

**Longitudinal trends in CV mortality and
major RF in the Czech population in 1985 to
2007-8**

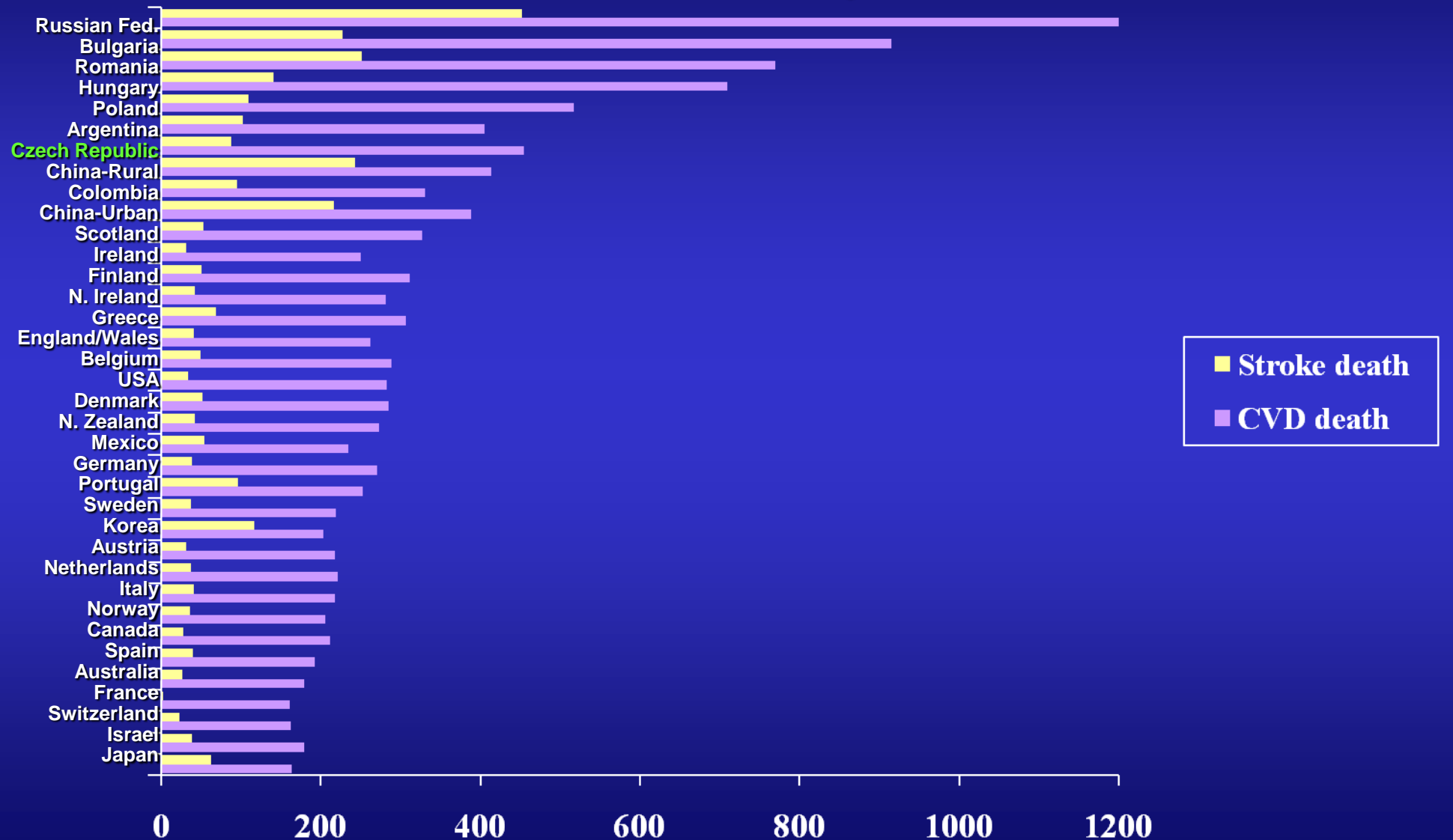
Czech MONICA and Czech post-MONICA study

Renata Cífková et al.

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Department of Medicine II, Charles University Medical School
Department of Preventive Cardiology, IKEM
Prague, Czech Republic*

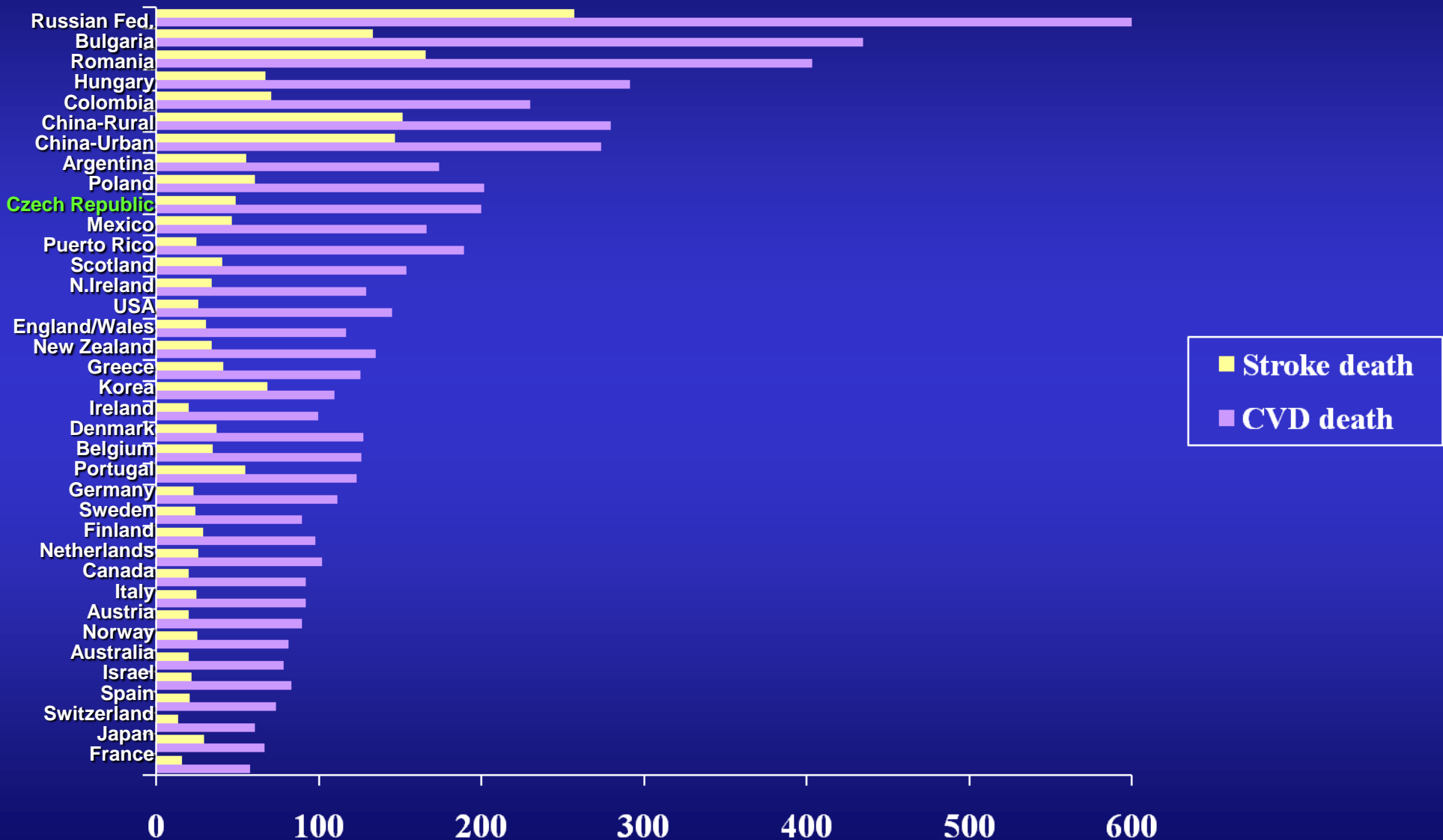
Death Rates for CVD and Stroke

Men, 35-74 yrs



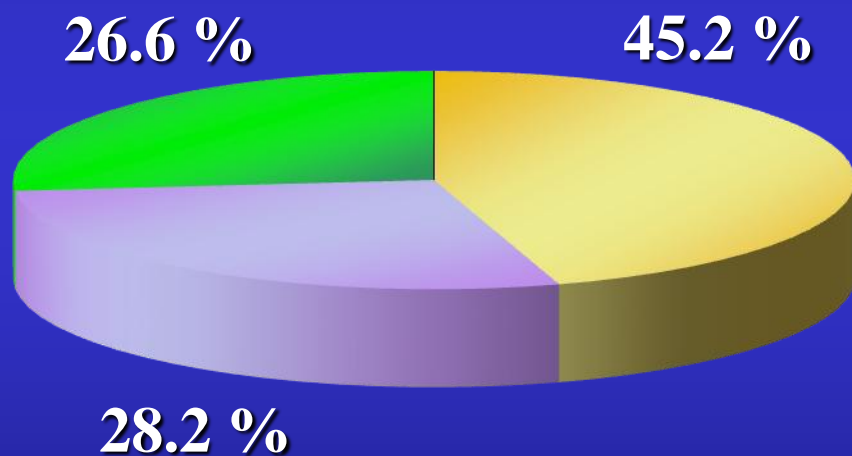
Death Rates for CVD and Stroke

Women, 35-74 yrs

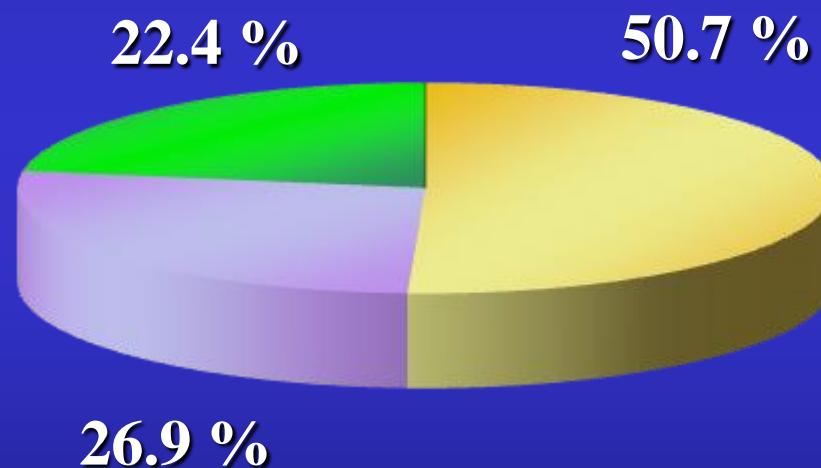


Standardized mortality Czech Republic, 2008

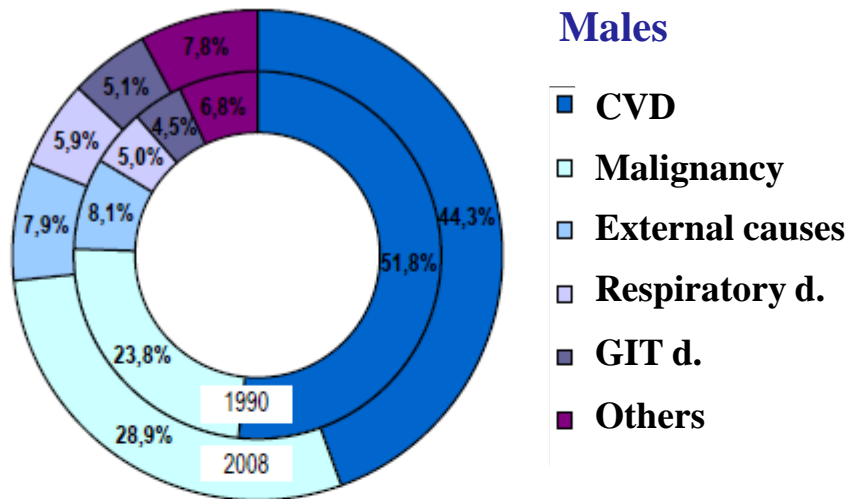
Males



Females

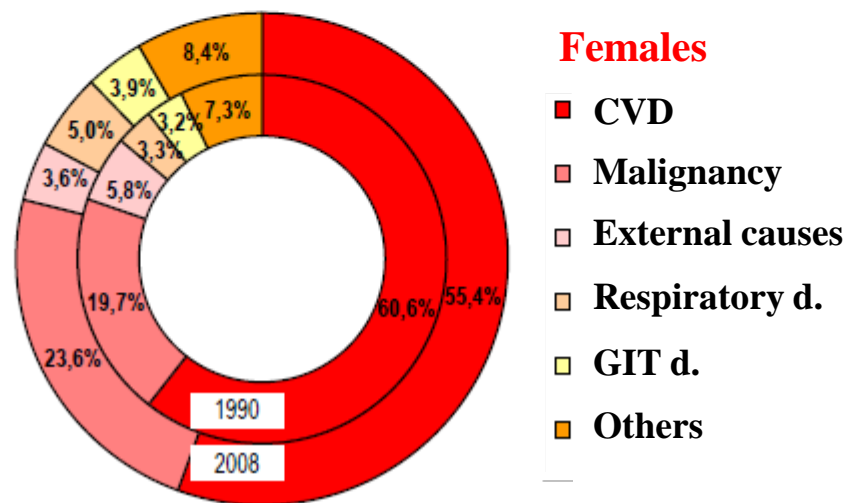


Structure of standardized death, Czech Republic, 2008



Males

- CVD
- Malignancy
- External causes
- Respiratory d.
- GIT d.
- Others



Females

- CVD
- Malignancy
- External causes
- Respiratory d.
- GIT d.
- Others

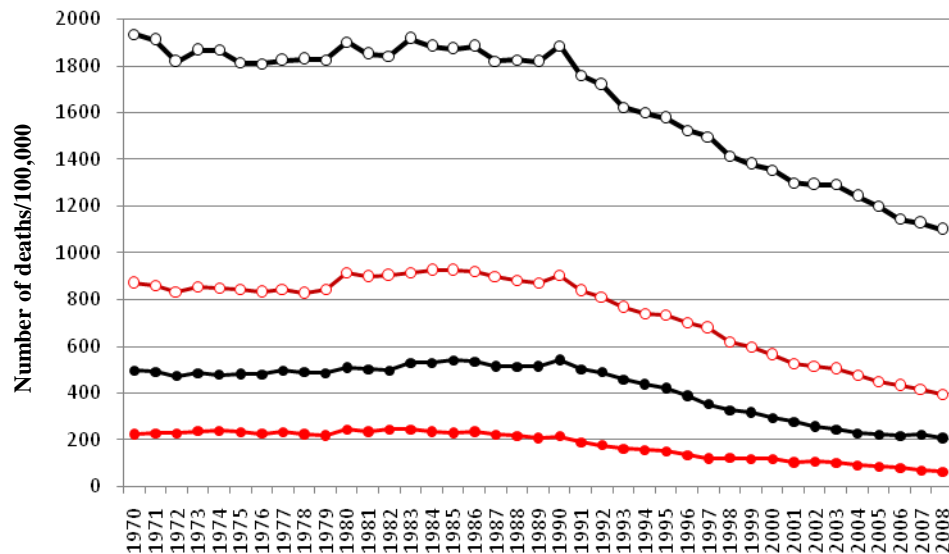
Age-adjusted death rates/100,000

Czech Republic, 1985-2008

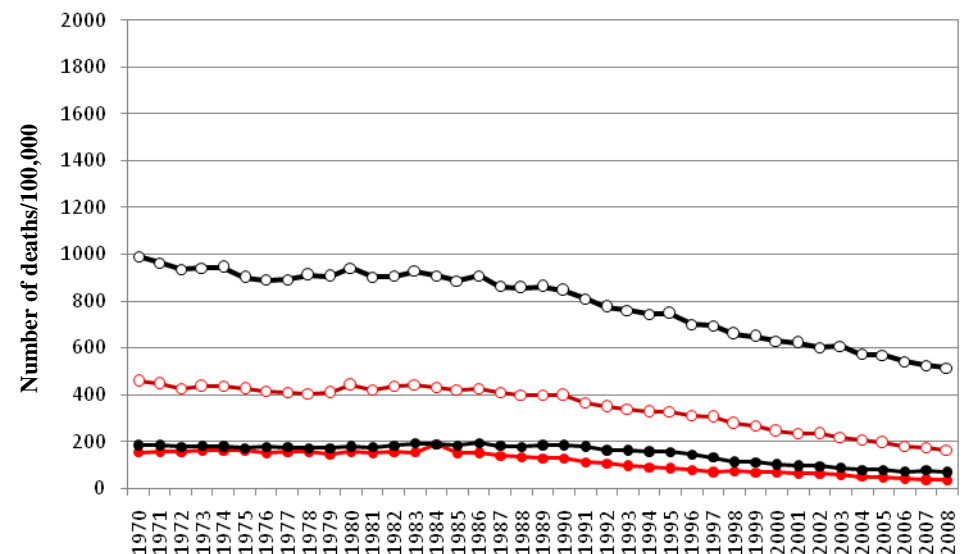
Males	1985	2008	△ %	p
- Total	1581	967	- 38.8	< 0.001
- CVD	844	437	- 48.2	< 0.001
- CHD	436	227	- 47.9	< 0.001
- Stroke	250	87	- 65.2	< 0.001
Females				
- Total	944	577	- 38.9	< 0.001
- CVD	548	292	- 46.7	< 0.001
- CHD	223	137	- 38.6	< 0.001
- Stroke	202	71	- 64.9	< 0.001

Age-stand. total, CVD, IHD, and stroke mortality (age group 35-74 yrs) Czech Republic 1970-2008

Males

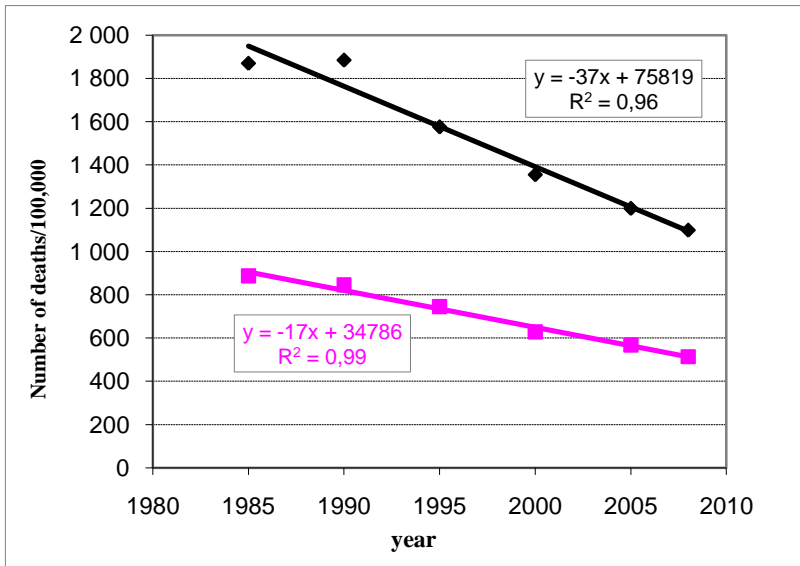


Females

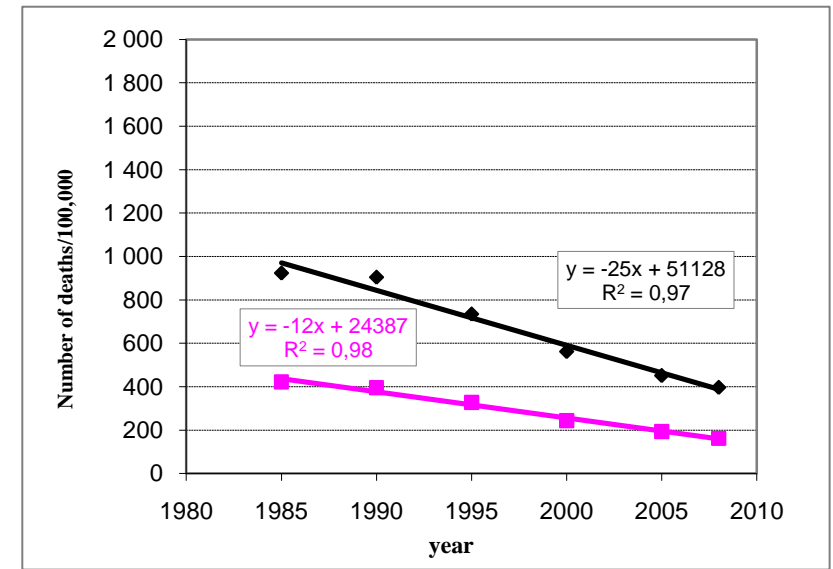


- Total mortality
- CVD mortality
- IHD mortality
- Stroke mortality

Total mortality, age 35-74 years
Males vs Females: $p = 0,001$

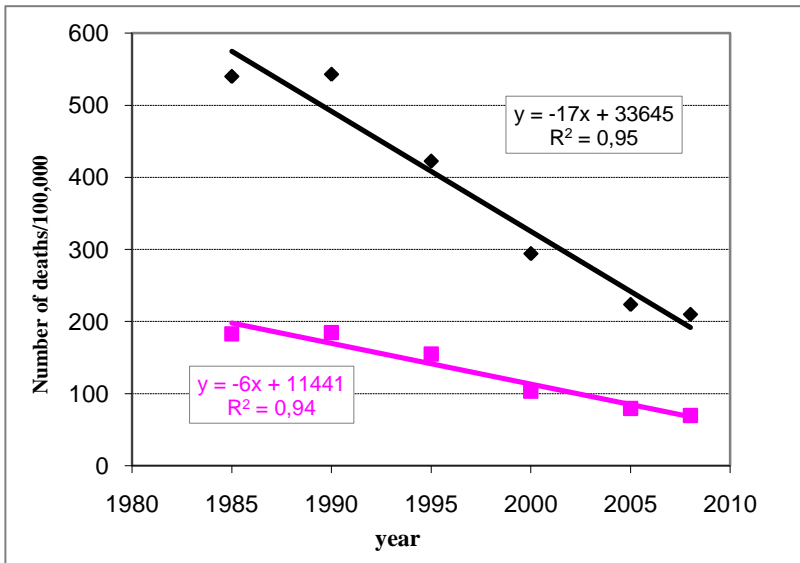


CVD mortality, age 35-74 years
Males vs Females: $p = 0,001$

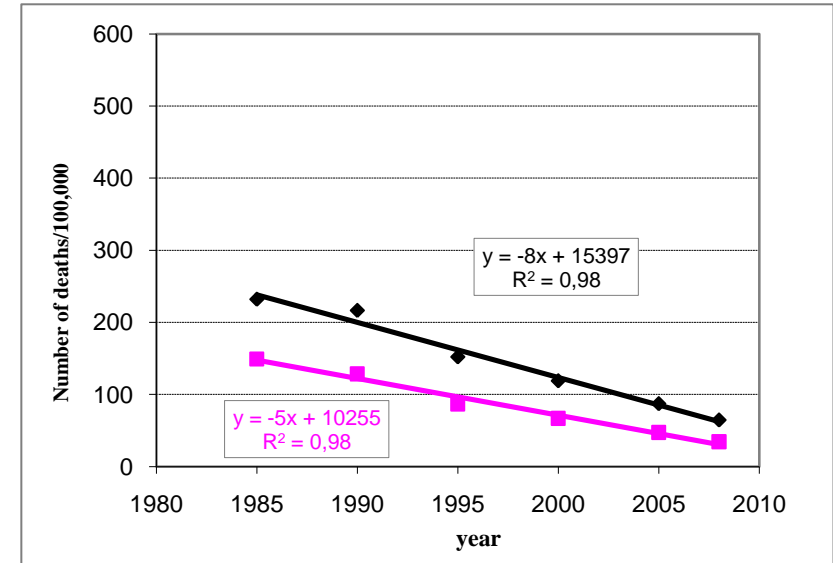


◆ Males
■ Females

CAD mortality, age 35-74 years
Males vs Females: $p = 0,001$



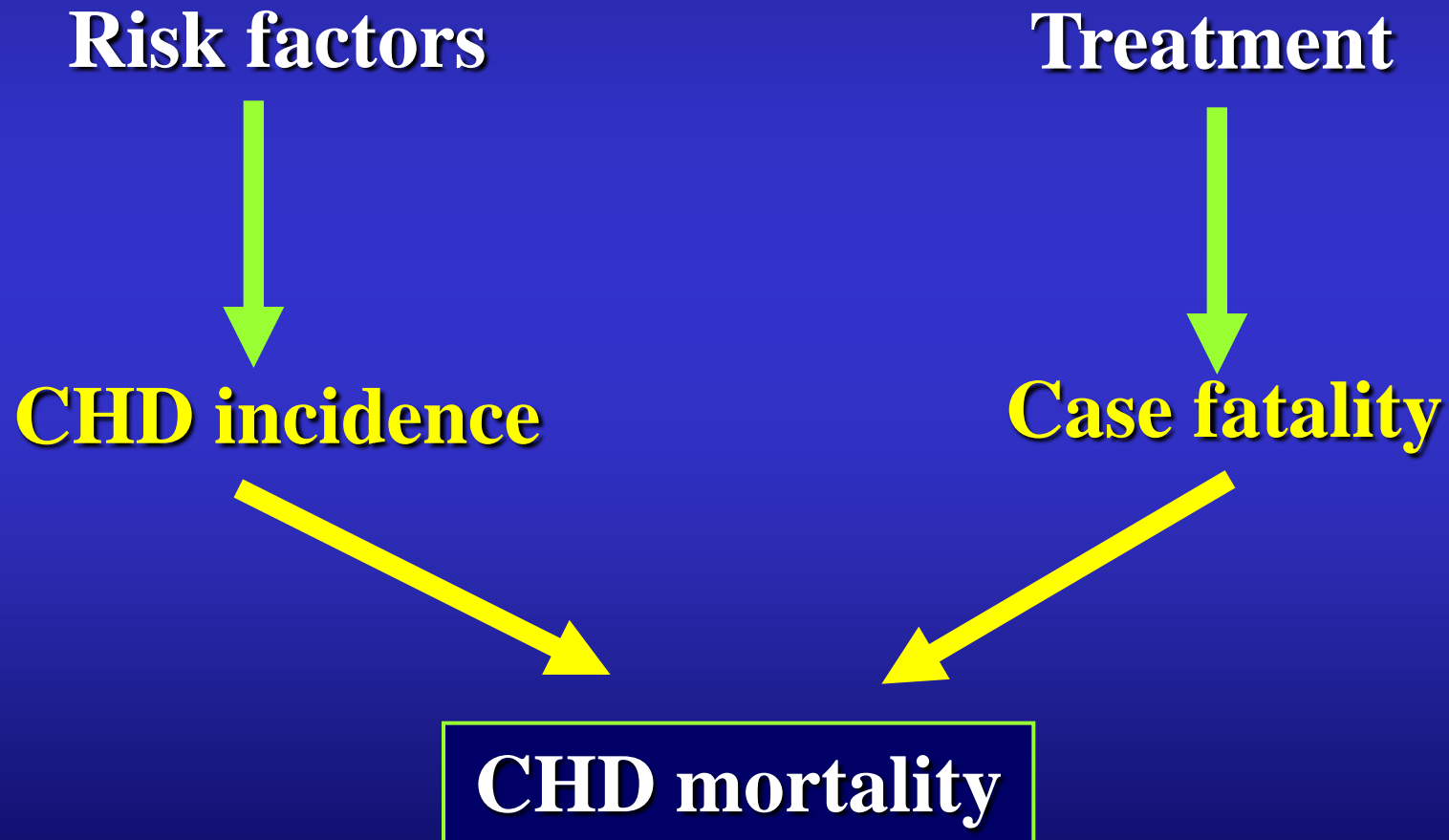
Stroke mortality, age 35-74 years
Males vs Females: $p = 0,0041$



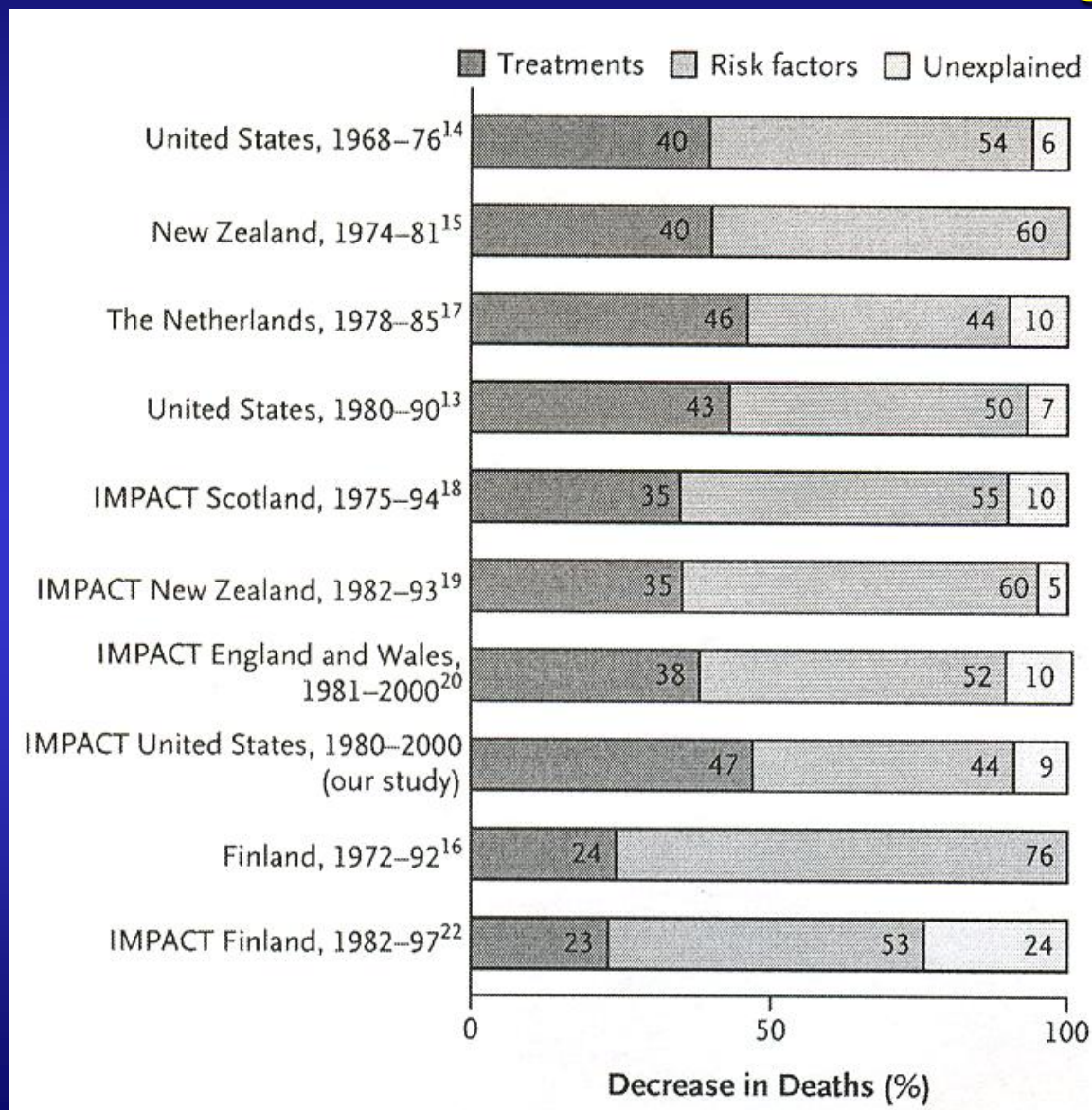
Life Expectancy at Birth

	Males	Females
1981 - 1985	67.1	74.1
<i>1986 - 1990</i>	<i>67.7</i>	<i>74.8</i>
1991 - 1995	68.9	75.8
<i>1997</i>	<i>70.5</i>	<i>77.5</i>
<i>2000</i>	<i>71.7</i>	<i>78.4</i>
<i>2005</i>	<i>72.9</i>	<i>79.1</i>
<i>2007</i>	<i>73.7</i>	<i>79.9</i>

Factors affecting CHD mortality

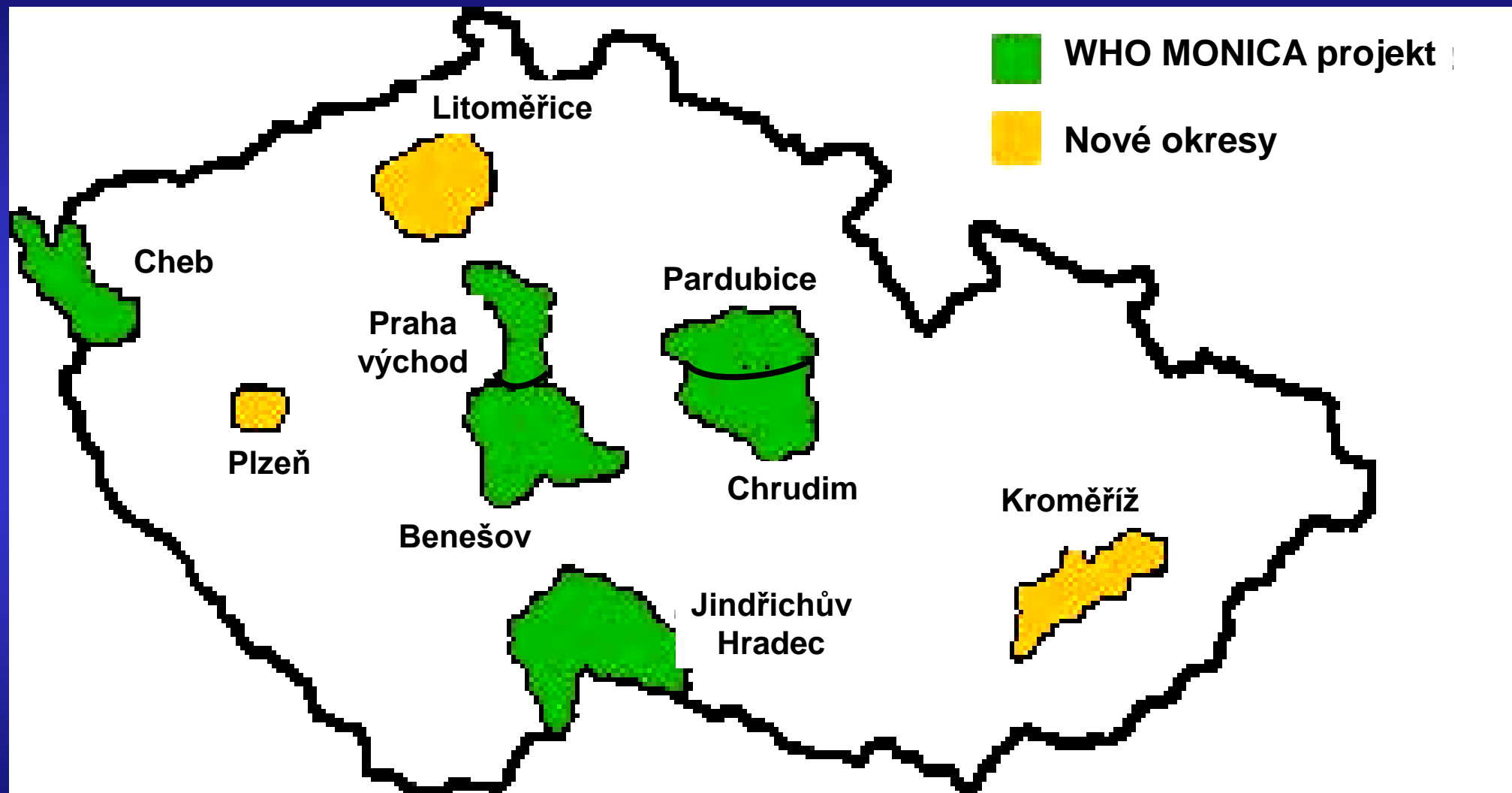


Percentage of the Decrease in Death from CHD Attributed to Treatment and Risk Factor Changes



Lifestyle and CVD risk factors

Lifestyle	Biochemical or physiological characteristics (<i>modifiable</i>)	Personal characteristics (<i>non-modifiable</i>)
<p>Diet (rich in calories, saturated fats, cholesterol)</p> <p>Smoking</p> <p>Low physical activity</p> <p>Increased alcohol consumption</p>	<p>Hypertension</p> <p>Elevated total (LDL-) cholesterol</p> <p>Decreased HDL-cholesterol</p> <p>Elevated triglycerides</p> <p>Impaired fasting glucose /diabetes</p> <p>Overweight/obesity</p> <p>Thrombogenic factors</p> <p>Markers of chronic inflammation</p>	<p>Age</p> <p>Gender</p> <p>Family history of premature CVD</p> <p>Personal history of CVD</p> <p>Genetic markers</p>



Sample sizes and response rates

	1985	1988	1992	1997/8	2000/1	2007/8
Total	2570	2768	2343	1990	2055	2246
Males	1253	1357	1134	969	1003	1102
Resp.	81.5	85.5	73.2	63.2	62.0	62.7***
Females	1317	1411	1209	1021	1052	1144
Resp.	85.0	88.4	76.7	66.4	63.8	63.1***

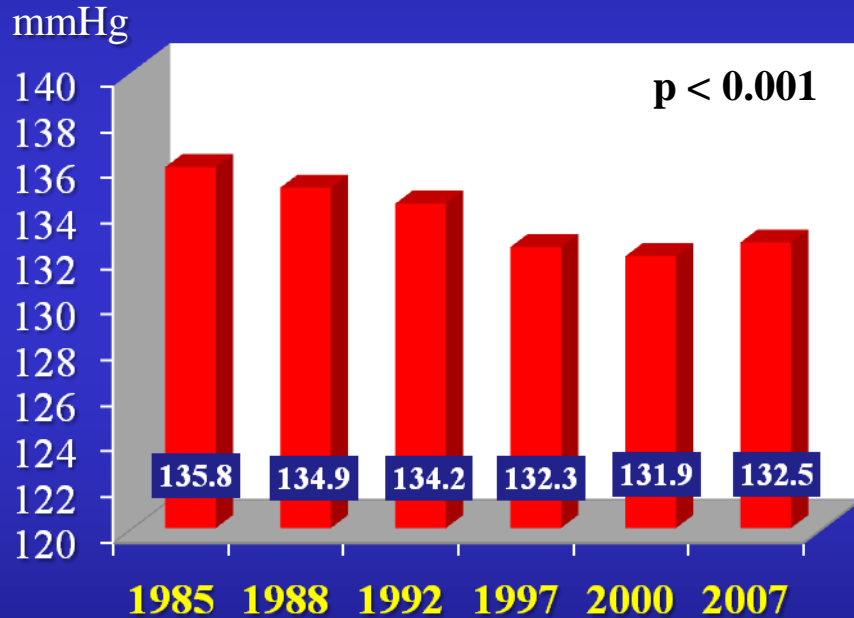
*** $p < 0.001$ for trend

Methods

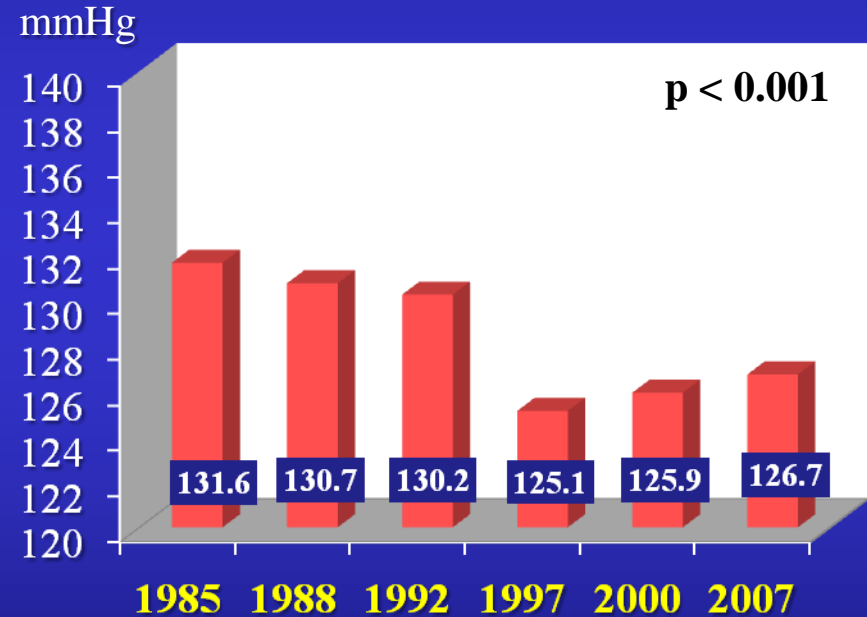
- 1985** Physician-completed questionnaire
1988 (CVD history)
1992 Body weight, height, BP
Total cholesterol, HDL-cholesterol
- 1997/98** Physician-completed questionnaire
2000/01 (CVD history incl. *family history*)
2007/08 Body weight, height, BP, *waist/hip ratio*
Total cholesterol, HDL-cholesterol
Triglycerides
Fasting glycemia

Systolic BP

Males

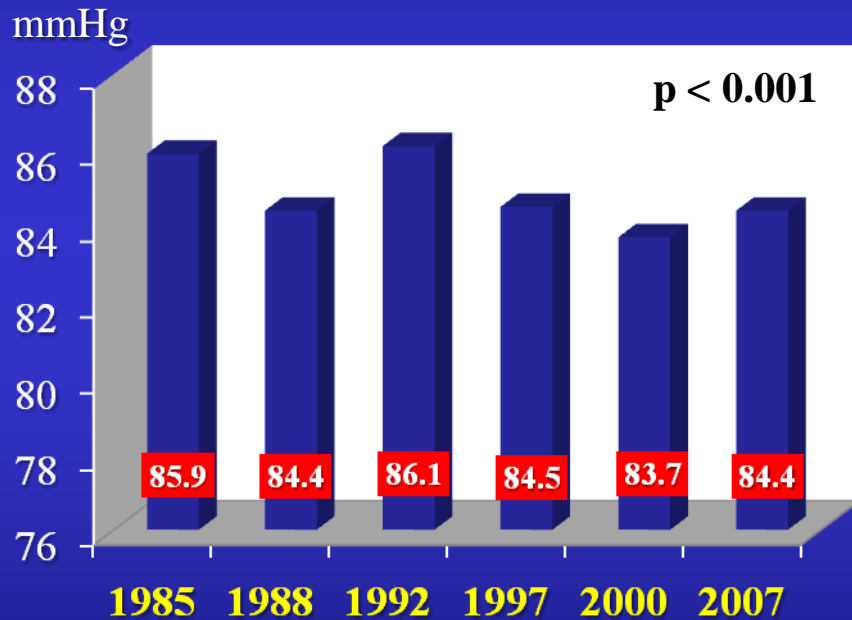


Females

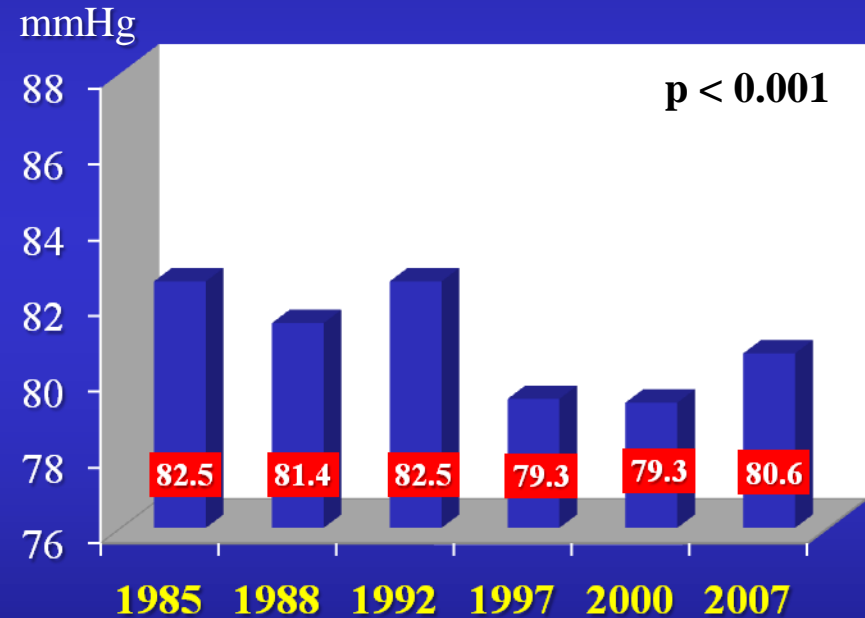


Diastolic BP

Males

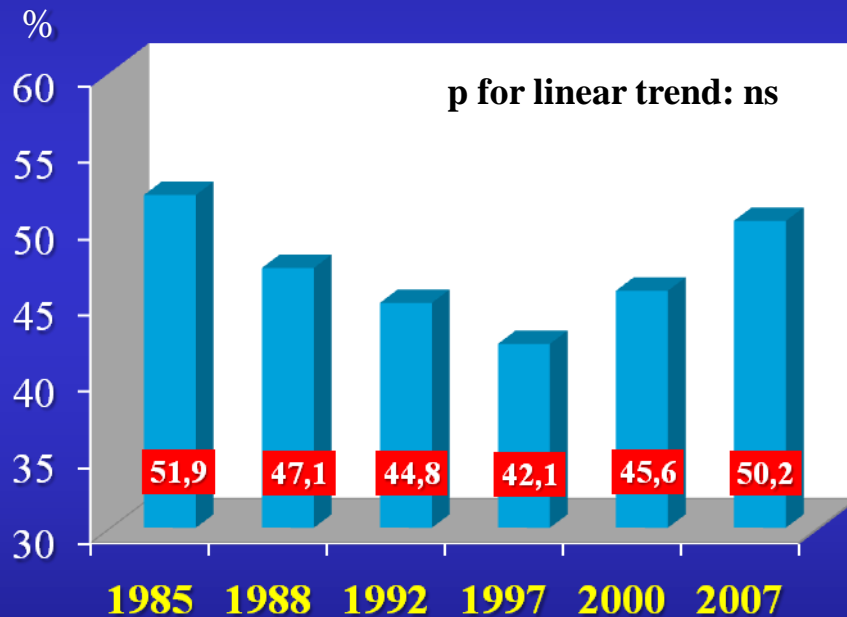


Females

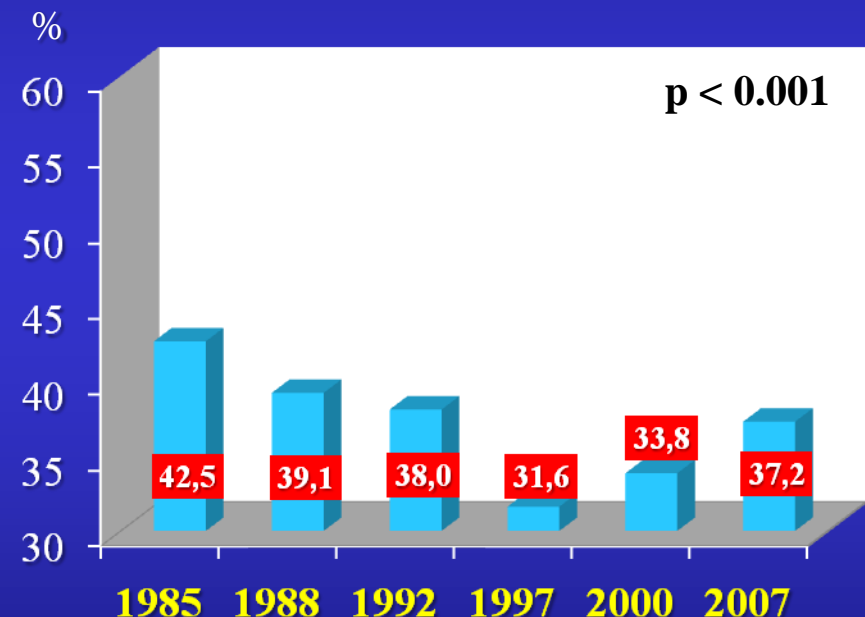


Prevalence of hypertension

Males

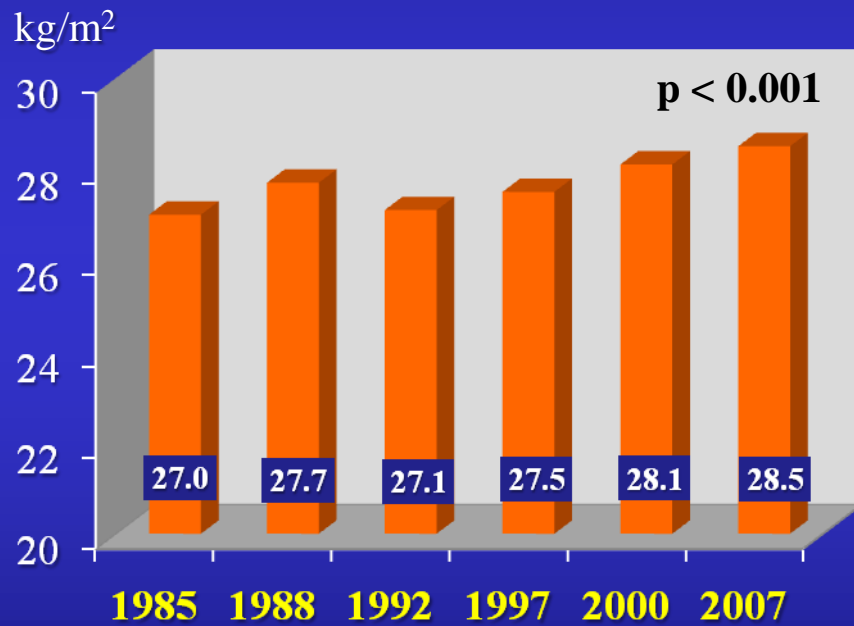


Females

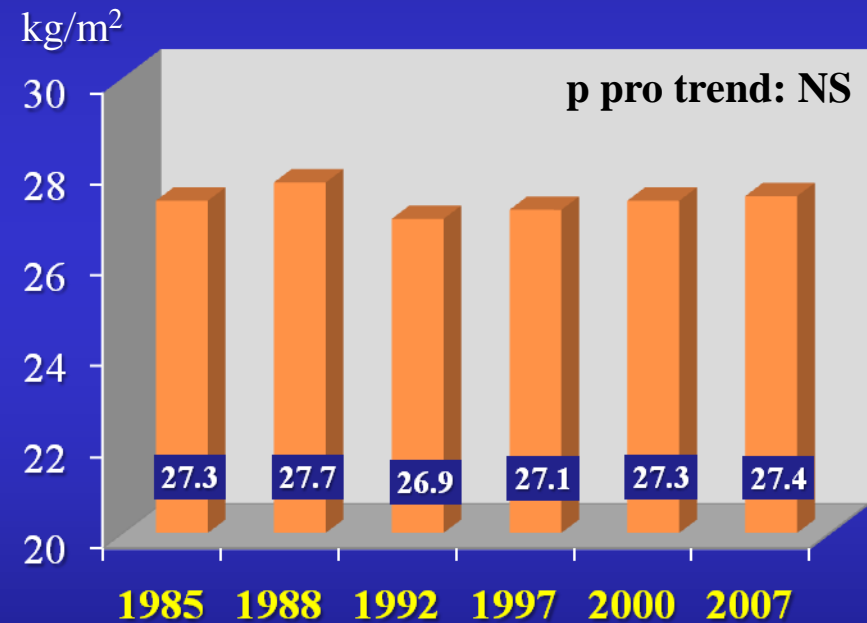


BMI

Males

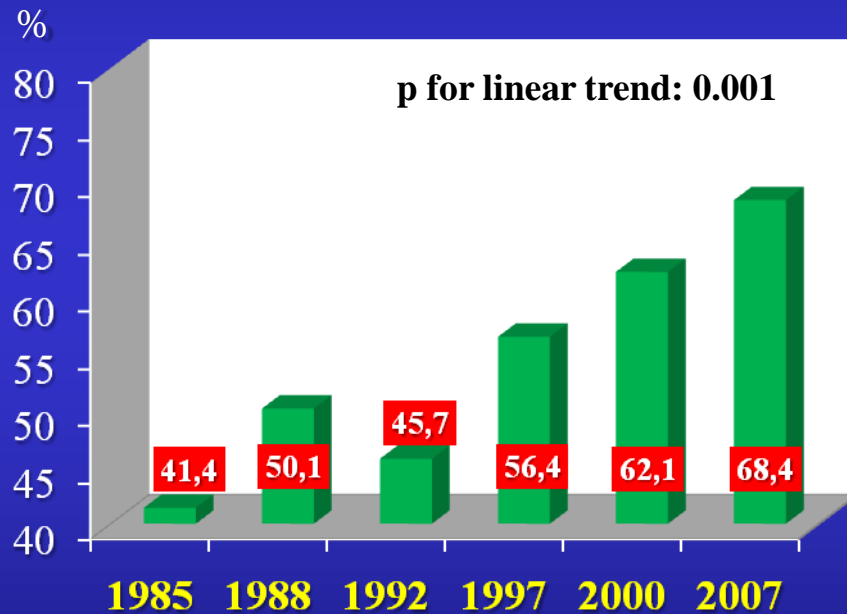


Females

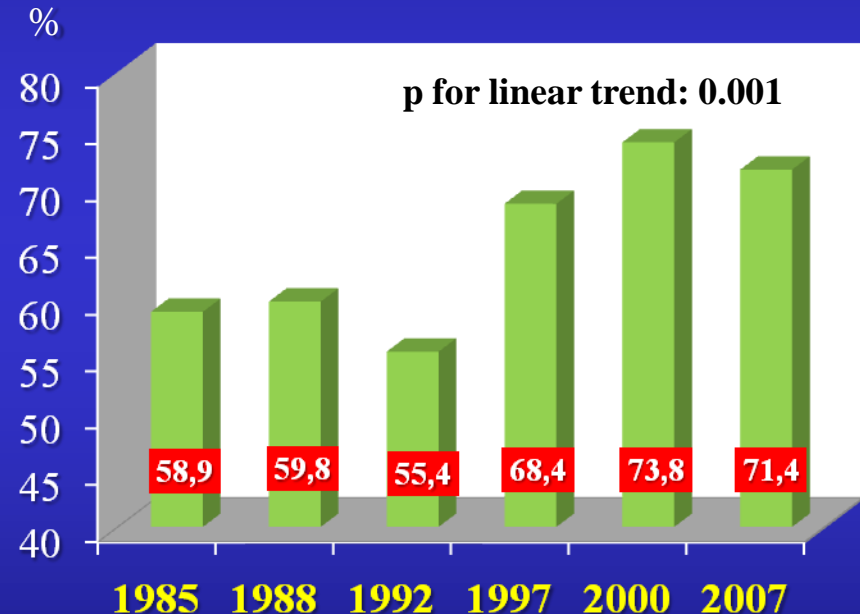


Awareness of hypertension

Males

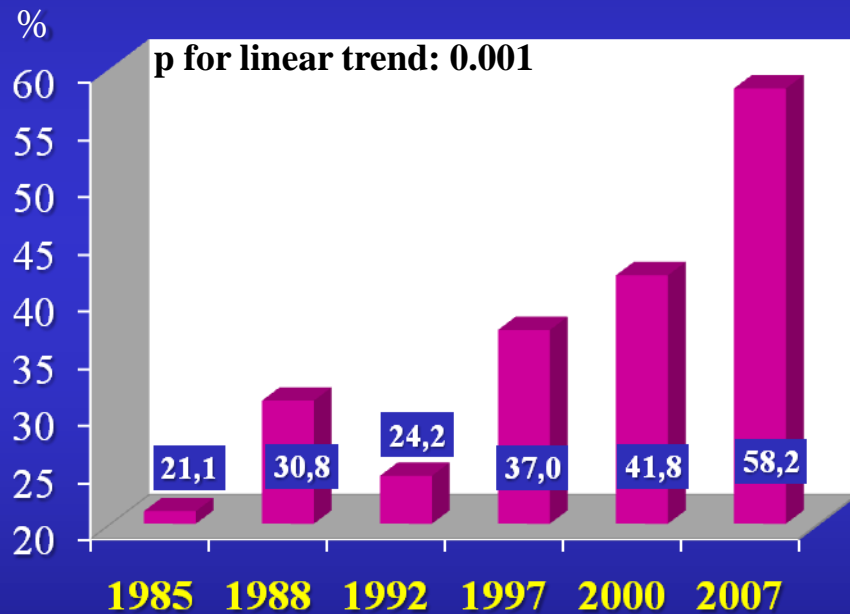


Females

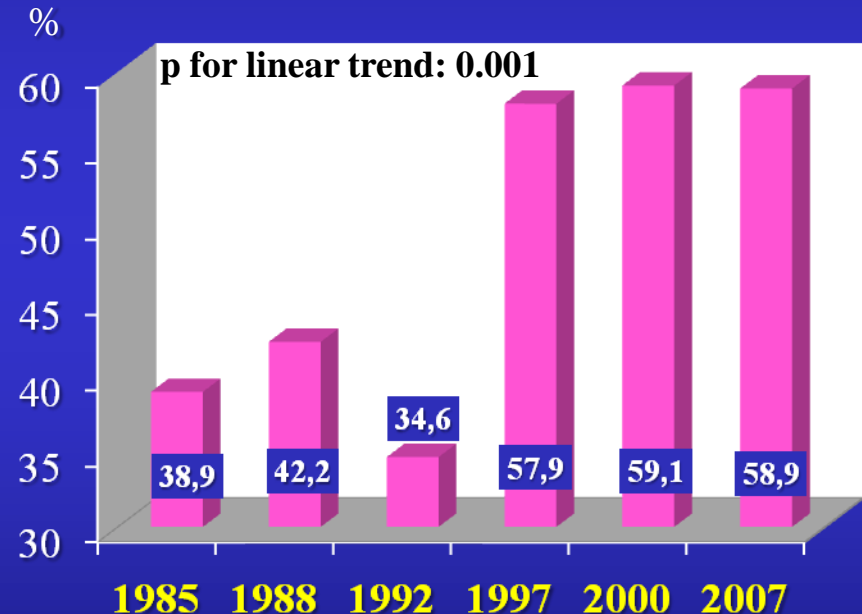


Antihypertensive medication

Males



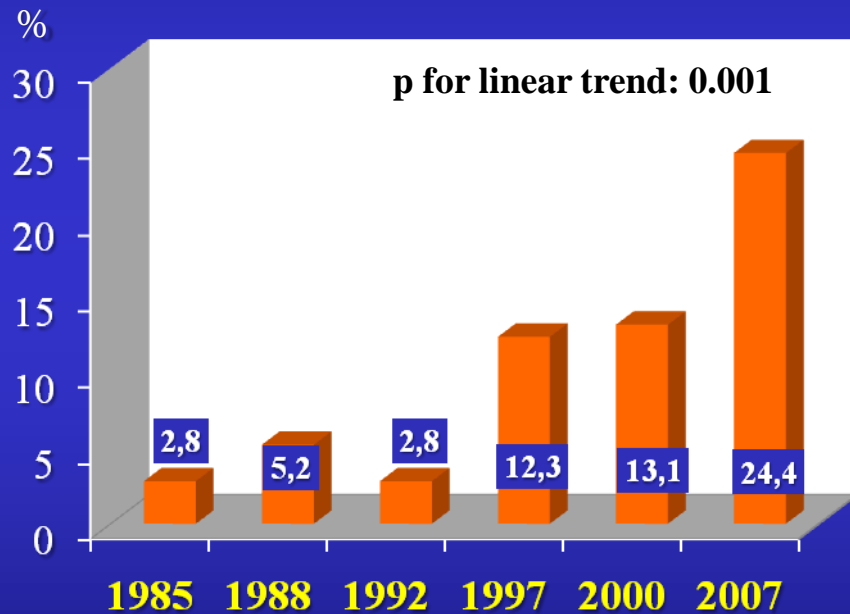
Females



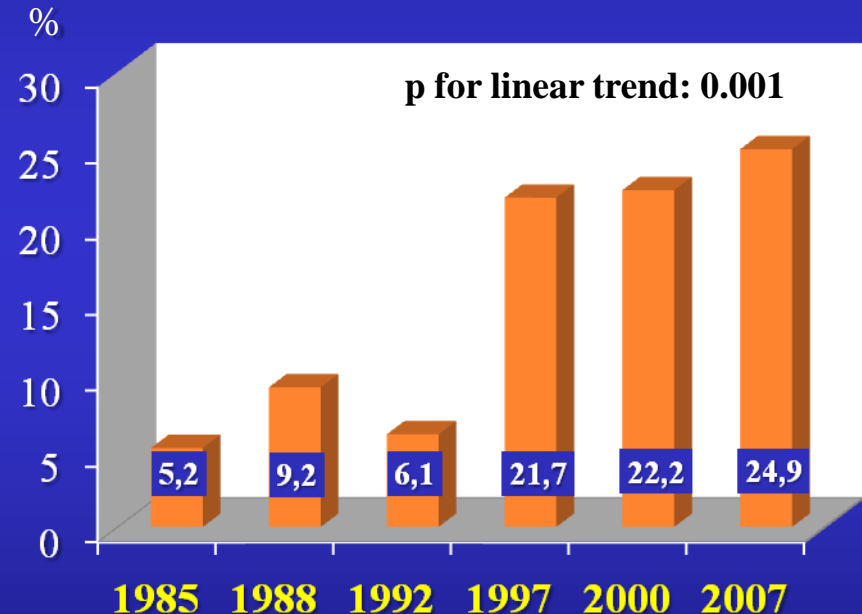
Hypertension control

BP < 140/90 mmHg of all hypertensives

Males



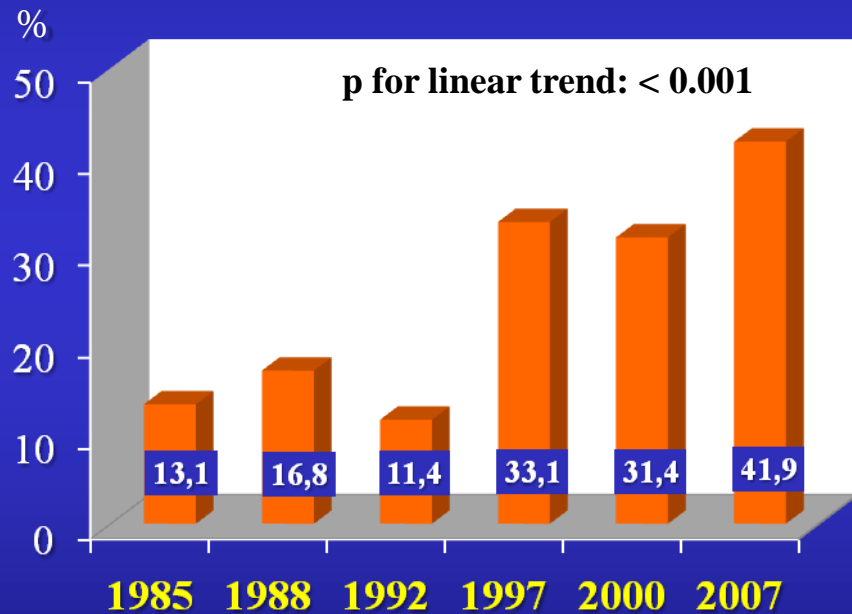
Females



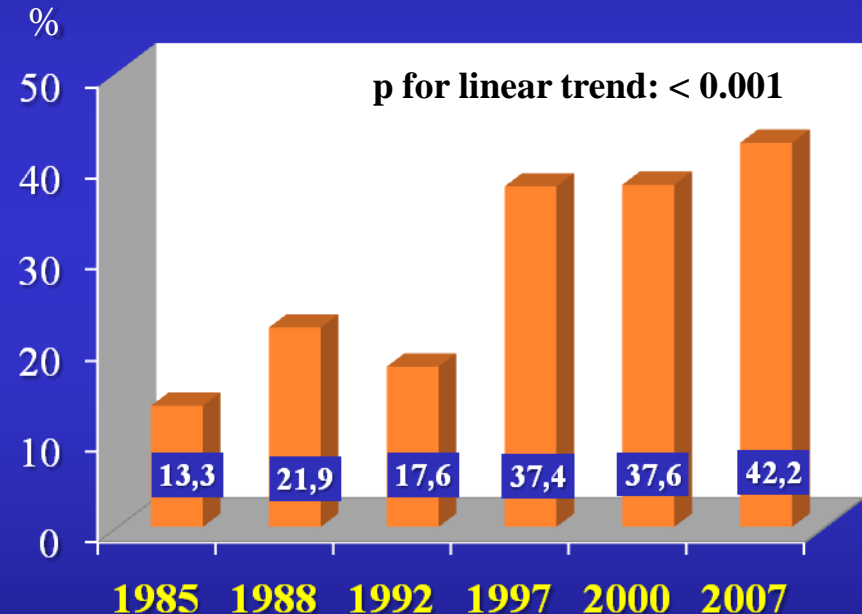
Hypertension control

BP < 140/90 mmHg of all drug-treated hypertensives

Males



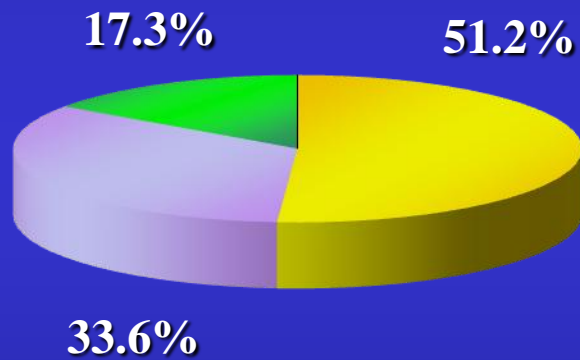
Females



Antihypertensive medication

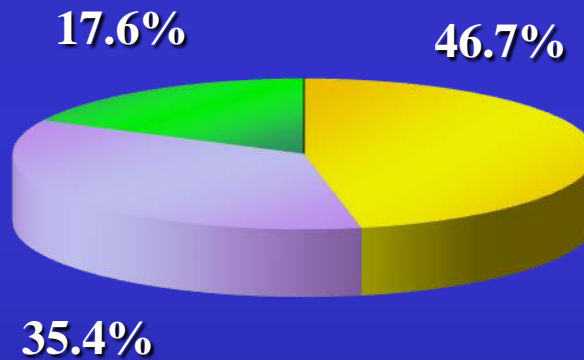
Czech Republic

1997/98



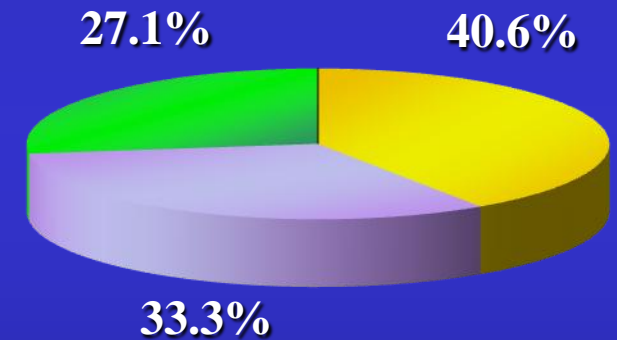
n = 512

2000/01



n = 615

2007/08*



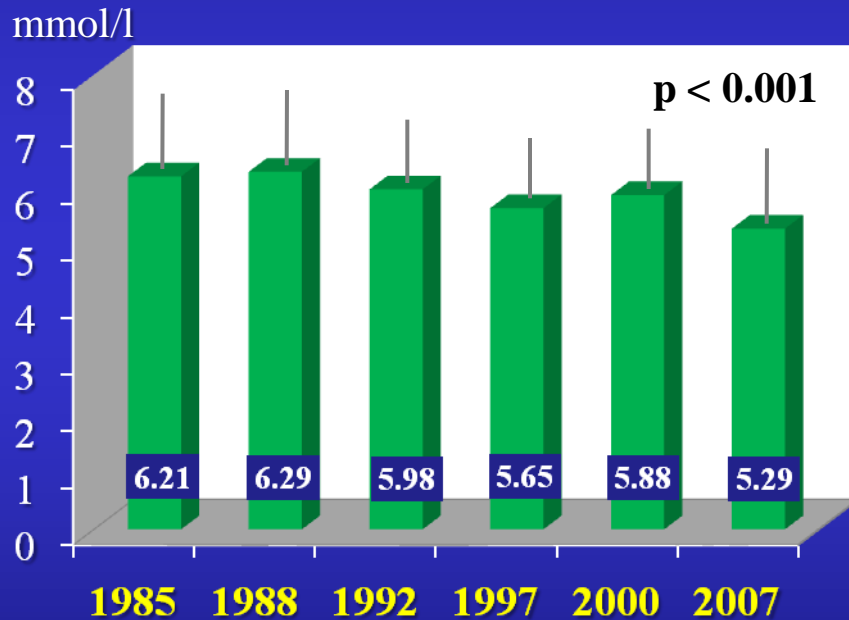
n = 573



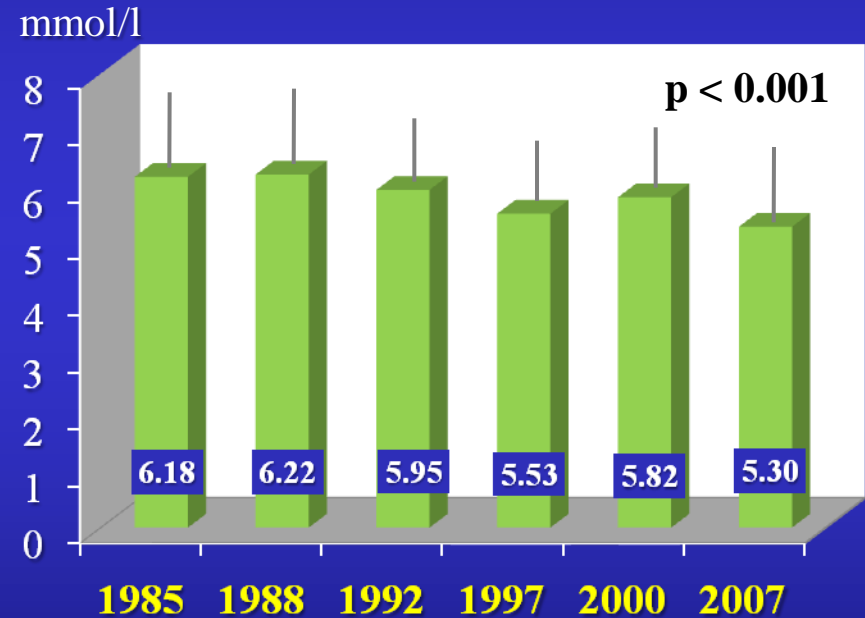
* Only 6 districts

Total cholesterol

Males

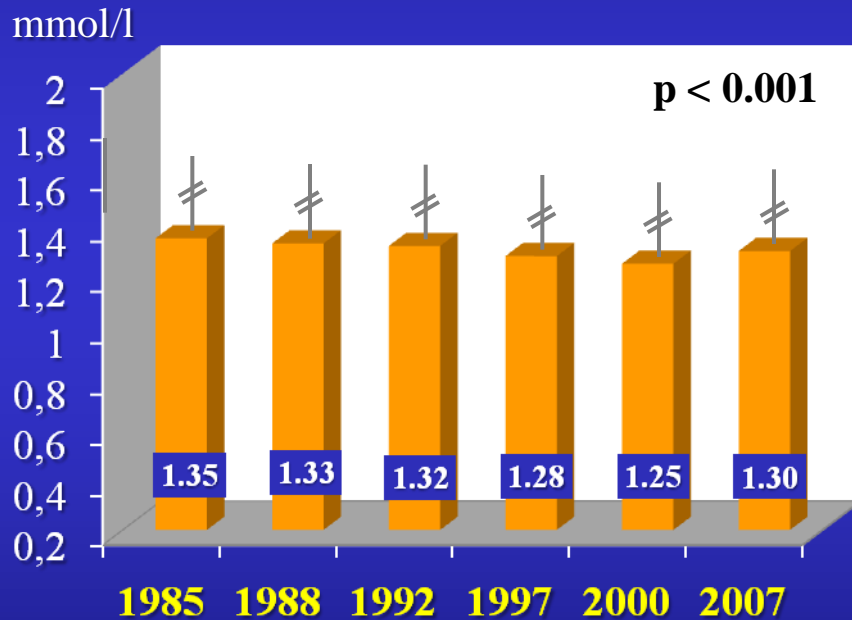


Females

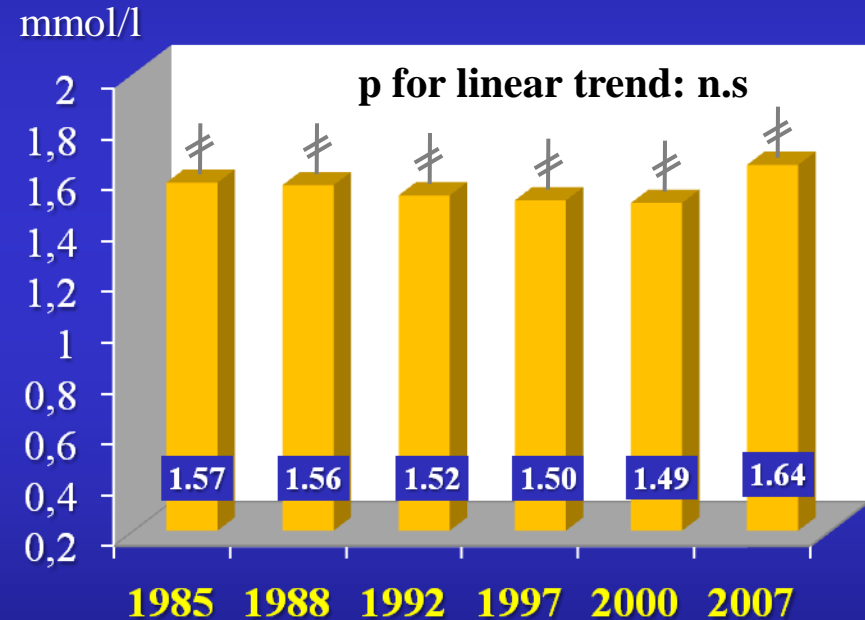


HDL-cholesterol

Males



Females



Non-HDL-cholesterol

1985 – 2007/2008

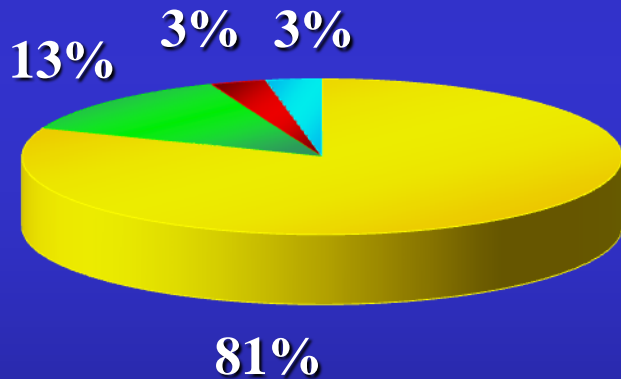
	<i>Males</i>	<i>Females</i>
1985	4.85 ± 1.35	4.61 ± 1.29
1988	4.96 ± 1.26	4.66 ± 1.25
1992	4.65 ± 1.33	4.44 ± 1.32
1997/98	4.36 ± 1.16	4.03 ± 1.24
2000/01	4.63 ± 1.11	4.33 ± 1.18
2007/08	3.97 ± 1.10	3.65 ± 1.12

p for trend < 0.001 < 0.001

Lipid-lowering drugs

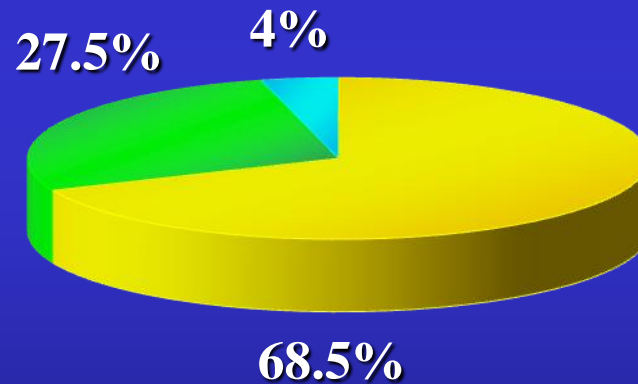
1997/98

n = 130 (3.95%)



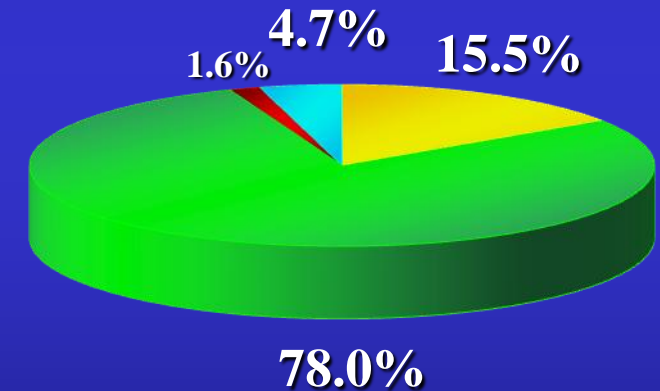
2000/01

n = 171 (5.1%)



2007/08

n = 386 (10.7%)

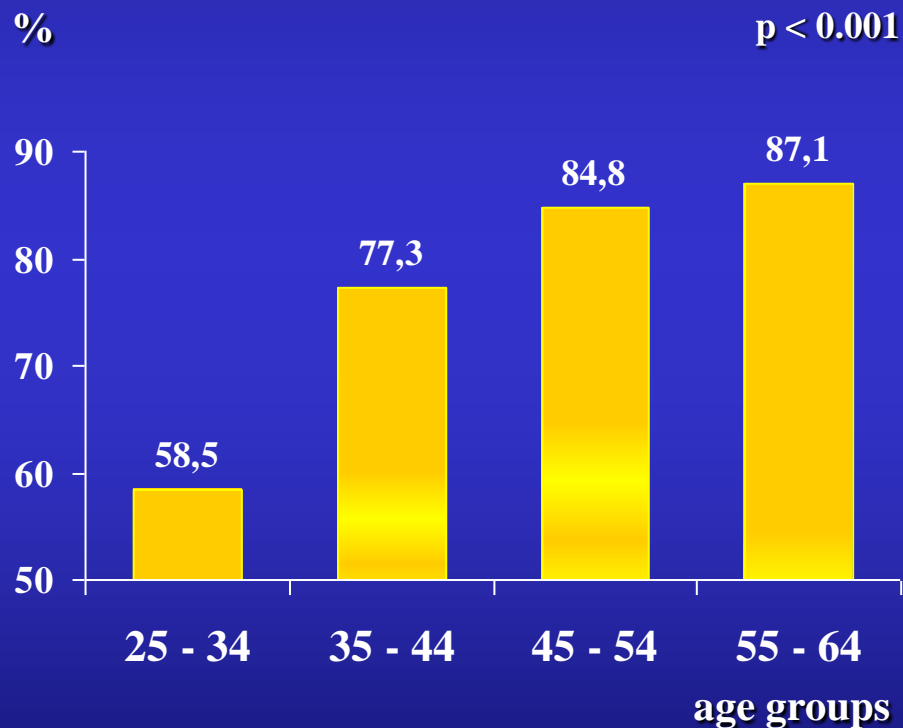


■ fibrates
■ statins
■ other
■ combinations

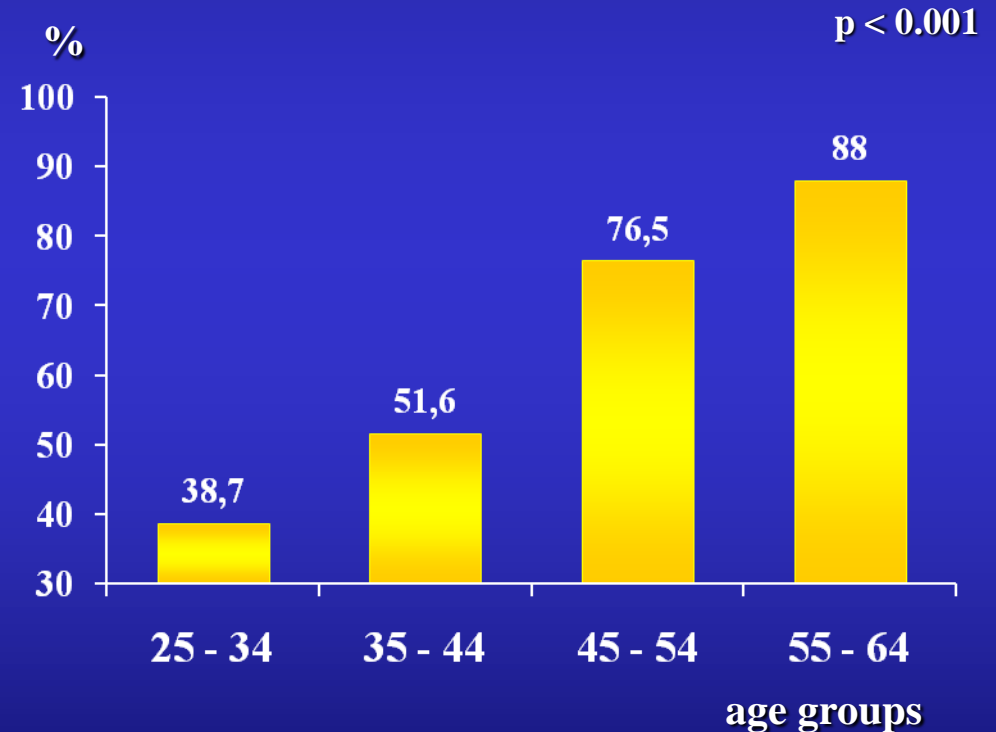
Dyslipidemia* by age groups

Czech Republic 2007/2008

Males



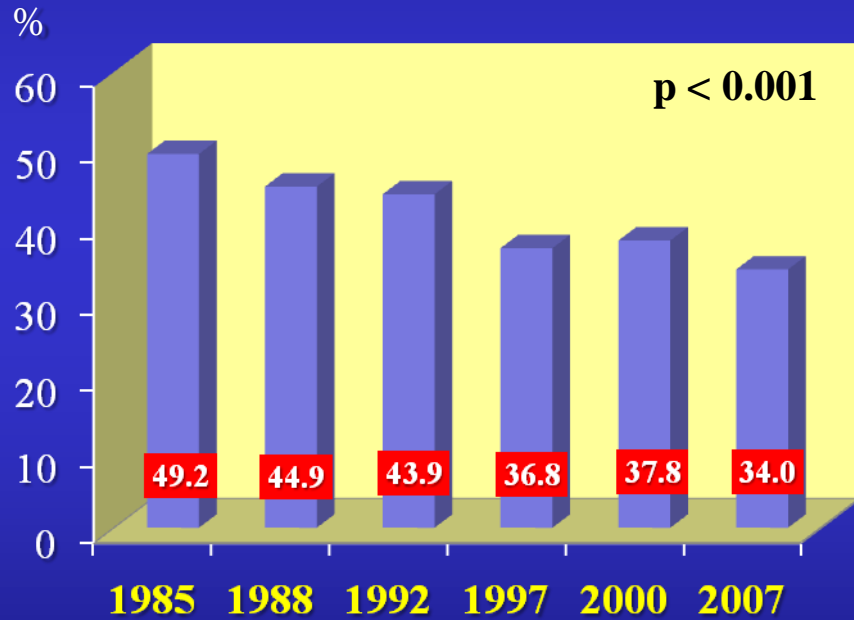
Females



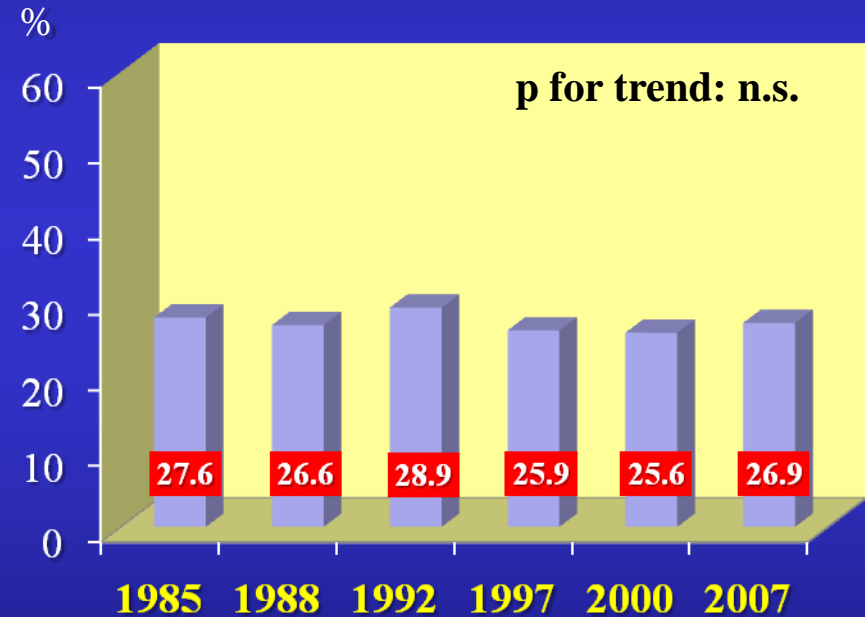
* Total chol. ≥ 5.0 or HDL-chol. < 1.0 or LDL-chol. ≥ 3.0 or TG ≥ 2 mmol/L or use of lipid-lowering drugs

Smoking

Males

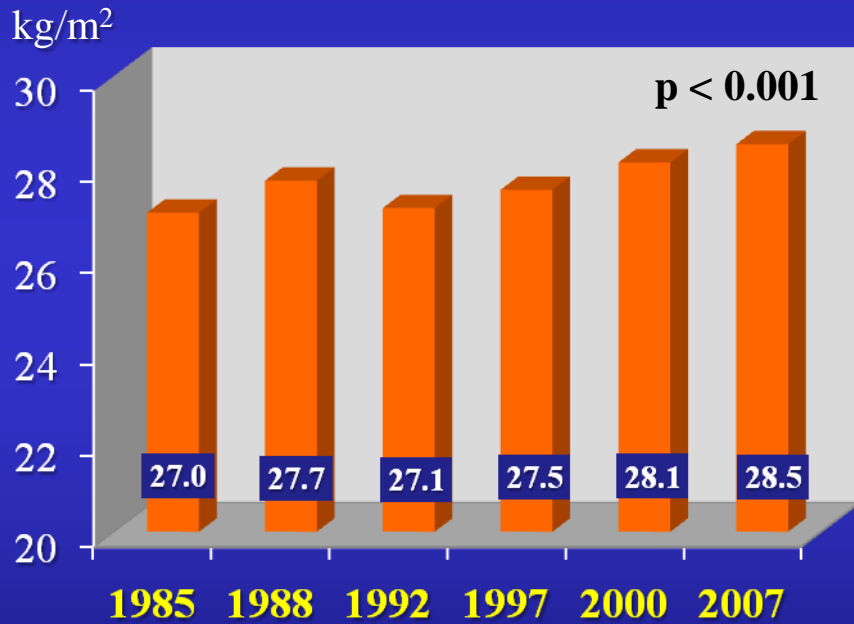


Females

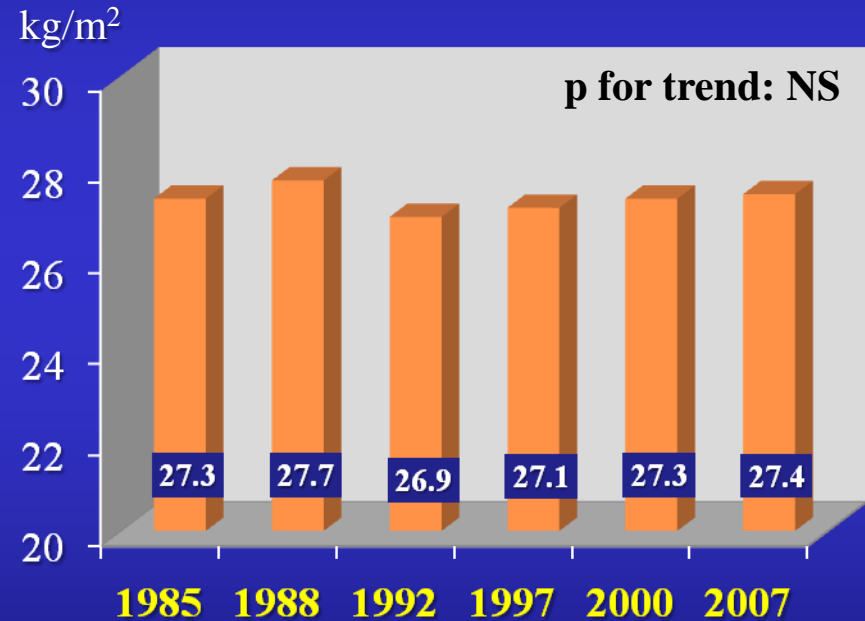


BMI

Males



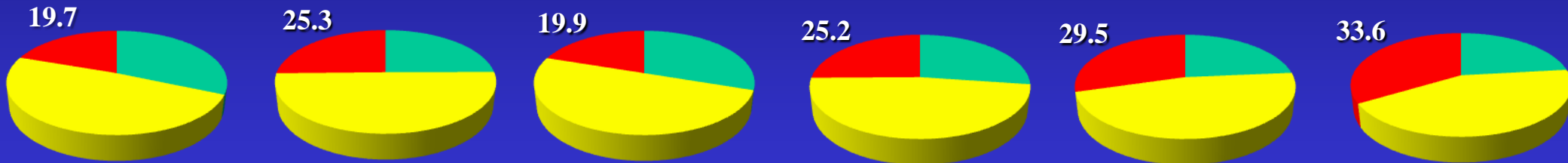
Females



BMI in the Czech Republic

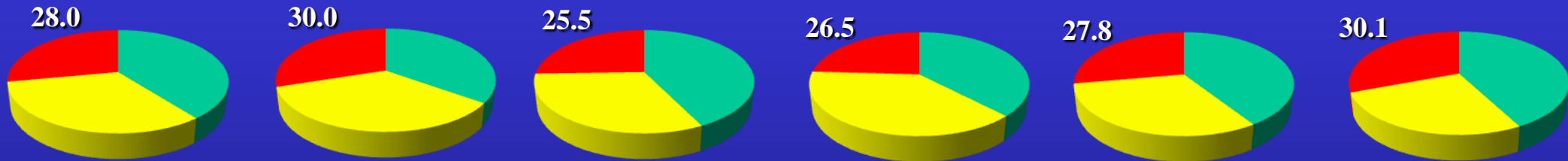
Males

p for trend in obesity: < 0.001



Females

p for trend in obesity: n.s.



1985

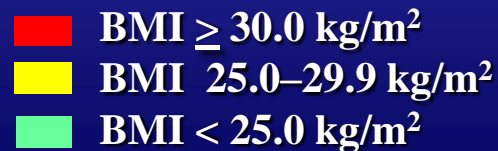
1988

1992

1997

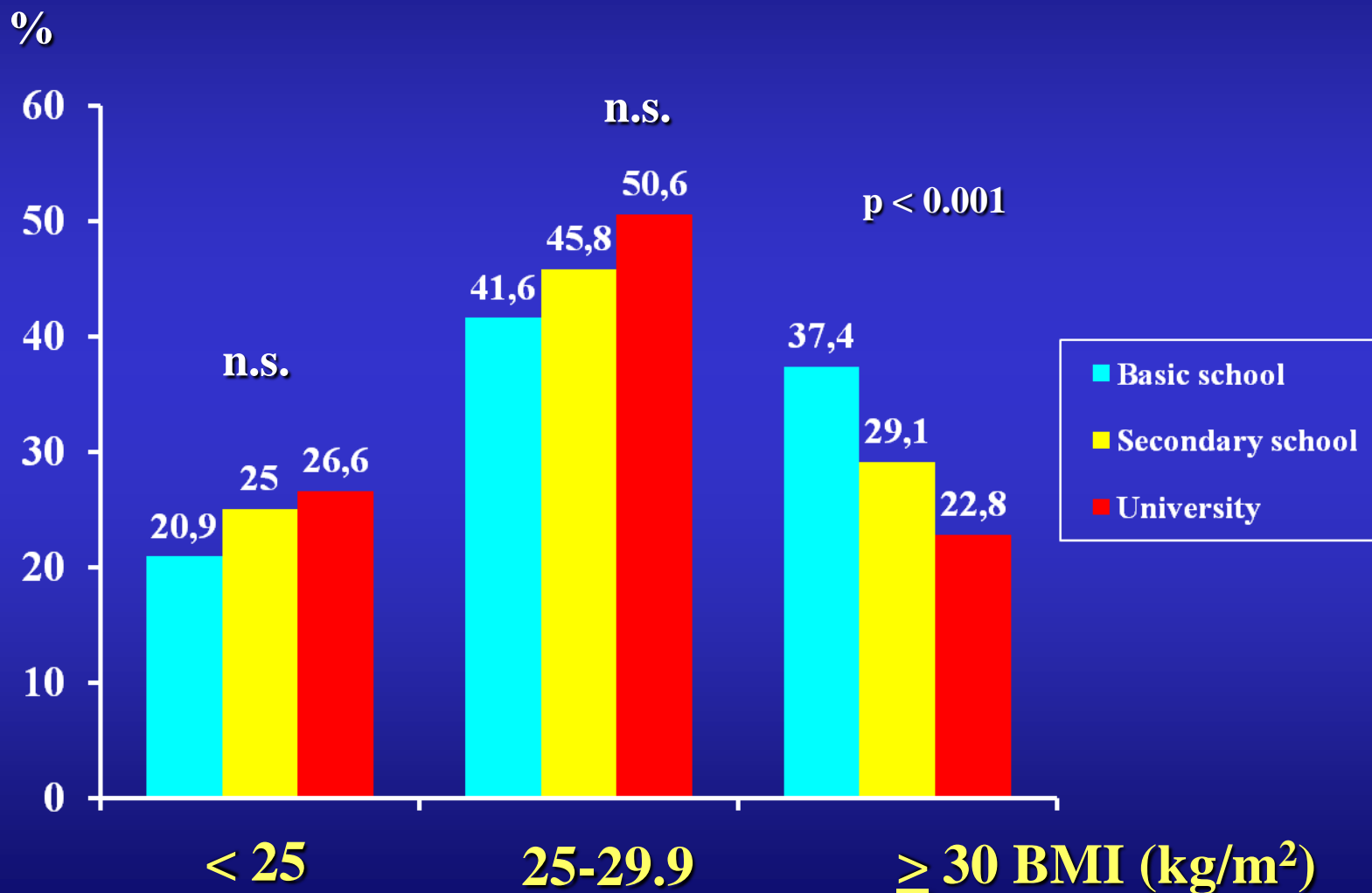
2000

2007



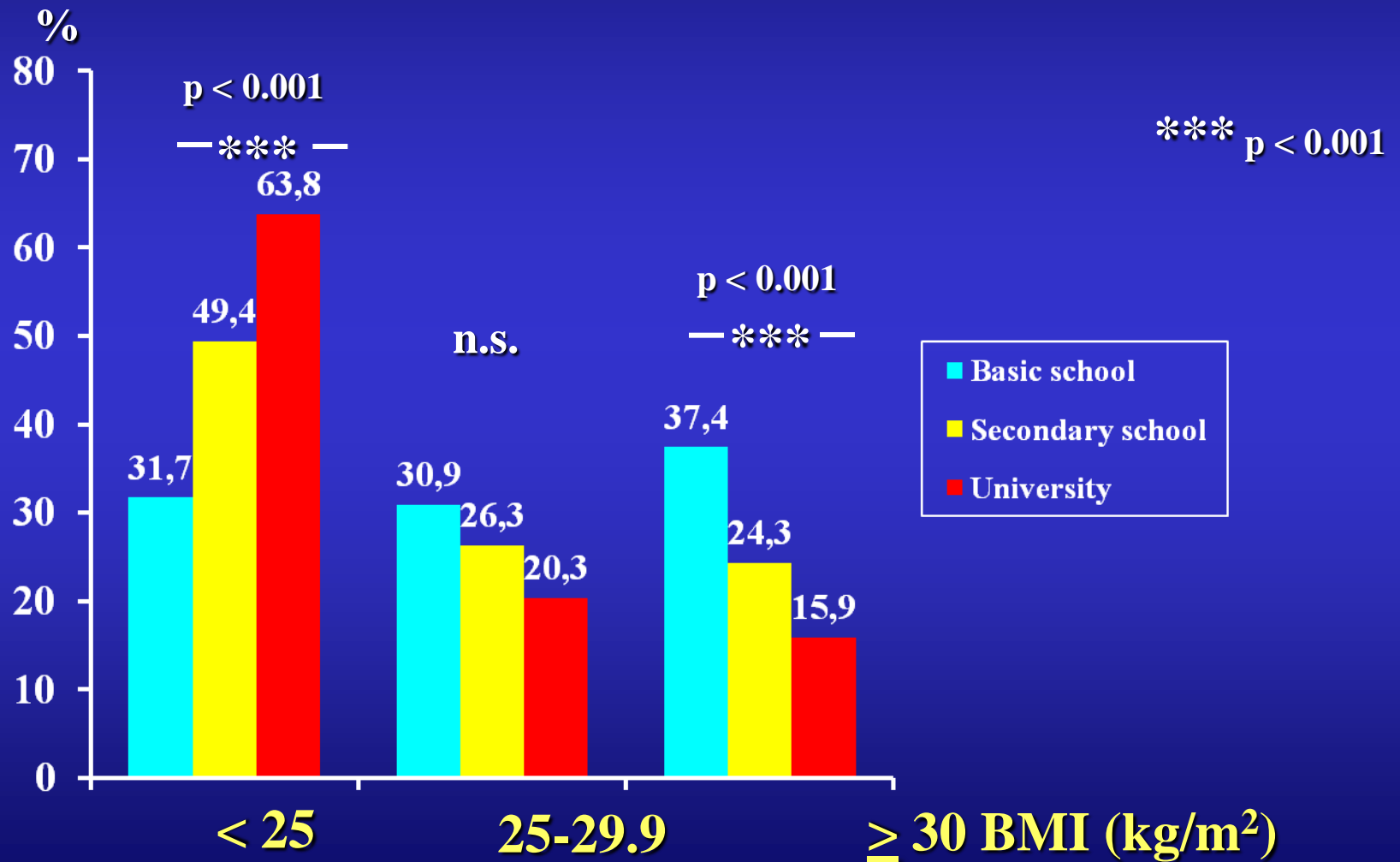
BMI by education level

Males - 9 Czech districts, 2006-2009



BMI by education level

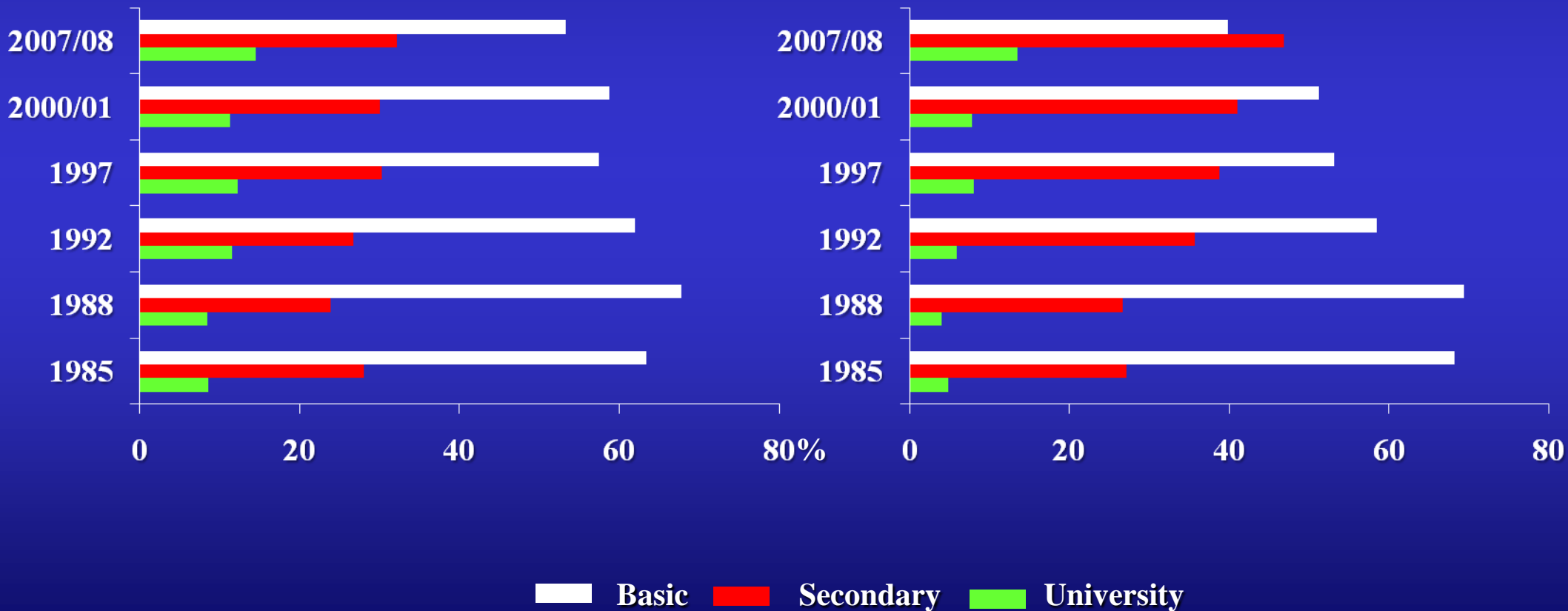
Females - 9 Czech districts, 2006-2009



Education in the Czech Republic

Males

Females



Conclusions

Total and CV mortality is decreasing in the Czech Republic.

The decrease is due to decreasing stroke and CHD mortality rates.

Conclusions (2)

In a random Czech population sample

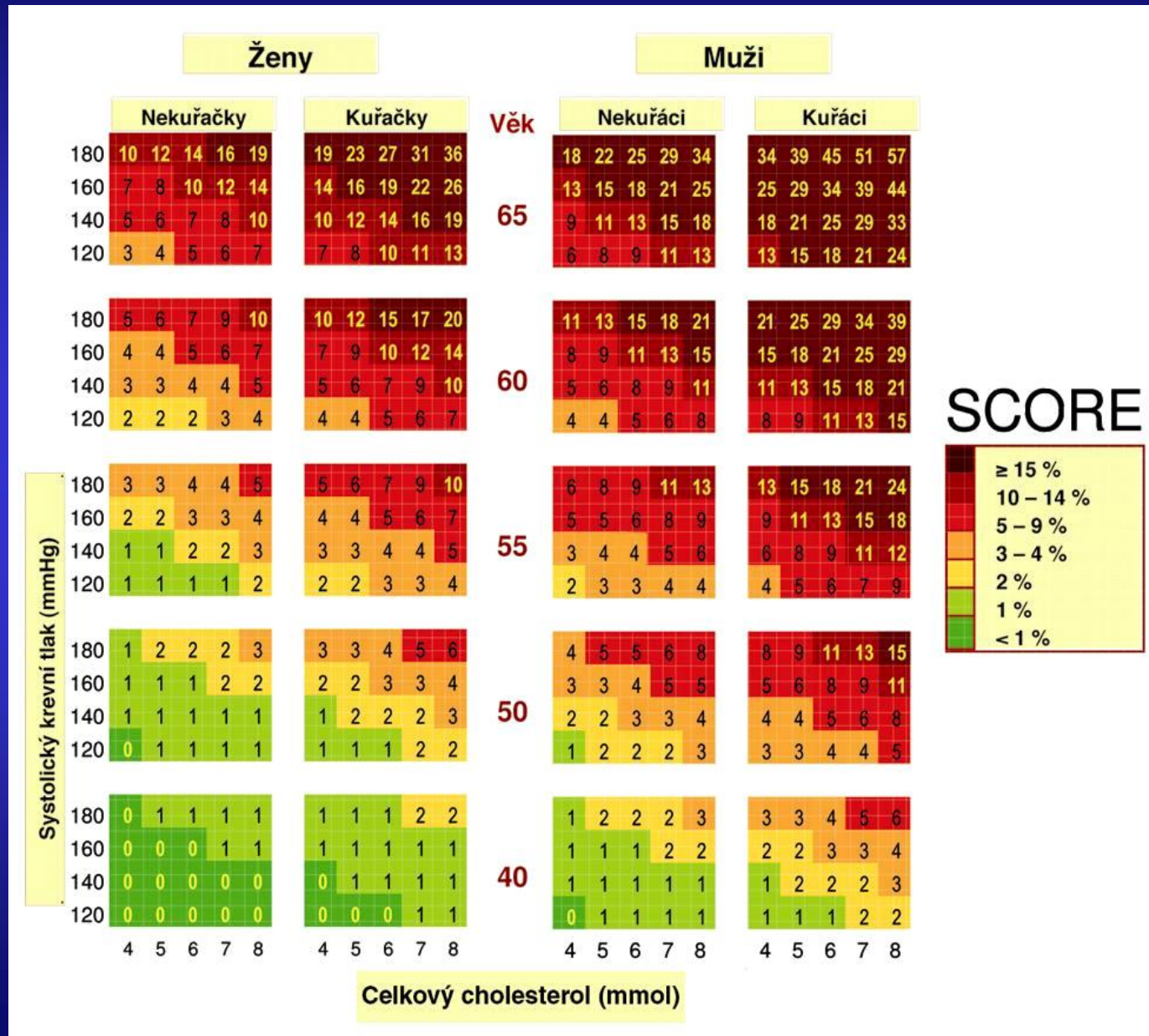
- **mean SBP and DBP decreased**
- **the prevalence of hypertension in females decreased**
- **the number of individuals using antihypertensive agents increased**
- **hypertension control improved over a period of 22-23 years**

Conclusions (3)

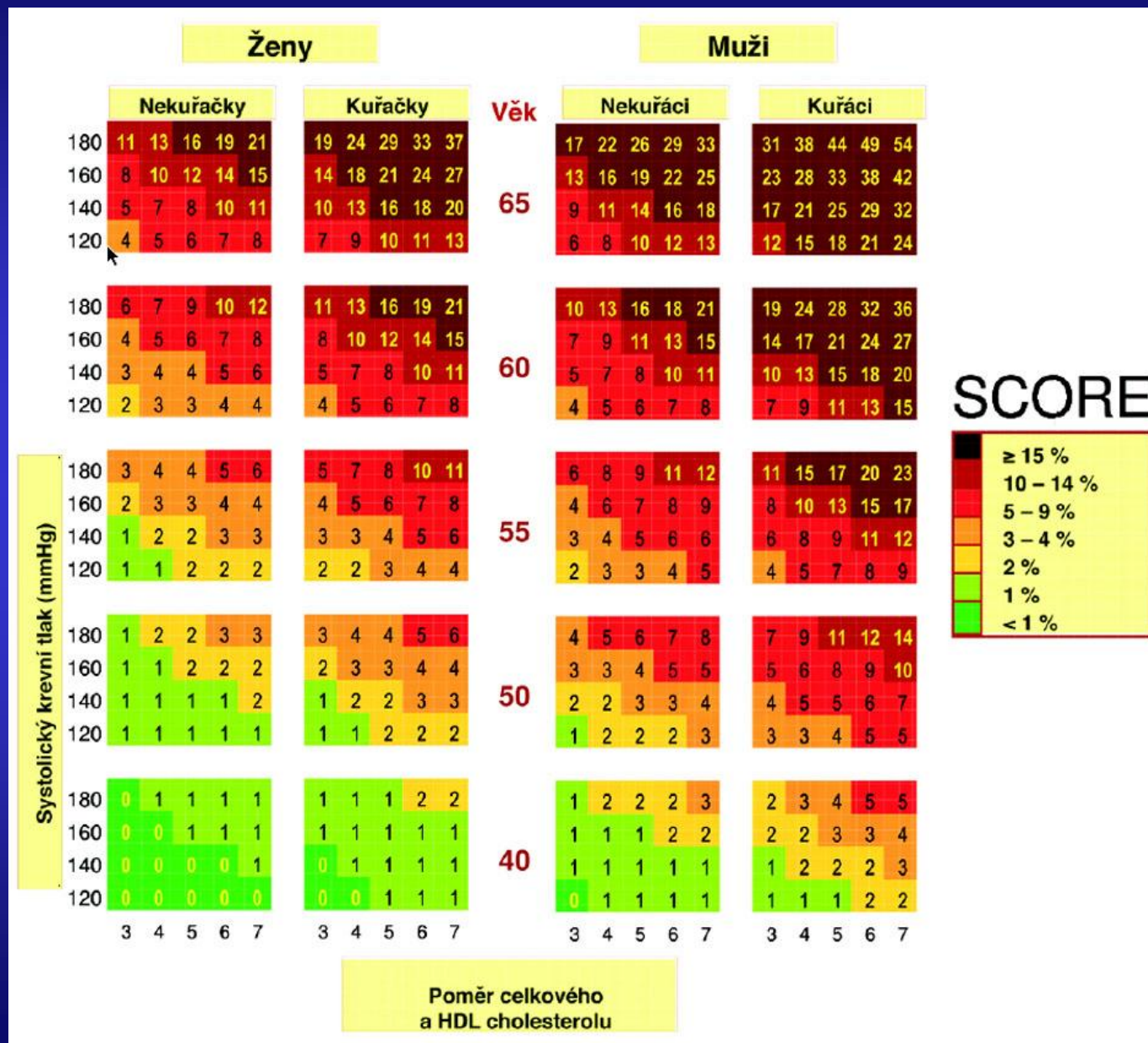
In a random Czech population sample

- the proportion of male smokers decreased (by a third), with no change in the prevalence of female smokers (25%)
- total and non-HDL-cholesterol decreased in both genders; there was a rise in individuals using lipid-lowering drugs
- there was an increase in male BMI over a period of 22-23 years

10-year risk of death from CVD in the Czech population



10-year risk of death from CVD in the Czech population





EUROPEAN
SOCIETY OF
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Smyslem programu HeartScore je poskytnout lékařům podporu při optimálním snižování kardiovaskulárního rizika. Jedná se o elektronickou a interaktivní verzi tabulek rizika SCORE z Evropských doporučení pro prevenci KVO, vypracovaných 4. společnou pracovní skupinou evropských společností pro prevenci kardiovaskulárních onemocnění v klinické praxi.



[Přístup na on-line verzi](#)
[Přístup na verzi pro PC](#)

Program HeartScore pracuje na zabezpečeném serveru a všechny údaje jsou chráněny zákony na ochranu soukromých údajů. Založení účtu uživatele programu HeartScore User je zdarma; uživatelé se musí registrovat cestou „My ESC“ (viz úvodní webová stránka ESC vpravo nahoře).

» Výhody programu HeartScore pro lékaře a pacienty

- › Rychlý a snadno použitelný
- › Založen na důkazech
- › Šitý na míru pacientům
- › Nabízí grafické znázornění absolutního kardiovaskulárního rizika
- › Zdůrazněné možnosti intervence
- › Skýtá možnosti dalšího zdokonalení

» Kontakty

Další informace můžete získat na [contact us](#)

Acknowledgment

*To all my coworkers from
Department of Preventive Cardiology, IKEM
Atherosclerosis Research Laboratory, IKEM*

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Internal Grant Agency, Ministry of Health, CR

KRKA ČR, s.r.o.

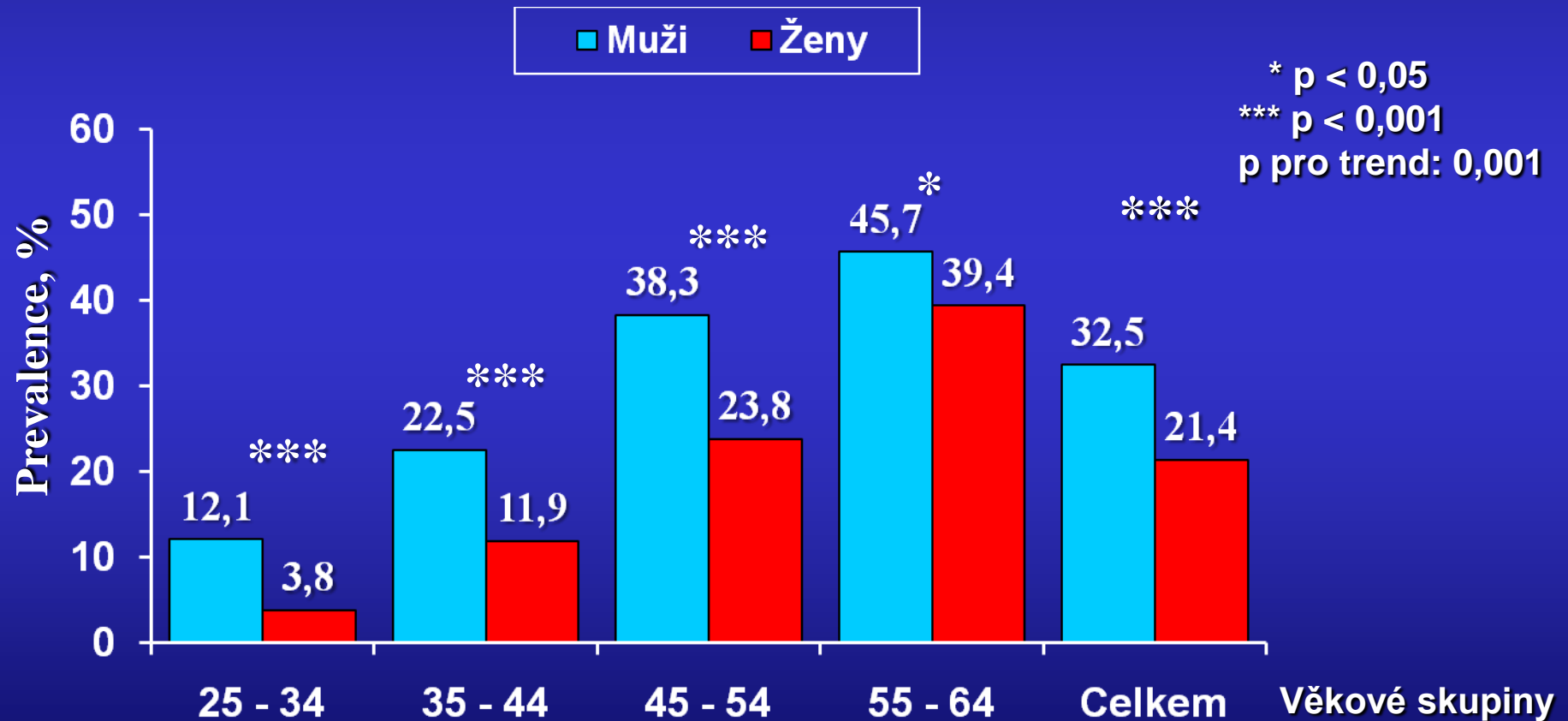


Servier, s.r.o.



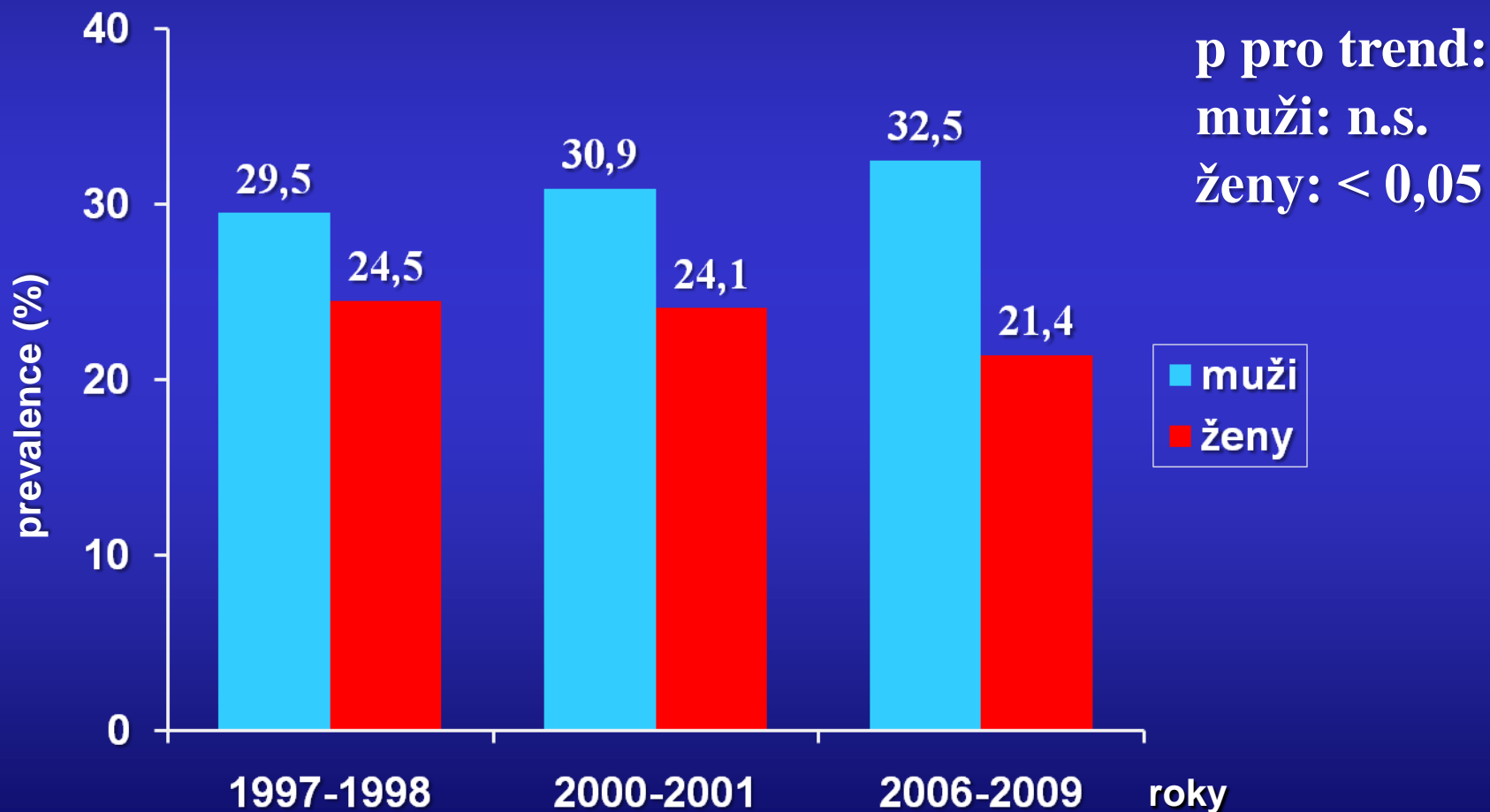
Prevalence metabolického syndromu

Česká republika, 2006-2009



Prevalence metabolického syndromu

Česká republika



Další vyšetření

- kreatinin v séru, mikroalbuminurie
- EKG, echokardiografické vyšetření, UZ vyšetření karotických tepen, kotníkové tlaky, vyšetření pulzové vlny

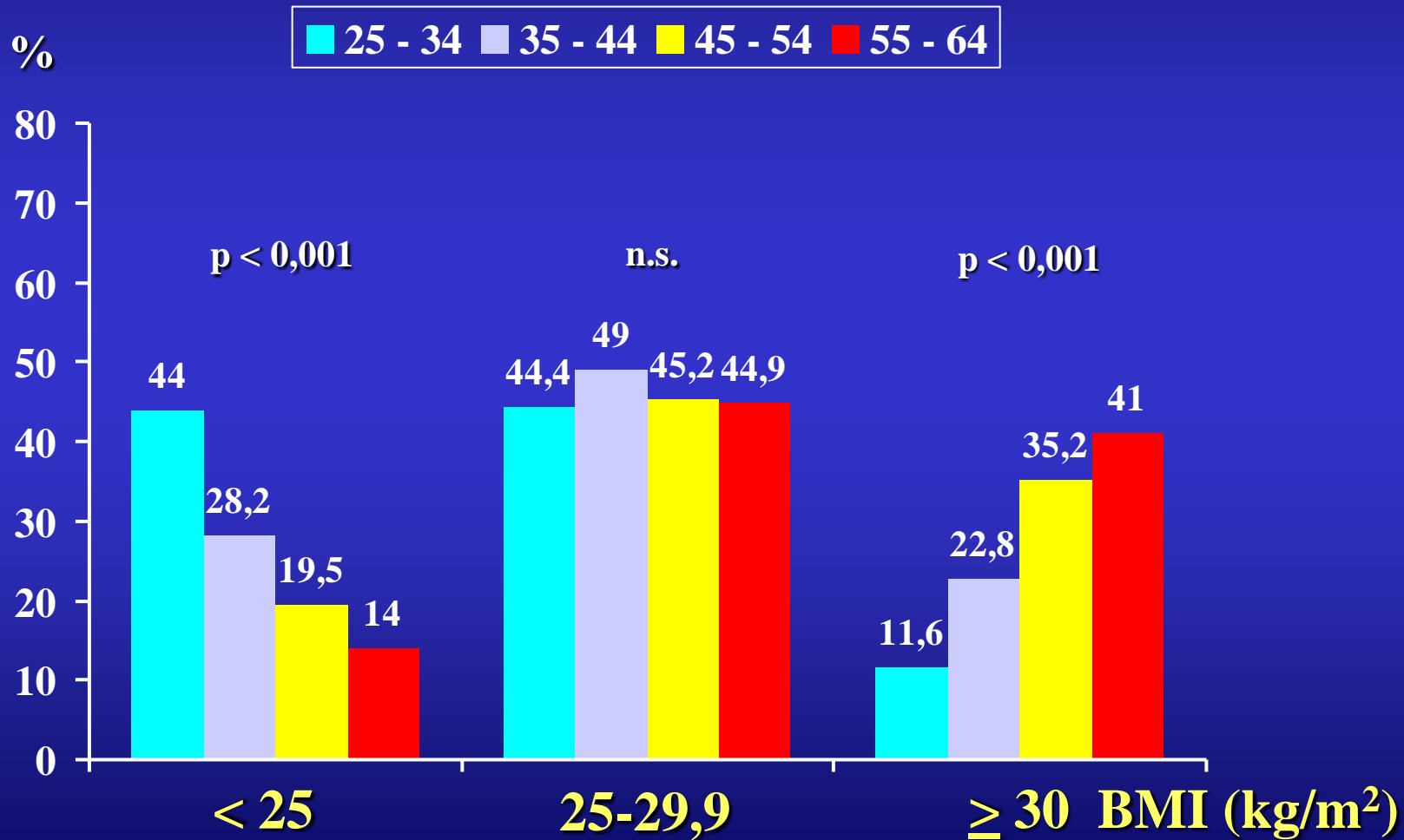
Spolupráce na řešení projektu

II. int. klinika 1.LF UK a VFN, Praha

II. int. klinika LF Plzeň

BMI dle věkových dekád

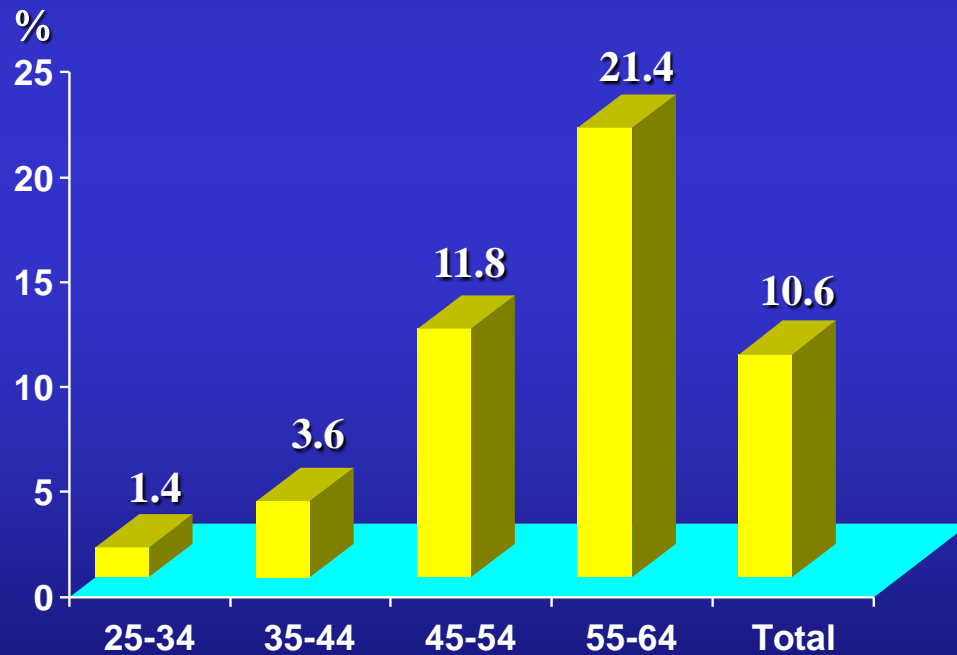
muži - 9 okresů ČR 2000/2001



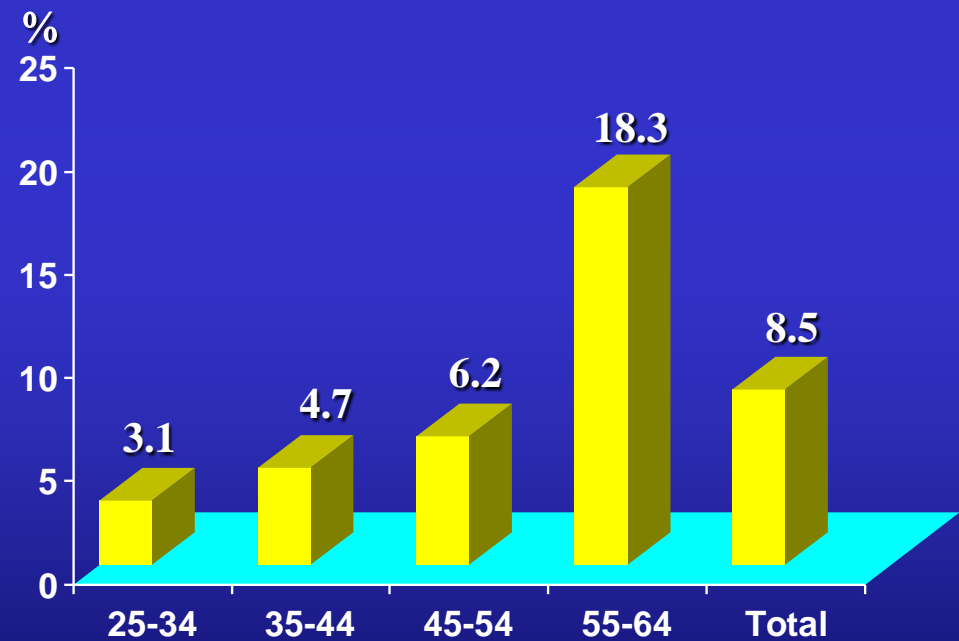
Prevalence of diabetes by age groups, 2000 – 2001

Czech Republic, 9 districts

Males



Females

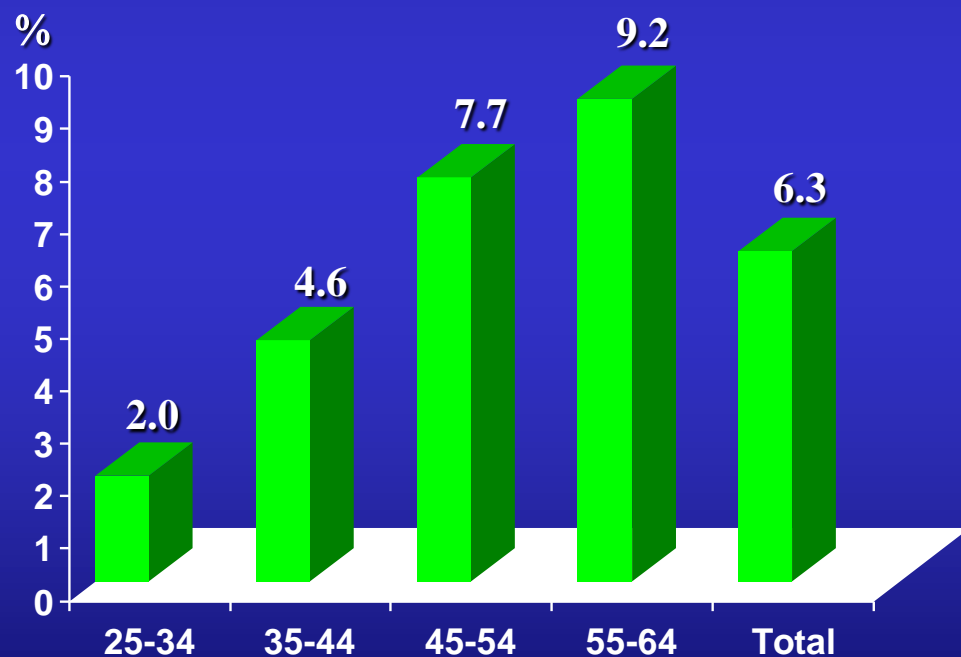


p for trend < 0.001

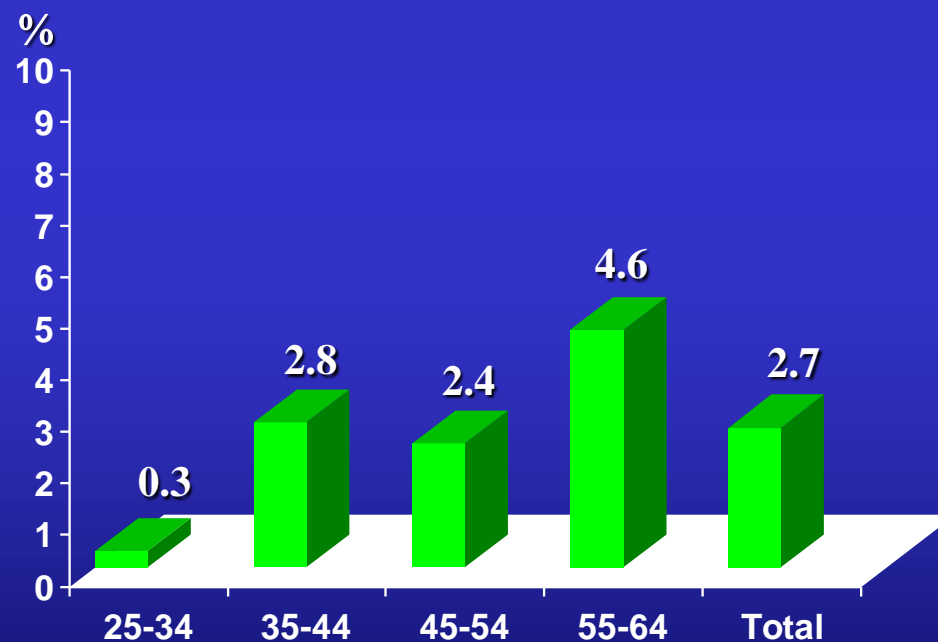
Prevalence of IFG by age groups, 2000 – 2001

Czech Republic, 9 districts

Males



Females

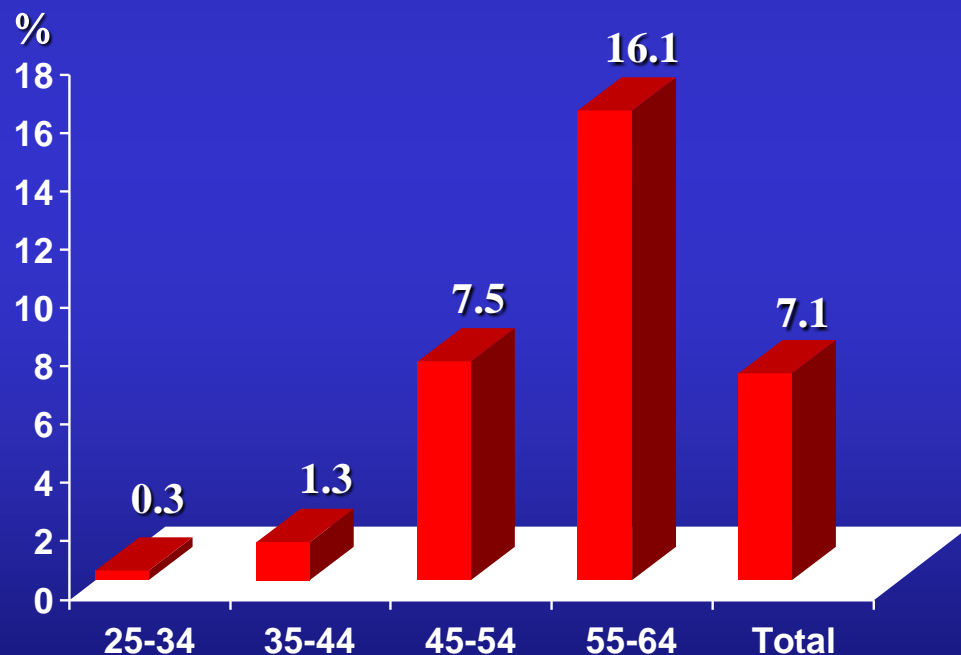


p for trend < 0.001

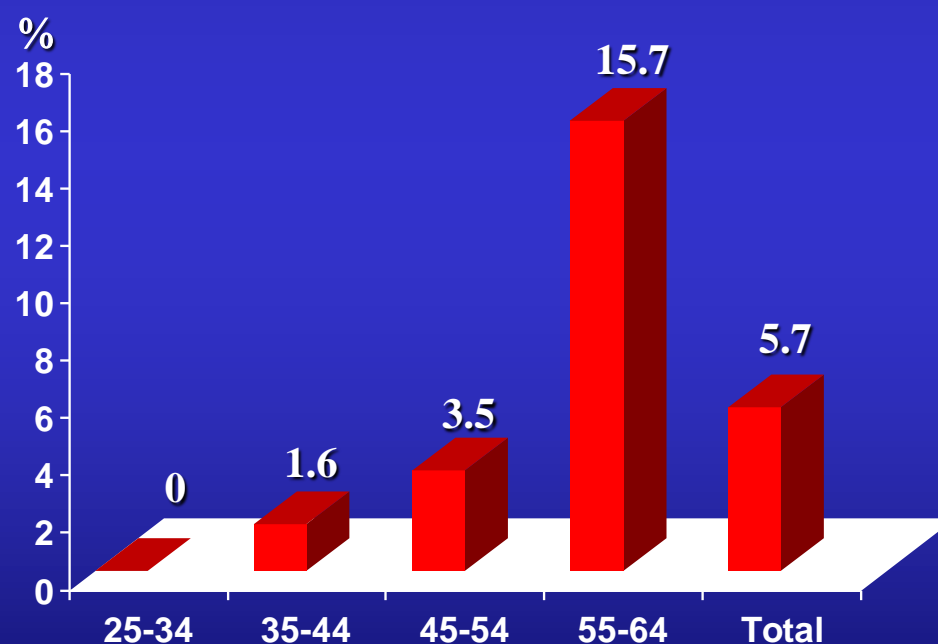
Prevalence of hypertension and diabetes by age groups, 2000–2001

Czech Republic, 9 districts

Males



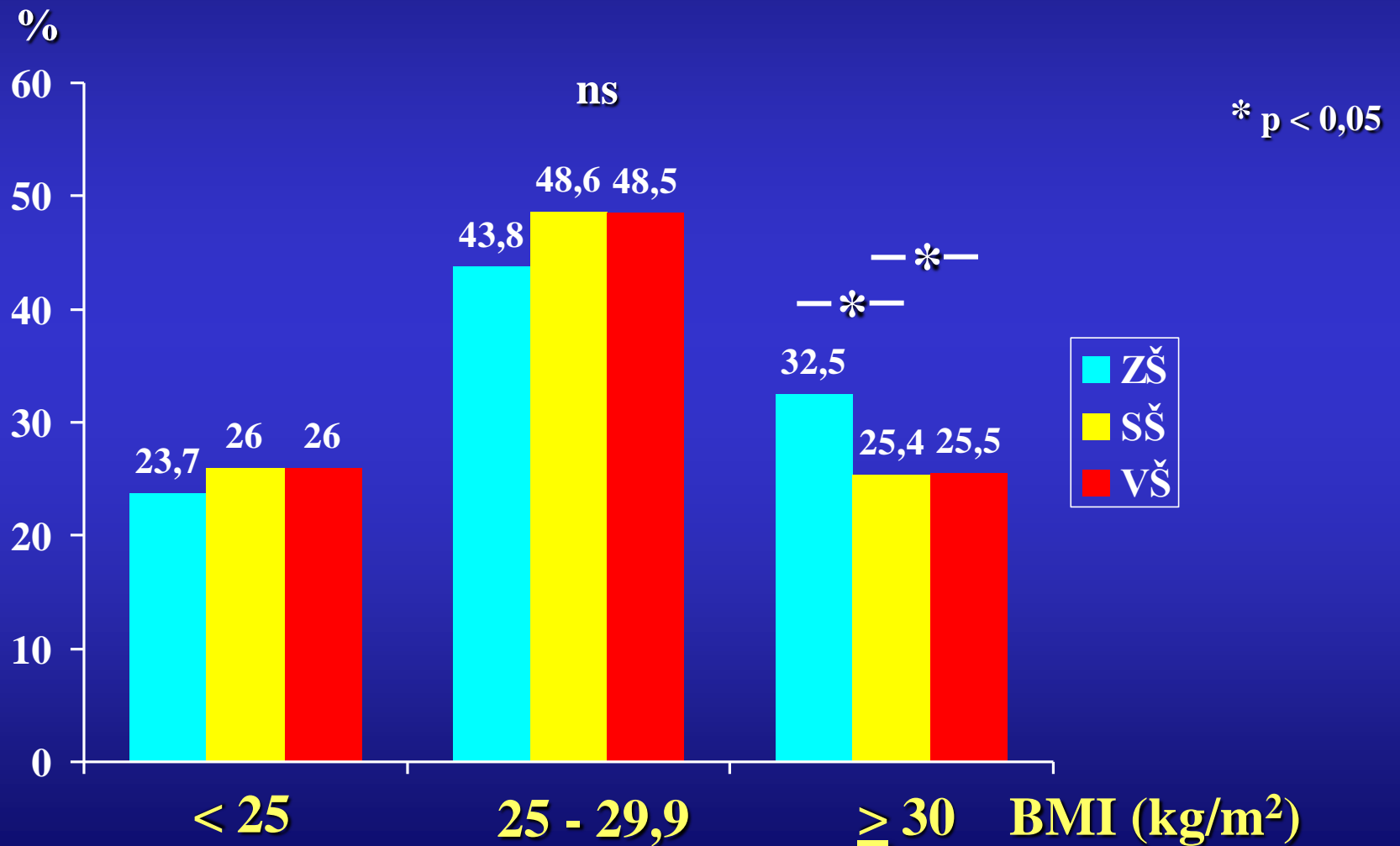
Females



p for trend < 0.001

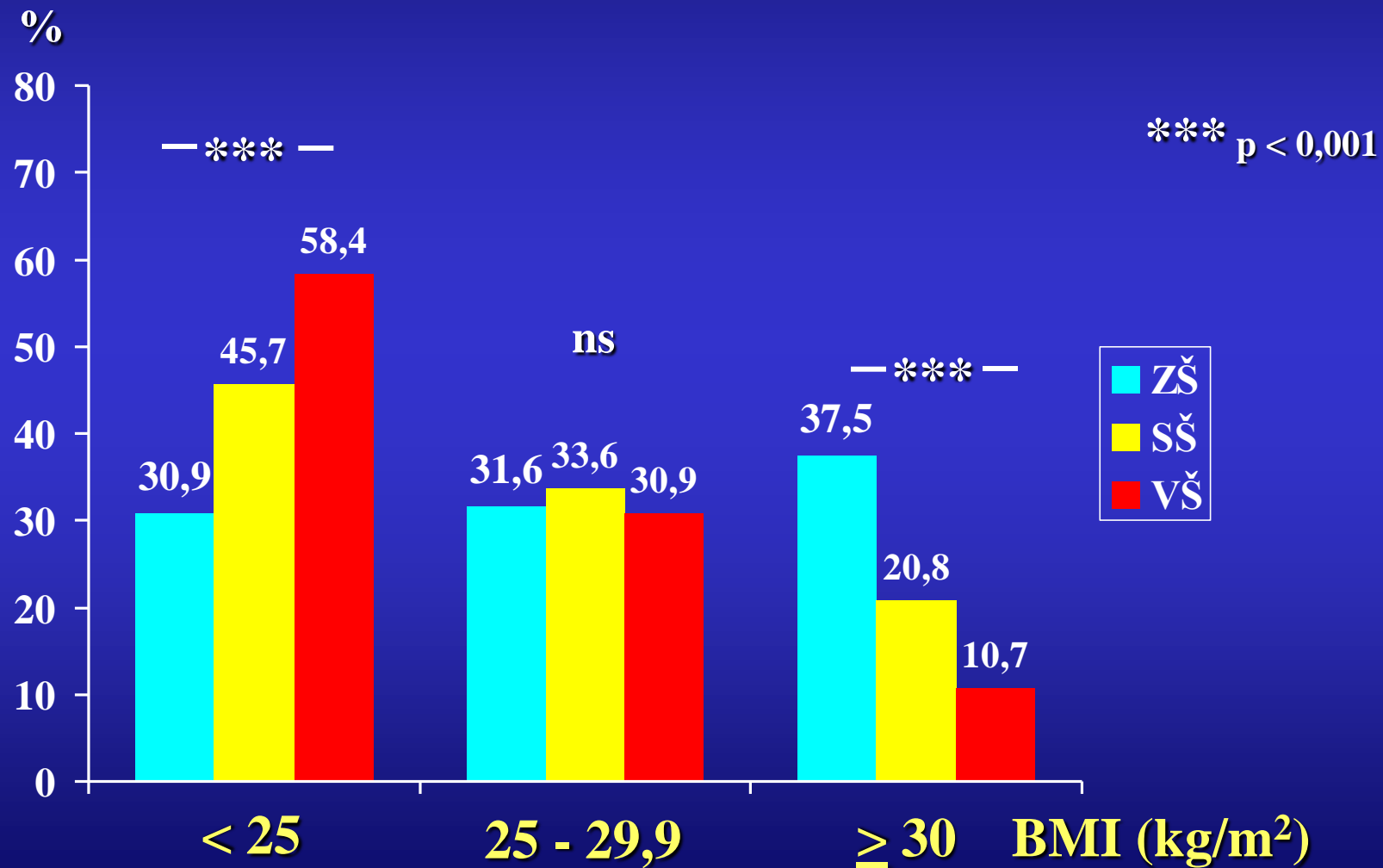
BMI dle vzdělání

muži - 9 okresů ČR 2000/2001



BMI dle vzdělání

ženy - 9 okresů ČR 2000/2001



Znalost, léčba a kontrola hypertenze

	NHANES II 1976-80	NHANES III Fáze 1 1988-91	NHANES III Fáze 2 1991-94
Znalost	51 %	73 %	68.4 %
Léčba	31 %	55 %	53.6 %
Kontrola	10 %	29 %	27.4 %

Kontrola hypertenze v různých zemích

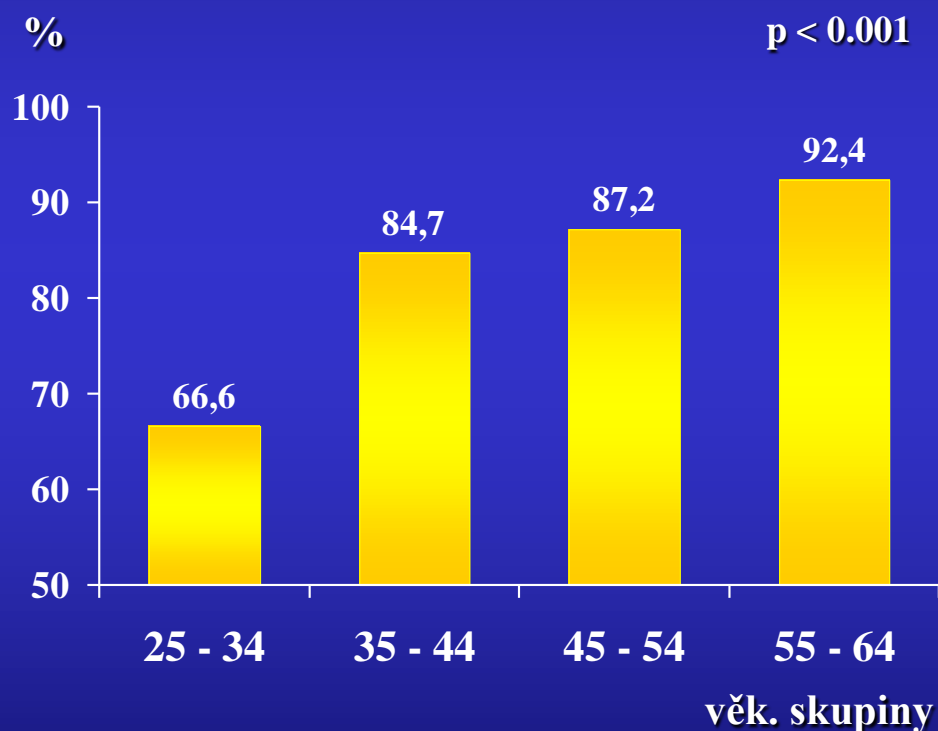
<i>< 140/90 mmHg</i>		<i>< 160/95 mmHg</i>	
Kanada	16 %	Austrálie	19 %
Indie	9 %		
Korea	5 %		
Čína	3 %		
Zaire	2,5 %		

Kontrola hypertenze v evropských zemích

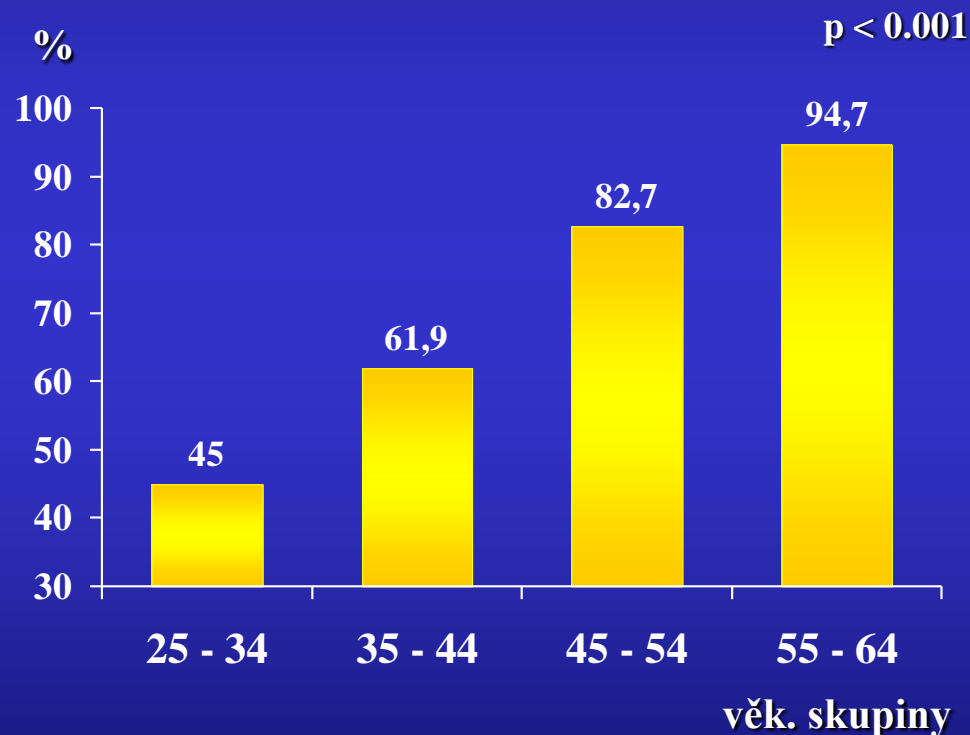
<i>< 140/90 mmHg (%)</i>		<i>< 160/95 mmHg (%)</i>	
Belgie	25	Finsko	23,5
Česká republika	17,8	Německo	22,5
Anglie	6	Skotsko	17,5
Francie	33		
Itálie	9		
Polsko	4		
Rusko	5,7		
Španělsko	16,3		

Dyslipidemie* podle věkových skupin

Muži



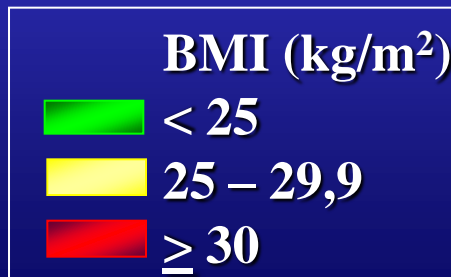
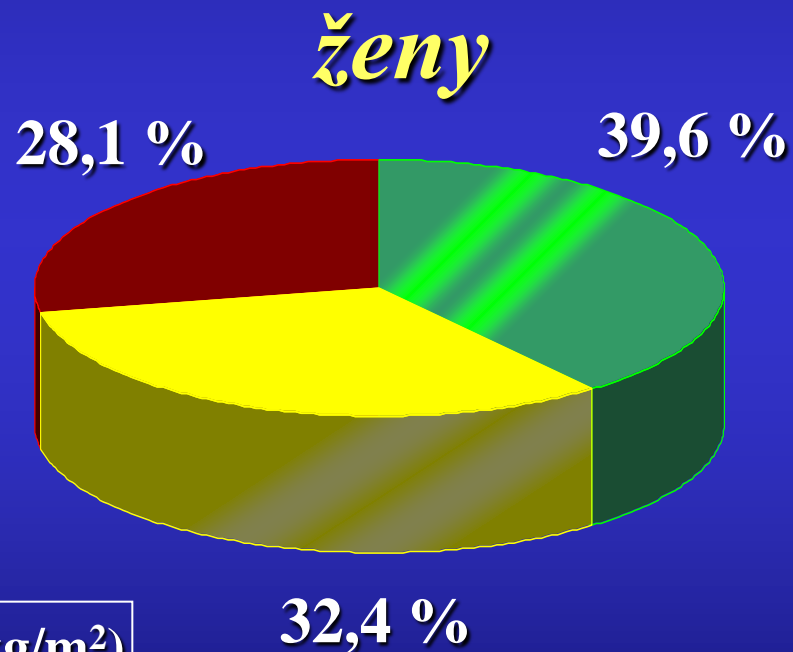
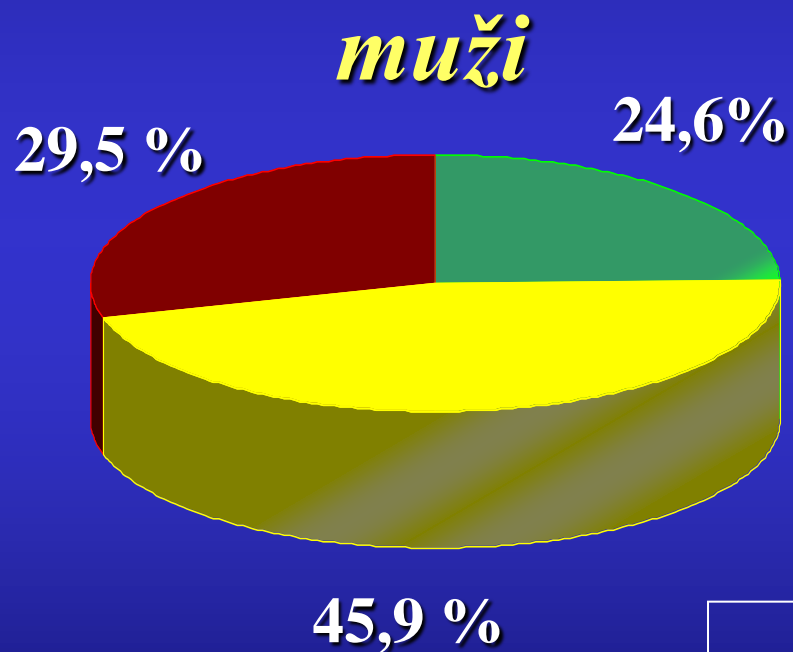
Ženy



* Celk. chol. ≥ 5.0 nebo HDL-chol. < 1.0 nebo LDL-chol. ≥ 3.0 nebo TG ≥ 2 mmol/L
nebo užívání hypolipidemik

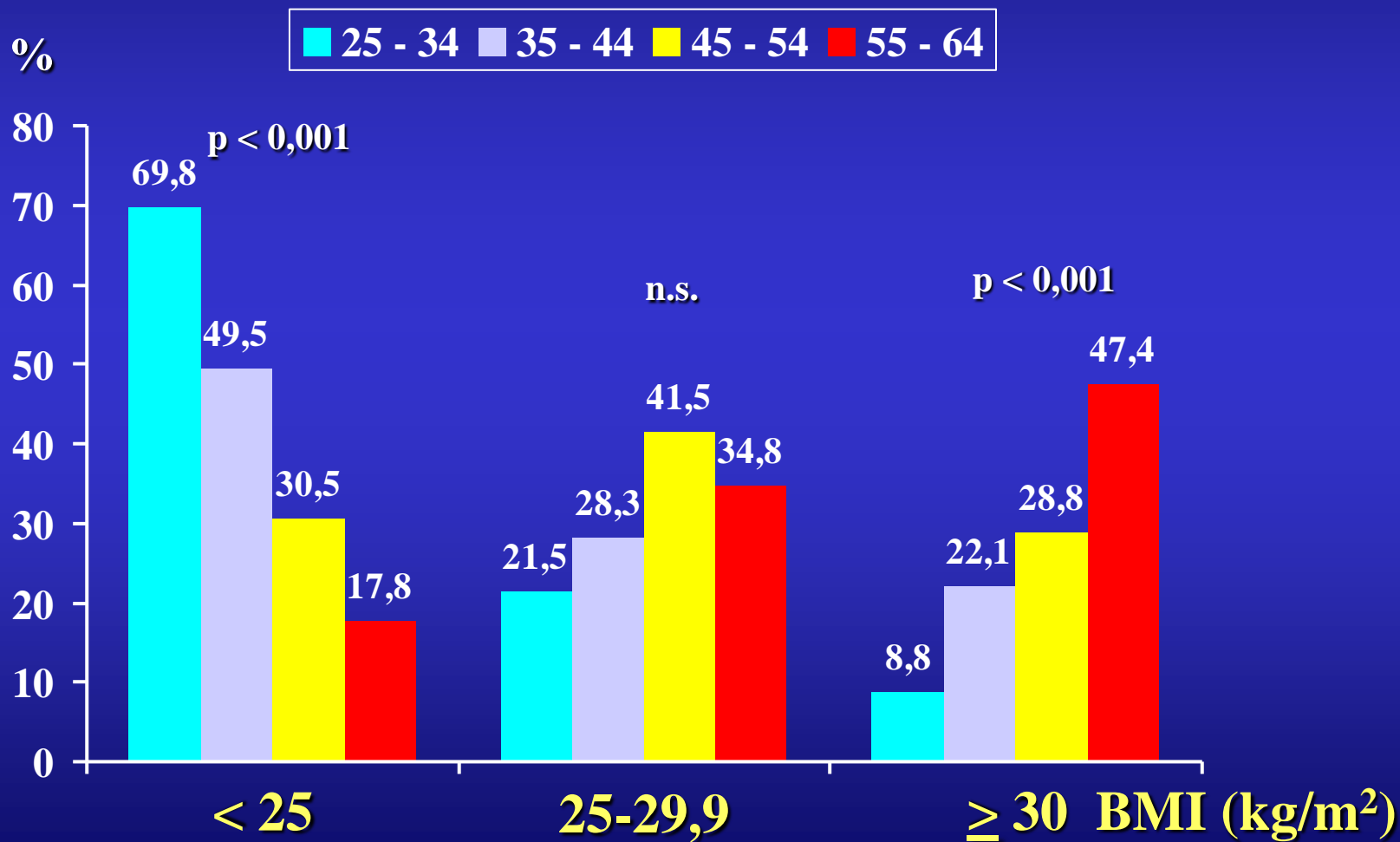
Prevalence obezity a nadváhy v populačním vzorku ČR

9 okresů ČR 2000/2001



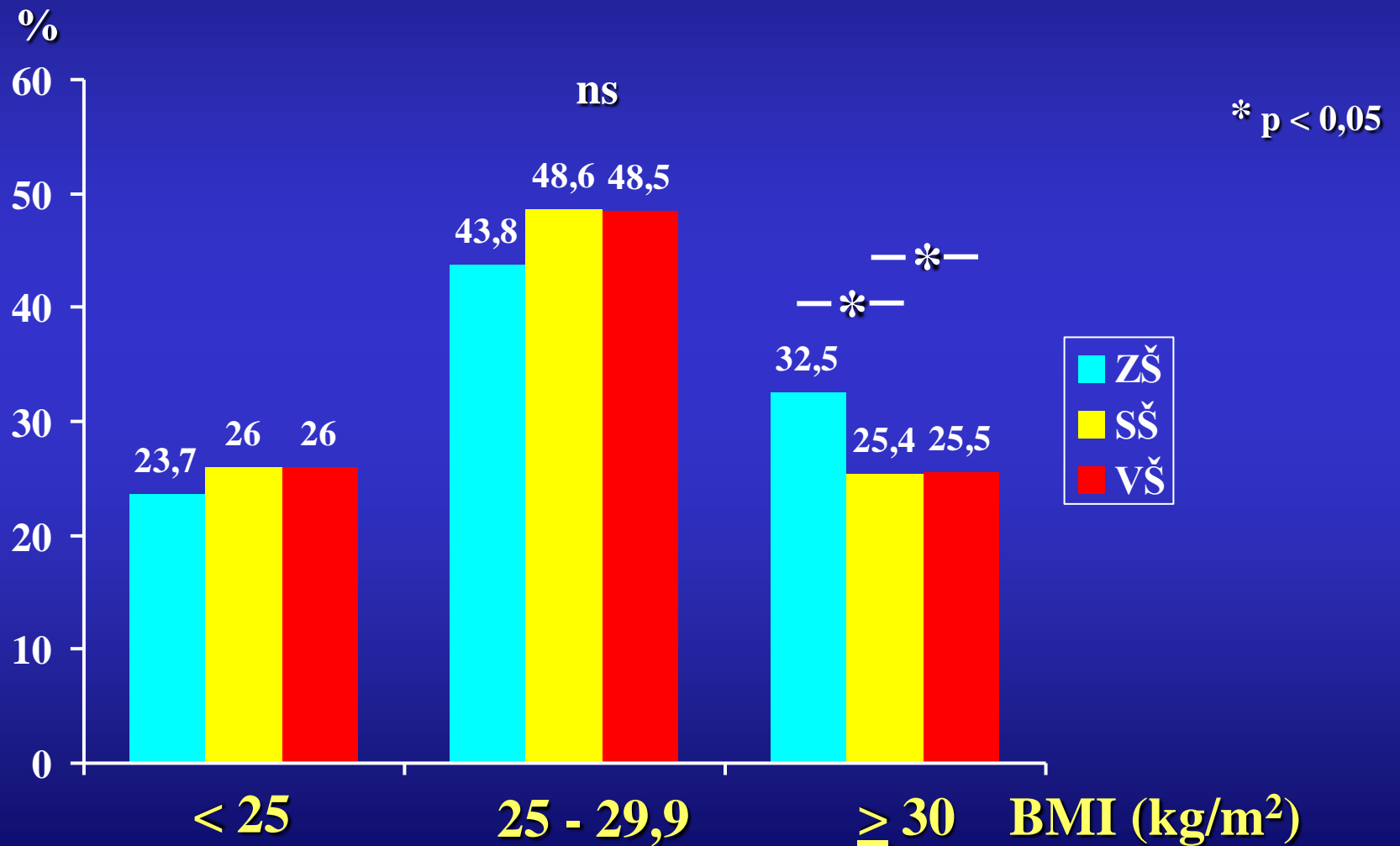
BMI dle věkových dekád

ženy - 9 okresů ČR 2000/2001



BMI dle vzdělání

muži - 9 okresů ČR 2000/2001



BMI dle vzdělání

ženy - 9 okresů ČR 2000/2001

