

# Cuadro de referencia

- 1- Riesgo CV vs patologías con riesgo CV
- 2- La epidemiología - es decir: la historia real de las poblaciones -, vs la EBM - es decir: la(s) suma(s) de las evidencias experimentales sobre intervenciones específicas.
- 3- Las "filosofías" - es decir la(s) cultura(s) en búsqueda de prácticas - de:
  - Interheart (Enf + Percepciones de vida)
  - Cartas del riesgo (Enf.)
  - Social determinants of Health

## Cuadro de referencia

### 4- Niveles vs estrategias de control

- El modelo de Riesgo y Prevención

└─ medidas → percepción → toma en cargo

- El caso de Ecuador

└─ lo esencial y la ISH

- El escenario Finlandia

└─ Riesgo absoluto → Programa nacional de largo  
plazo → “Atención primaria” a estilos de vida.

### 5- En los países “en desarrollo” se constata el riesgo CV que aumenta, sin documentar [la imposibilidad de] su control.

WHO-ISH method		Blood pressure (mm Hg)			
		<140/90	140-159/90-99	160-179/100-109	≥180/110
Other RF and disease history	No other RF <sup>2</sup> or disease history	Average risk	Low risk	Moderated risk	High risk
	1-2 RF <sup>1</sup>	Low risk	Moderated risk	Moderated risk	Very high risk
	≥3 RF <sup>1</sup> or TOD <sup>2</sup> or diabetes	Moderated risk	High risk	High risk	Very high risk
	ACC <sup>3</sup>	High risk	Very high risk	Very high risk	Very high risk

"essential" method		Blood pressure (mm Hg)			
		<140/90	140-159/90-99	160-179/100-109	≥180/110
Other RF and disease history	No other RF or disease history	Average risk	Low risk	Moderated risk	High risk
	Aging <sup>4</sup> or smoking	Low risk	Moderated risk	Moderated risk	Very high risk
	Diabetes	Moderated risk	High risk	High risk	Very high risk
	ACC <sup>3</sup>	High risk	Very high risk	Very high risk	Very high risk

RF = risk factor; TOD = target organ damage; ACC = associated clinical conditions.

- aging (men > 55 years and women > 65 years), smoking, total cholesterol > 250 mg/dL
- TOD included evidence of left ventricular hypertrophy in the electrocardiogram, proteinuria or slight elevation of plasma creatinine (1.2-2.0 mg/dL).
- past or current symptoms of coronary disease, heart failure, cerebrovascular disease, vascular disease, renal disease
- men > 55 years and women > 65 years

Table 2. Cardiovascular risk estimated with and without laboratory investigations<sup>1</sup>

Systolic and diastolic blood pressure		
< 140/90 mm Hg	72 (14%)	
140-159 / 90-99 mm Hg	126 (25%)	
160-179 / 100-109 mm Hg	133 (27%)	
≥ 180 / 110 mm Hg	173 (34%)	
Other risk factors <sup>2</sup> and disease history	With laboratory investigations	Without laboratory investigations
No other risk factors	235 (47%)	285 (57%)
1-2 risk factors	167 (33%)	168 (33%)
3 or more risk factors or TOD <sup>3</sup> or diabetes	80 (16%)	29 (6%)
Associated clinical conditions <sup>4</sup>	22 (4%)	22 (4%)
Stratification of total cardiovascular risk	With laboratory investigations	Without laboratory investigations
Very low risk	33 (6%)	47 (9%)
Low risk	94 (19%)	99 (20%)
Medium risk	160 (32%)	157 (31%)
High risk	102 (20%)	104 (21%)
Very high risk	115 (23%)	97 (19%)

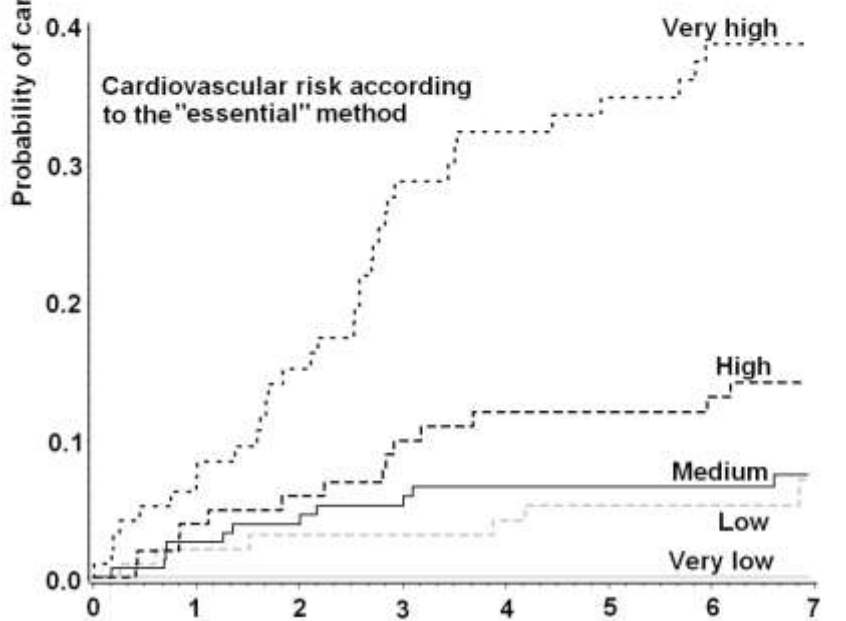
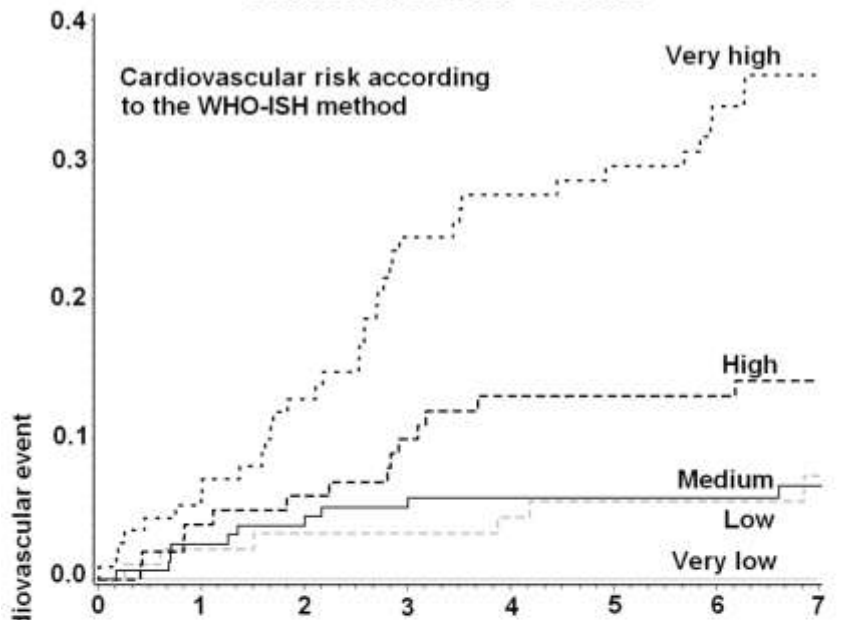
1. Electrocardiogram, serum total cholesterol, serum creatinine, urinalysis for protein.

2. aging (men > 55 years and women > 65 years), current smoking, total cholesterol > 250 mg/dL

3. target-organ damage (TOD) included evidence of left ventricular hypertrophy (LVH) in the electrocardiogram, proteinuria or slight elevation of plasma creatinine (1.2-2.0 mg/dL).

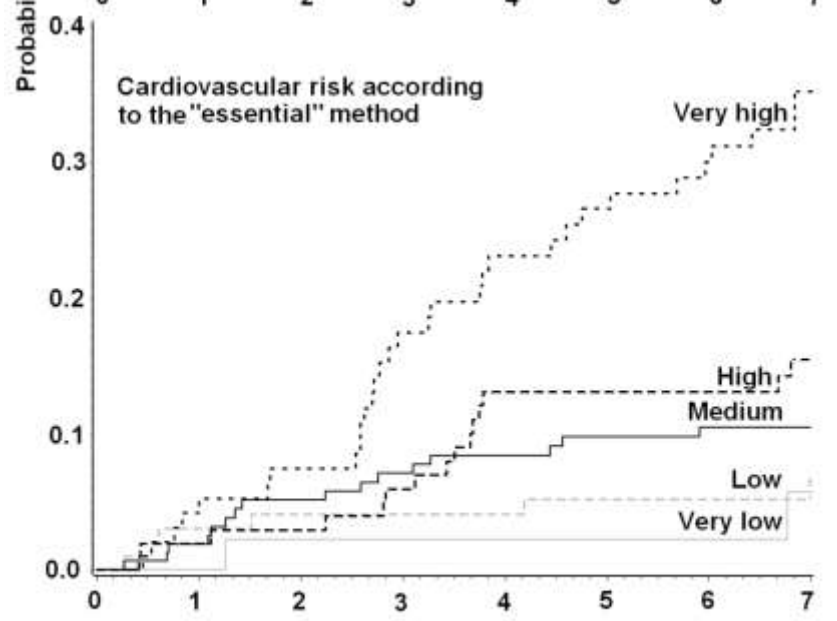
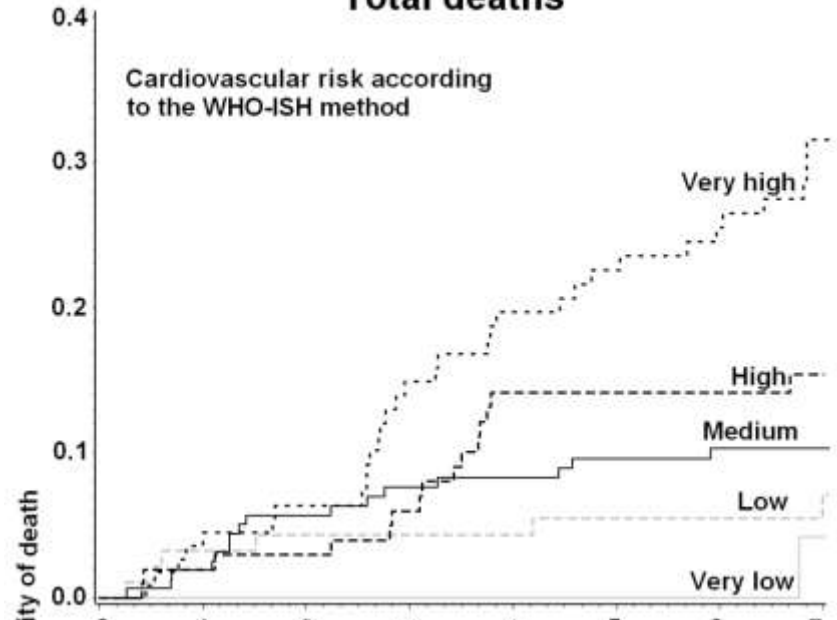
4. past history or current symptoms of coronary disease, heart failure, cerebrovascular disease, vascular disease, renal disease

### Cardiovascular events



Numbers at risk  
 504 474 446 418 402 383 378 241

### Total deaths



Numbers at risk  
 504 482 460 440 421 403 398 264