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CARDIOVASCULAR RISK IN DIABETIC PATIENTS. EVALUATION UKPDS RISK ENGINE SCORE IN SPANISH PEOPLE.

OBJECTIVE: To evaluate concordance and discrepancy on cardiovascular risk estimation in diabetic patients between UKPDS RISK ENGINE and FRAMINGHAM, REGICOR (Framingham calibrate to Spain) and SCORE scales

METHODS:

DESIGN: Descriptive observational study

SETTING AND SUBJECT: We chosen, from a cohort 820 hypertensive patients, selected by aleatory simple sampling, on long time follow up in primary care, all patients with diabetes, 183 in total. They were women 64%, mean aged 73 years. The mean time from diabetes diagnostics was 11 years.

MEASUREMENTS: Sex, aged, blood pressure, fasting glicemia, HbA1c, lipids and smokers.

Cardiovascular risk factors was estimate with: UKPDS risk estimate coronary hard risk (myocardial infarction fatal and non fatal and sudden death) in 10 years, FRAMINGHAM (Grundy 99) estimate coronary total risk and coronary hard risk, REGICOR estimate coronary total risk and SCORE estimate cardiovascular mortality

RESULTS:

UKPDS risk: Mean risk 15.58%(IC95%:17.27-23.9), men 20.6%,women 13.4%(p<0.05).

Framingham: Mean total coronary risk 20,49% (IC95%:29.11-21.88), men 23.84%,women 18,65% (p<0.05). Mean Coronary hard risk:15,28%(IC95%:14.06-16.5), men 19,09%, women 13,18%(p<0.05).

Regicor: Mean total coronary risk 7,59%(IC95%:7.05÷8.14), men 8,32%, women 7,19%(p=0.05).

SCORE: Mean cardiovascular mortality risk: 7,23%(IC95%:6,66-7,80), men 7,44%, women 7,11% (p>0.05).

Correlation (r) de UKPDS and other scales: Framingham total risk: 0.67, Framingham hard risk: 0.68, Regicor: 0.60 and SCORE: 0.60 (p<0.01).

There are discrepancies in classification (low risk vs high and very high risk) between UKPDS RISK ENGINE and Framingham (Coronary hard risk) only in 11 patients (6%) and Framingham (Coronary total risk) in 18 patients (9.8%). However REGICOR considered in low risk 37 (20%) patients while UKPDS classify in high or very high risk and SCORE classify 42 patients (23%) in high or very high risk while UKPDS considered in low risk.

CONCLUSIONS:

We found strong positive correlation between UKPDS RISK ENGINE and FRAMINGHAM, REGICOR and SCORE scales. However there are important discrepancies on classification of patients in risk categories, REGICOR underestimate and SCORE overestimate UKPDS risk estimated.