprotein

WHO: World Health Organization

Wt.: Weight

INTRODUCTION AND AIM OF THE STUDY

INTRODUCTION

Coronary heart disease (CHD) continues to be a leading cause of mortality and morbidity among adults in Europe and North America (Mc Govern , et al., 1992).

Although there is a downward trend in cardiovascular mortality rates, morbidity and mortality rates from CHD remain high and are of great concern to clinicians and health officials.

About 700,000 patients are hospitalized each year with a diagnosis of acute myocardial infarction (MI) in the United States of America, and about 400,000 people die from CHD each year in the USA, accounting for about one-third of all deaths. CHD costs the USA about 15 percent of the annual USA health care budget. Each year, there is more hospitalization for CHD than for any broad diagnostic group with the exception of births, all respiratory diseases, all digestive diseases, and all injuries (Lane, 1995).

The overall objective of CHD prevention both in patients with clinically established CHD or other atherosclerotic disease and in high risk individuals is the same: to reduce the risk of subsequent major CHD events or other vascular events and thereby reduce mortality and prolong survival (task force report, 1998).

Modest reductions in multiple risk factors are likely to reduce CHD risk more than aggressive reduction of a single risk factor while ignoring others; this can be appreciated from the Coronary Risk Chart.

Thus even modest success in term of risk factor reduction may be associated with a useful and substantial reduction in risk and should stimulate a positive and encouraging attitude from physicians.

From these considerations, it will be apparent that the objective should be to reduce absolute coronary heart disease risk as far as possible based on multiple risk factor intervention.

In any given age group, lifestyle changes should be encouraged which will reduce absolute coronary heart disease risk towards the lowest level possible for a person in that age group (Task Force Recommendations,1998).

Aim of this study:

1. T o assesses the risk of developing CHD for AUS.

2. To suggest the prevention programs and lifestyle modification for prevention of CHD among AUS.

3. To modify and update the clinical and laboratory data included in the questionnaire used in "Health Check up Unit for AUS".