Enfermedades Cardiovasculares

- **Cardiopatía Coronaria**
- **Enfermedades cerebrovasculares**
- **Arteriopatías periféricas**
- **Cardiopatía reumática**
- **Cardiopatías congénitas**
- **Trombosis venosas y embolias pulmonares**

OMS : las enfermedades cardiovasculares son la principal causa de muerte en todo el mundo.

- **2005 murieron 17.5 millones por causas CV**
- **30 % de todas las muertes registradas**
- **7.6 millones por cardiopatía coronaria**
- **5.7 millones por accidentes cerebrovasculares**
- **42 % muertes CV en Europa**

Costo de las enfermedades cardiovasculares en Europa en 2008 fueron 192 billones de Euros

Promedio per capita 391 Euros

Bulgaria : 60 Euros / año

Alemania : 600 Euros / año

Pérdida en UE 41.000 millones de Euros en productividad

Factores de Riesgo Cardiovasculares

No Modificables

Edad

Sexo

Herencia

Modificables

Colesterol Elevado

Hipertensión Arterial

Tabaquismo

Diabetes

Obesidad

Sedentarismo

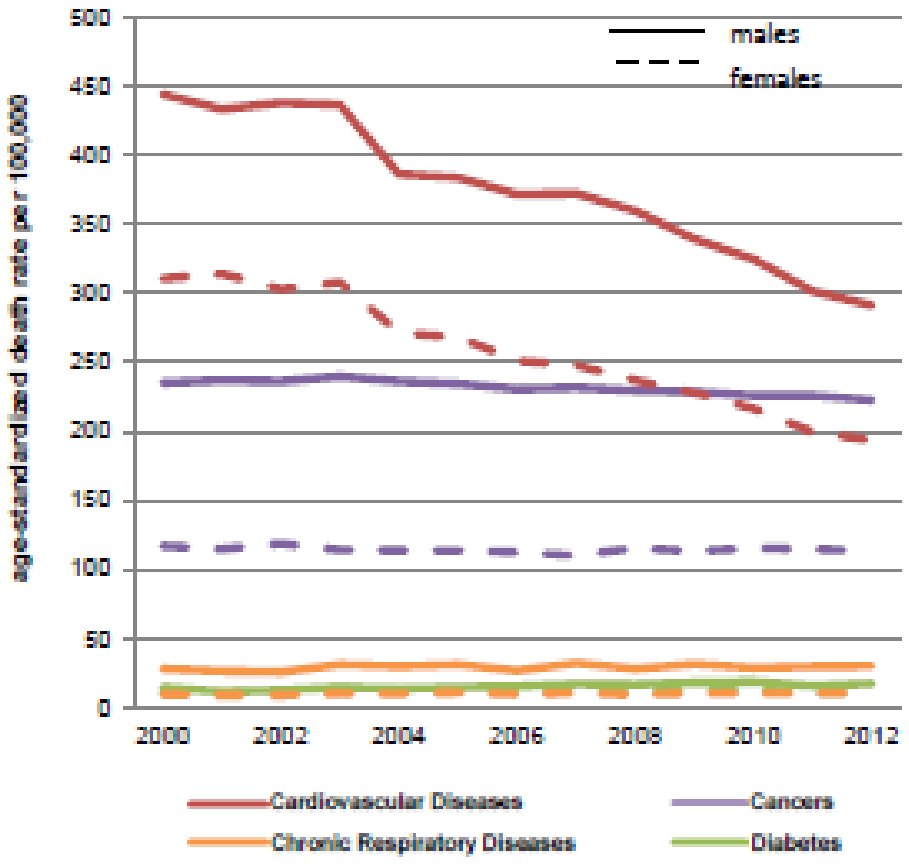
Stress

Croatia

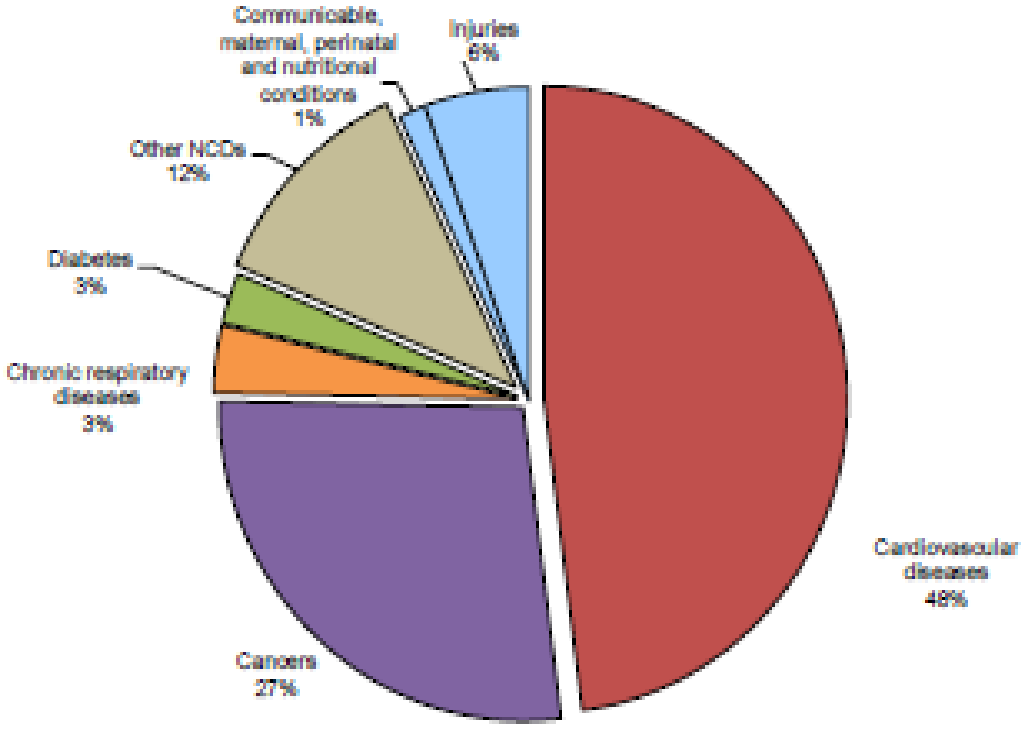
Total population: 4 307 000
Income Group: High

Percentage of population living in urban areas: 57.8%
Population proportion between ages 30 and 70 years: 53.7%

Age-standardized death rates

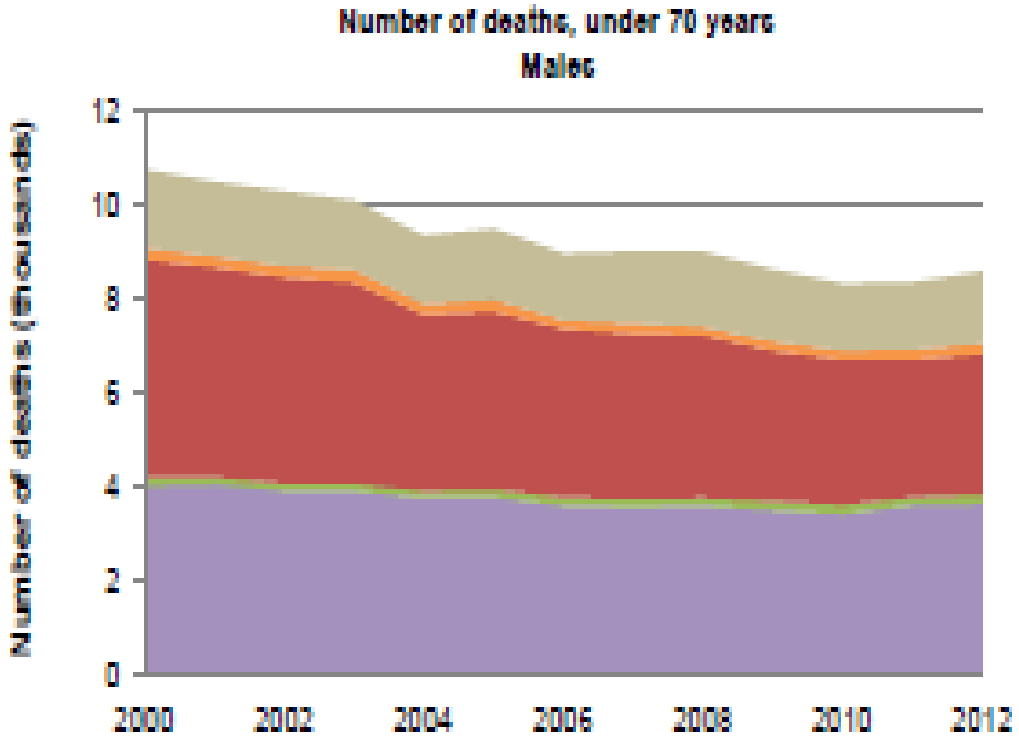


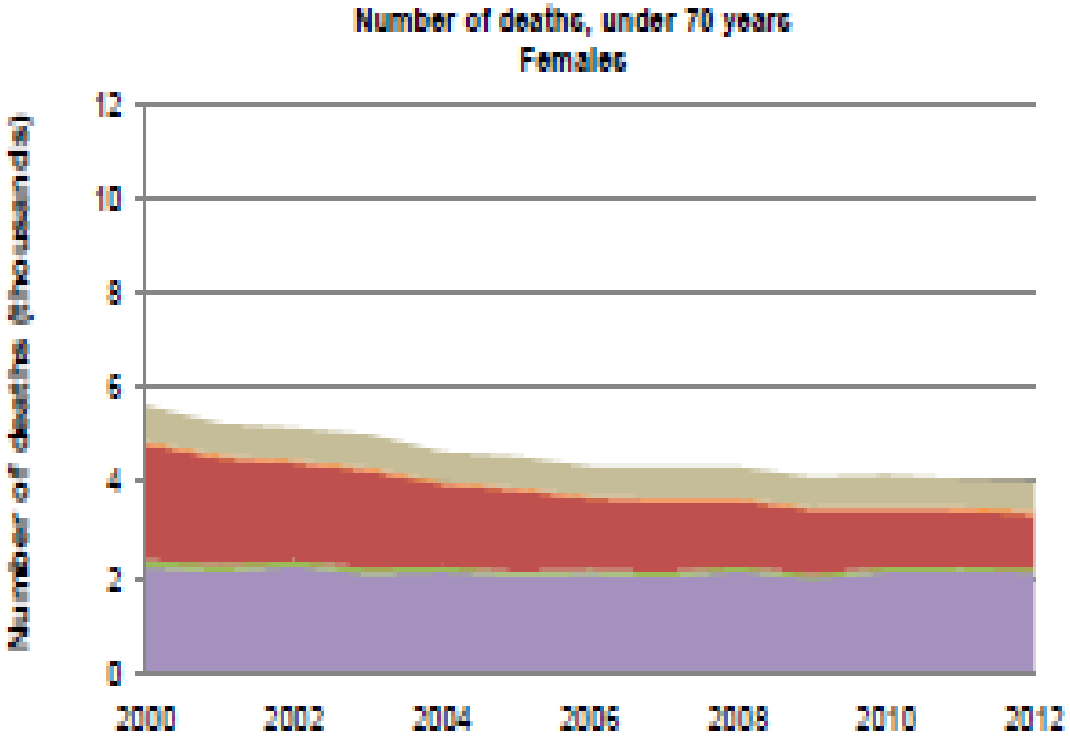
Proportional mortality (% of total deaths, all ages, both sexes)



Total deaths: 50,000
NCDs are estimated to account for 93% of total deaths.

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18%.





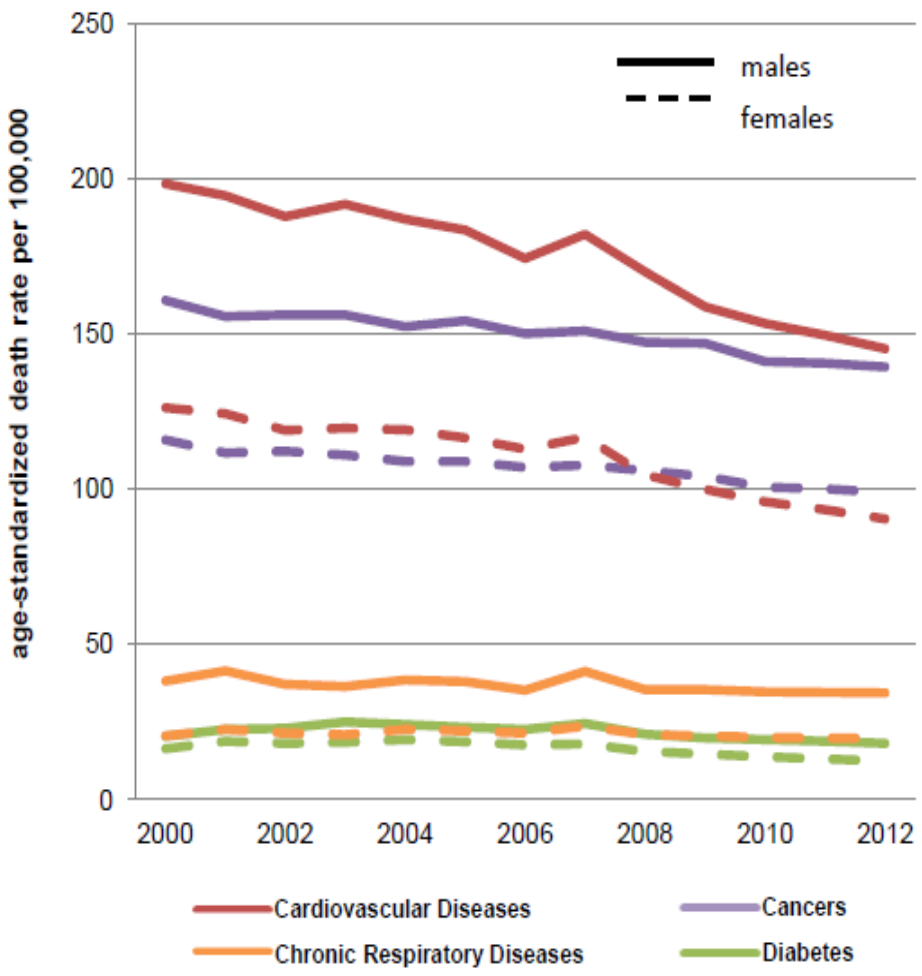
Cancers | Diabetes | Cardiovascular Diseases | Chronic Respiratory Diseases | Other NCDs

Chile: Estadisticas

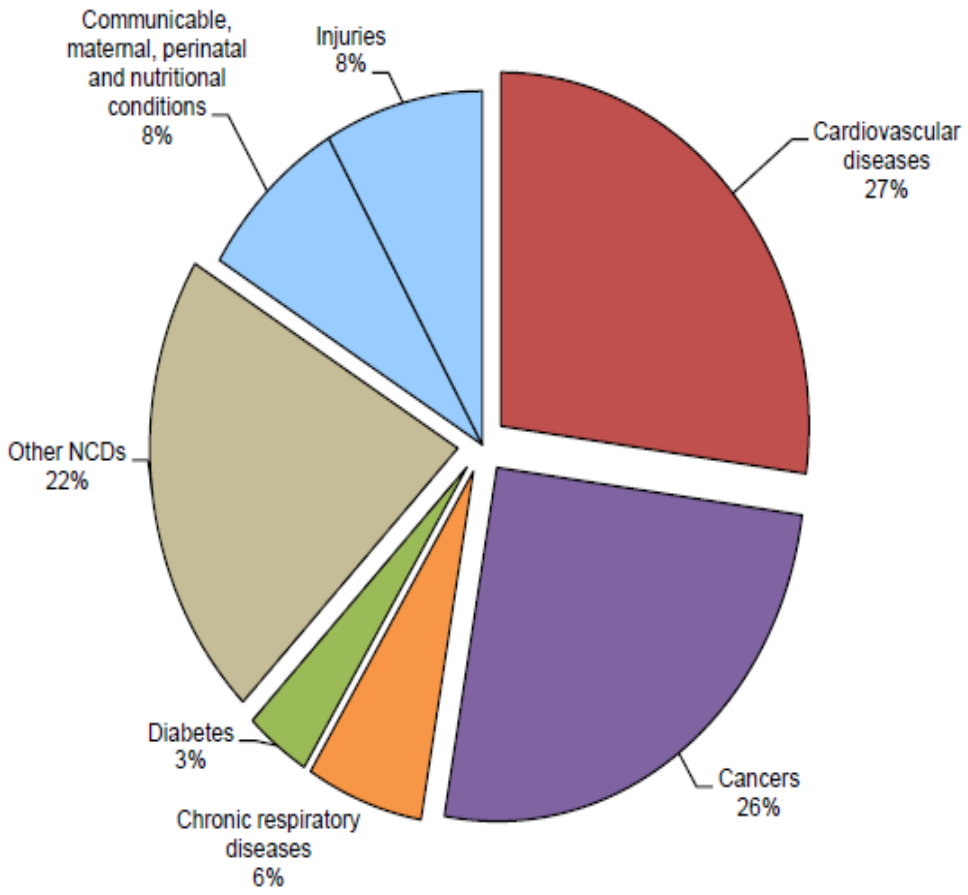
Total population: 17 465 000
Income Group: High

Percentage of population living in urban areas: 89.2%
Population proportion between ages 30 and 70 years: 47.4%

Age-standardized death rates

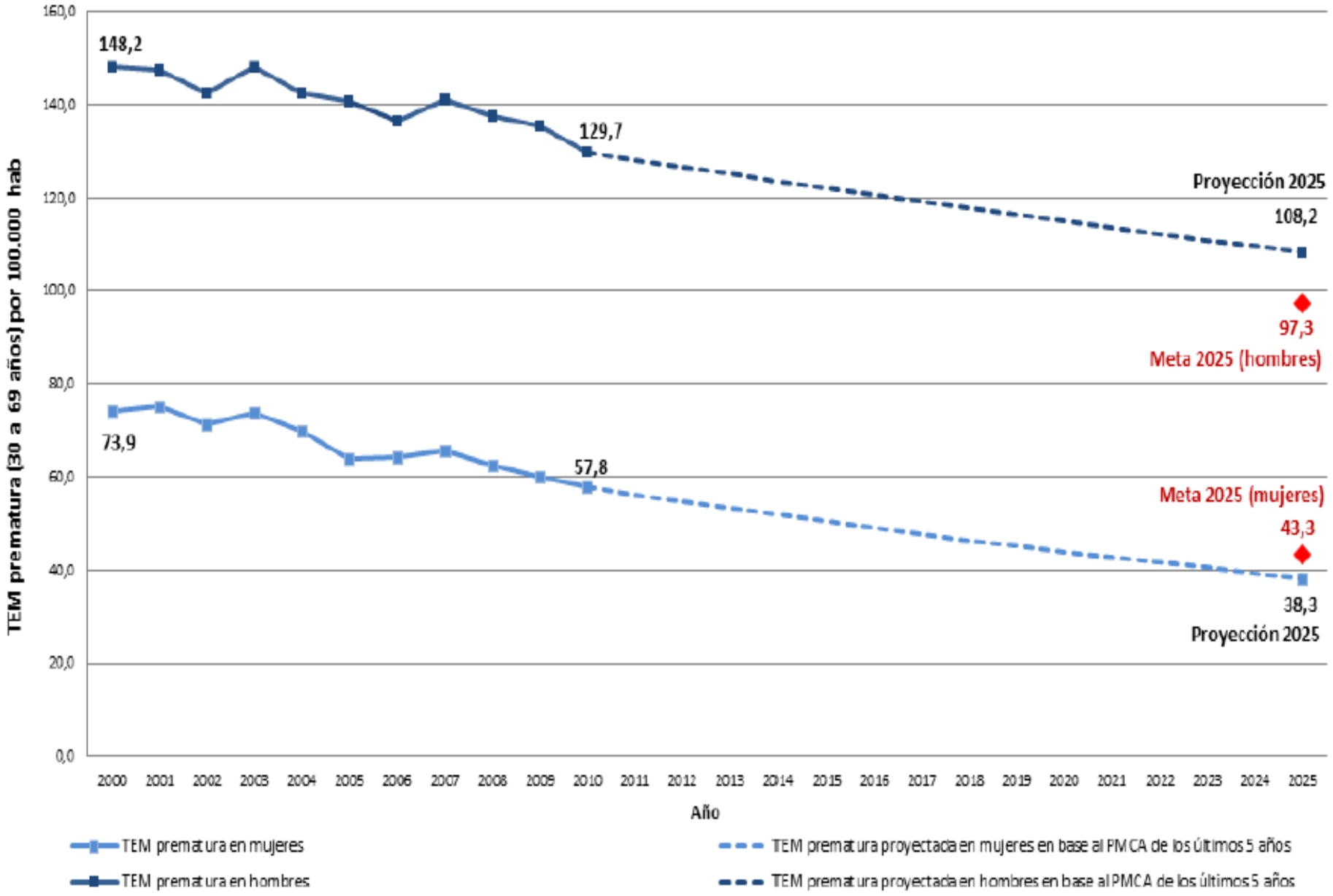


Proportional mortality (% of total deaths, all ages, both sexes)

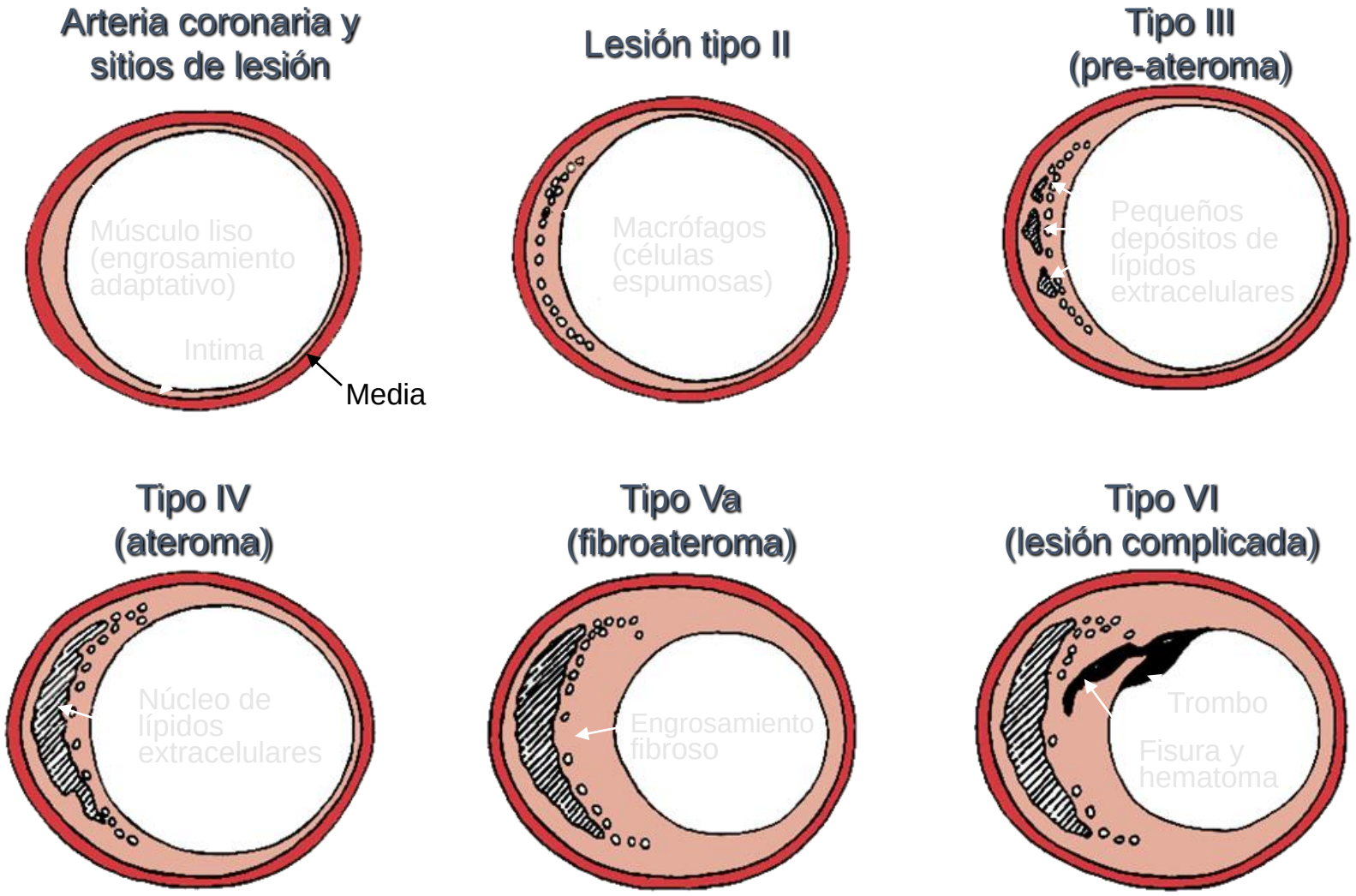


Total deaths: 94,000
NCDs are estimated to account for 84% of total deaths.

TENDENCIAS DE LAS TASAS ESTANDARIZADAS DE MORTALIDAD PREMATURA POR ENFERMEDADES CARDIOVASCULARES (2000-2010), METAS Y PROYECCIONES PARA EL 2025

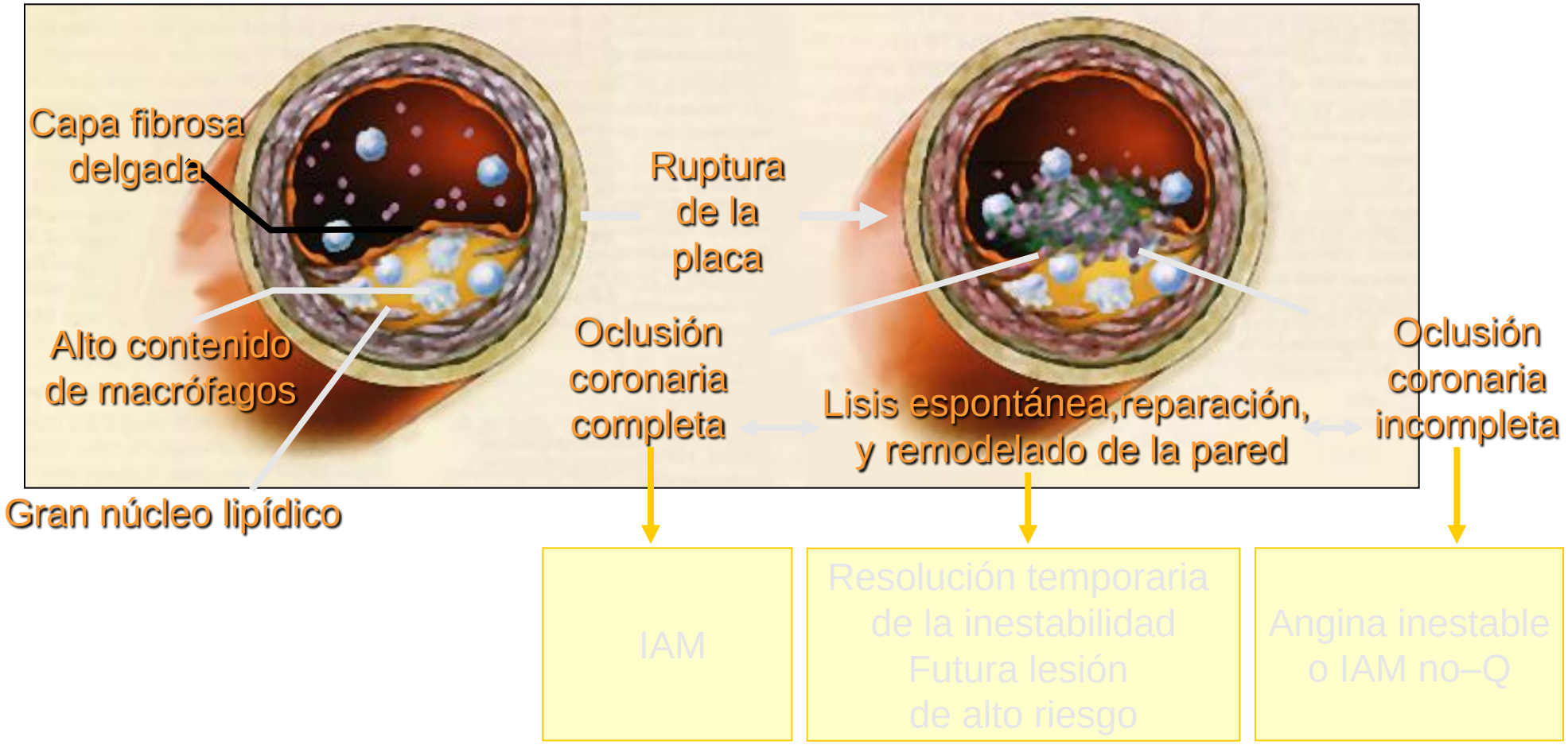


Progresión de la Aterosclerosis



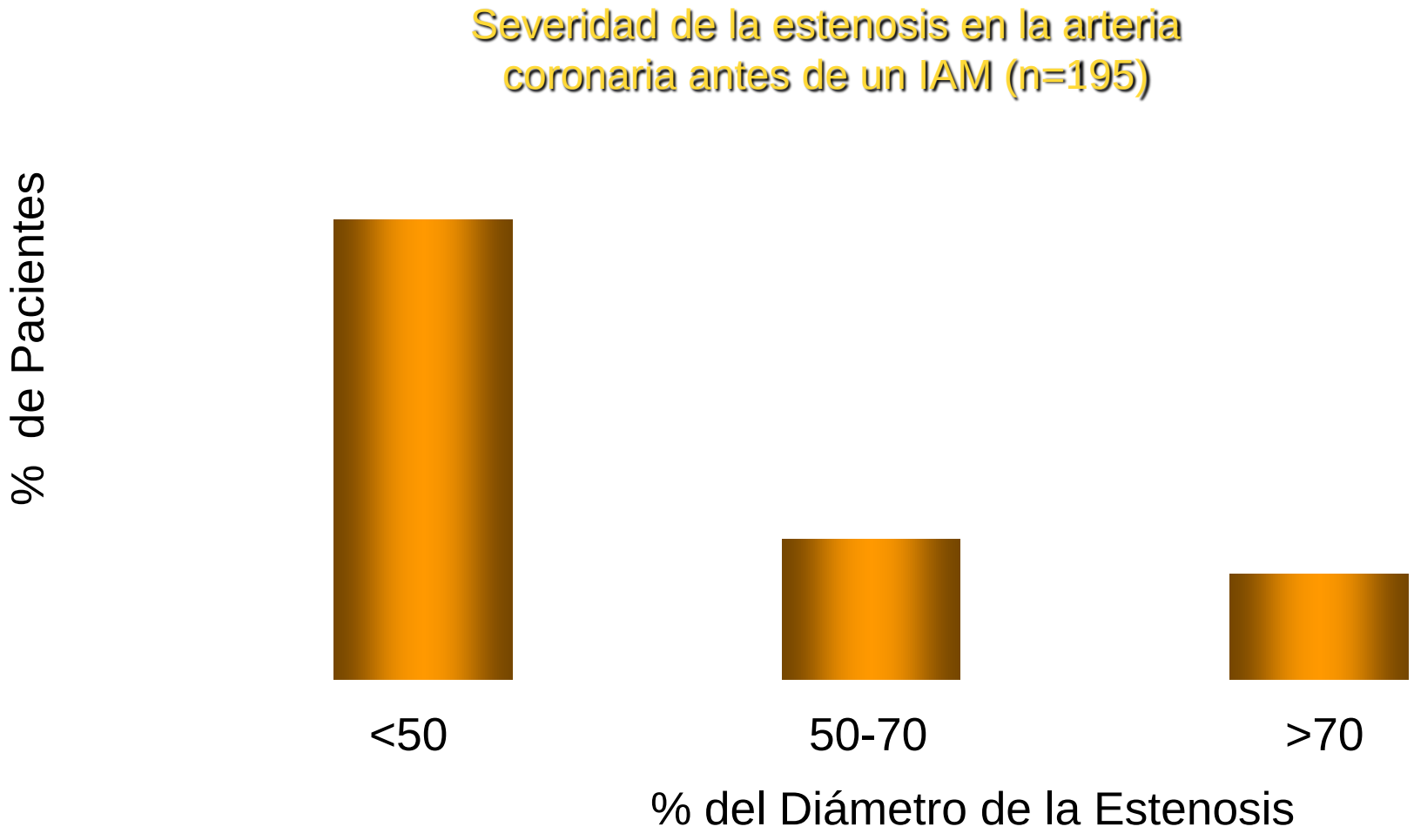
Adaptado de Stary, en Fuster y col, eds. *Atherosclerosis and Coronary Artery Disease*. 1996.

Fisiopatología del SCA: ruptura de la placa



Adaptado de Yeghiazarians y col. *N Engl J Med*. 2000;342:101-114.

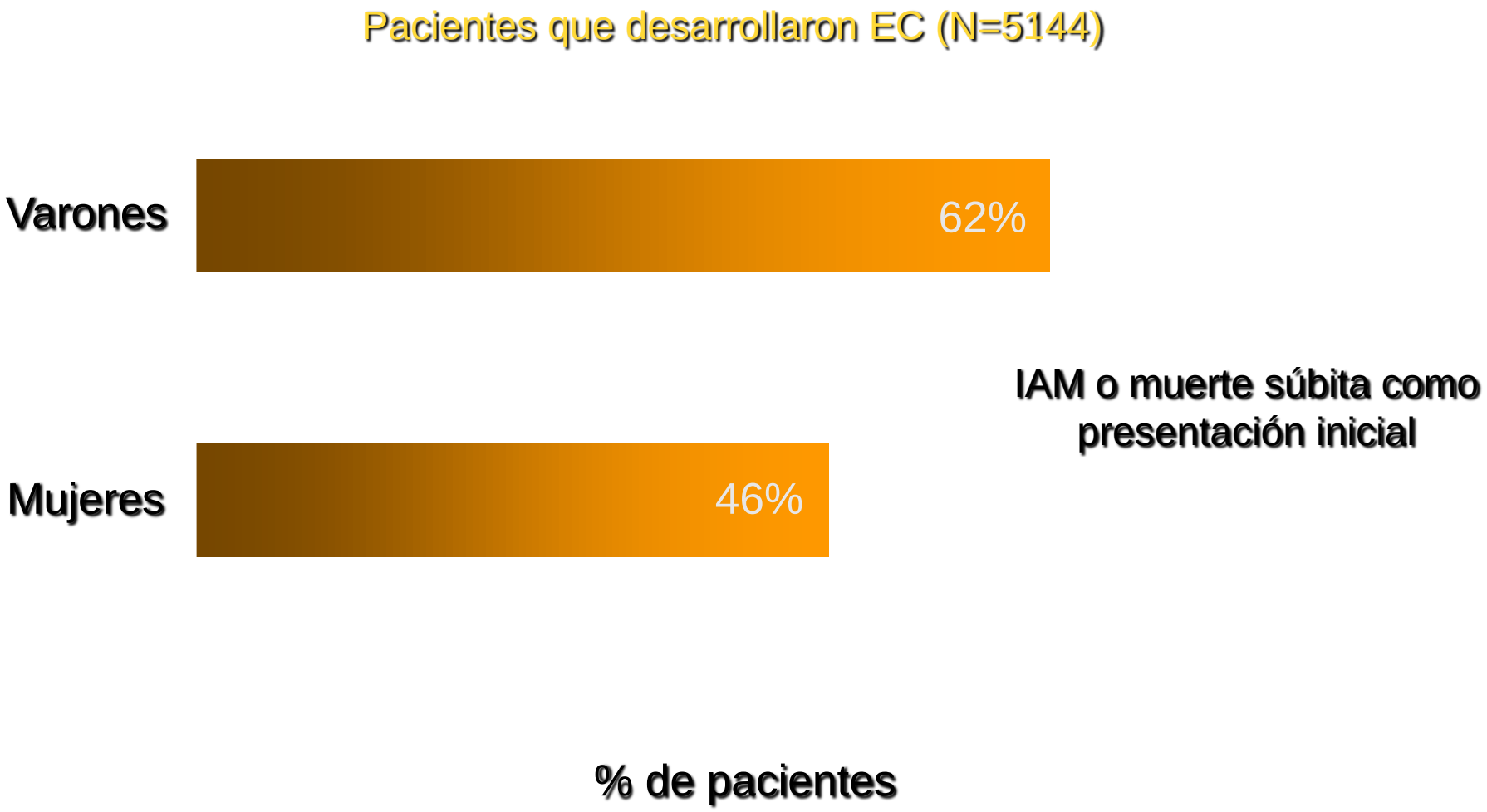
La mayoría de los IAM se presentan en las estenosis menos severas



Datos de 4 estudios.

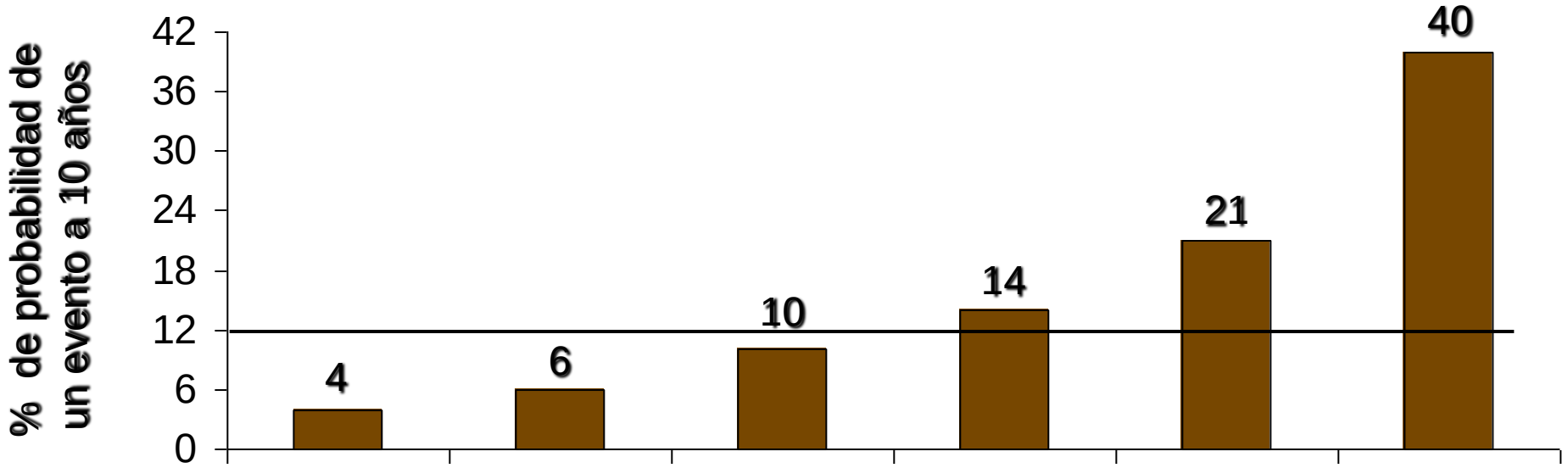
Smith. *Circulation*. 1996;93:2205-2211.

La presentación inicial de la EC puede ser el IAM o la muerte súbita: Estudio de Framingham



Murabito y col. *Circulation*. 1993;88:2548-2555.

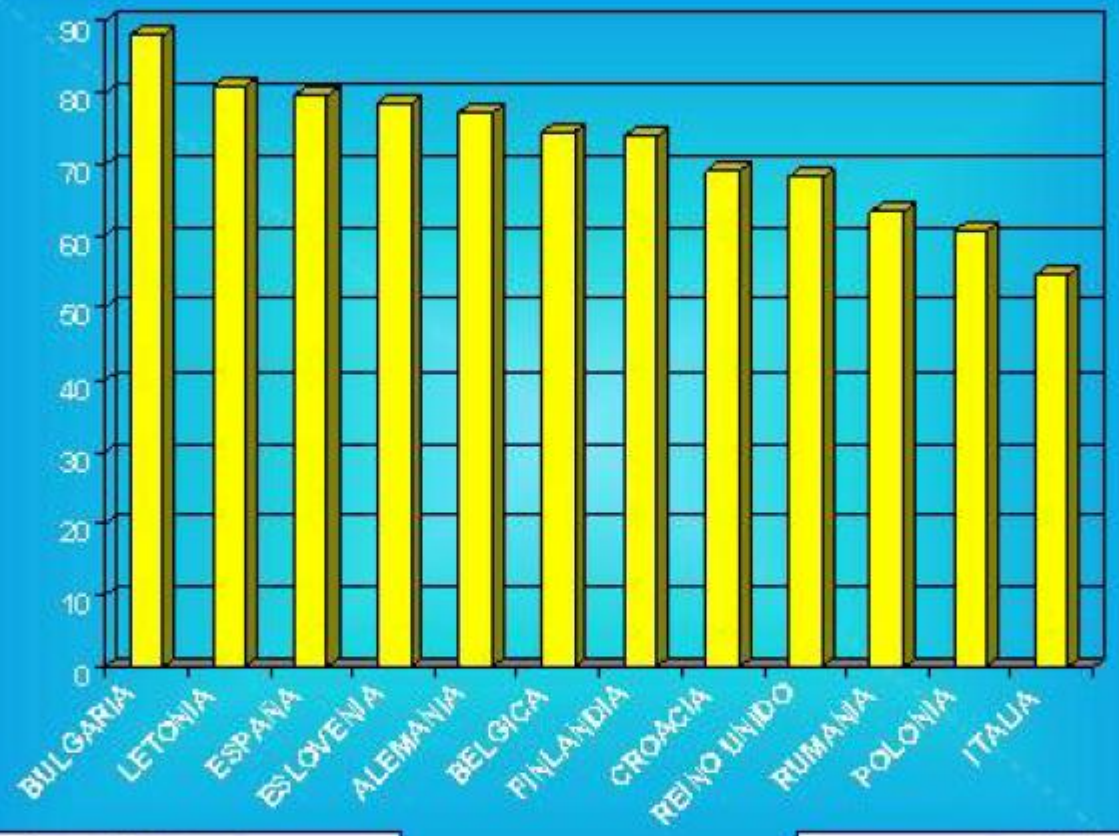
Efecto de los factores de riesgo múltiples en la probabilidad de EC: Estudio de Framingham



TAS	150-160	+	+	+	+	+	+
Colesterol	240-262	-	+	+	+	+	+
HDL-C	33-35	-	-	+	+	+	+
Diabetes		-	-	-	+	+	+
Tabaquismo		-	-	-	-	+	+
HVI en el ECG		-	-	-	-	-	+

Kannel. *Am J Hypertens*. 2000;13:3S-10S.

PREVALENCIA DEL INCREMENTO DE LA PRESIÓN SANGUINEA (%)



PACIENTES = 70.8 %

MORT = 1.55

HOMBRES = 72.6 %

MUJERES = 69.5 %

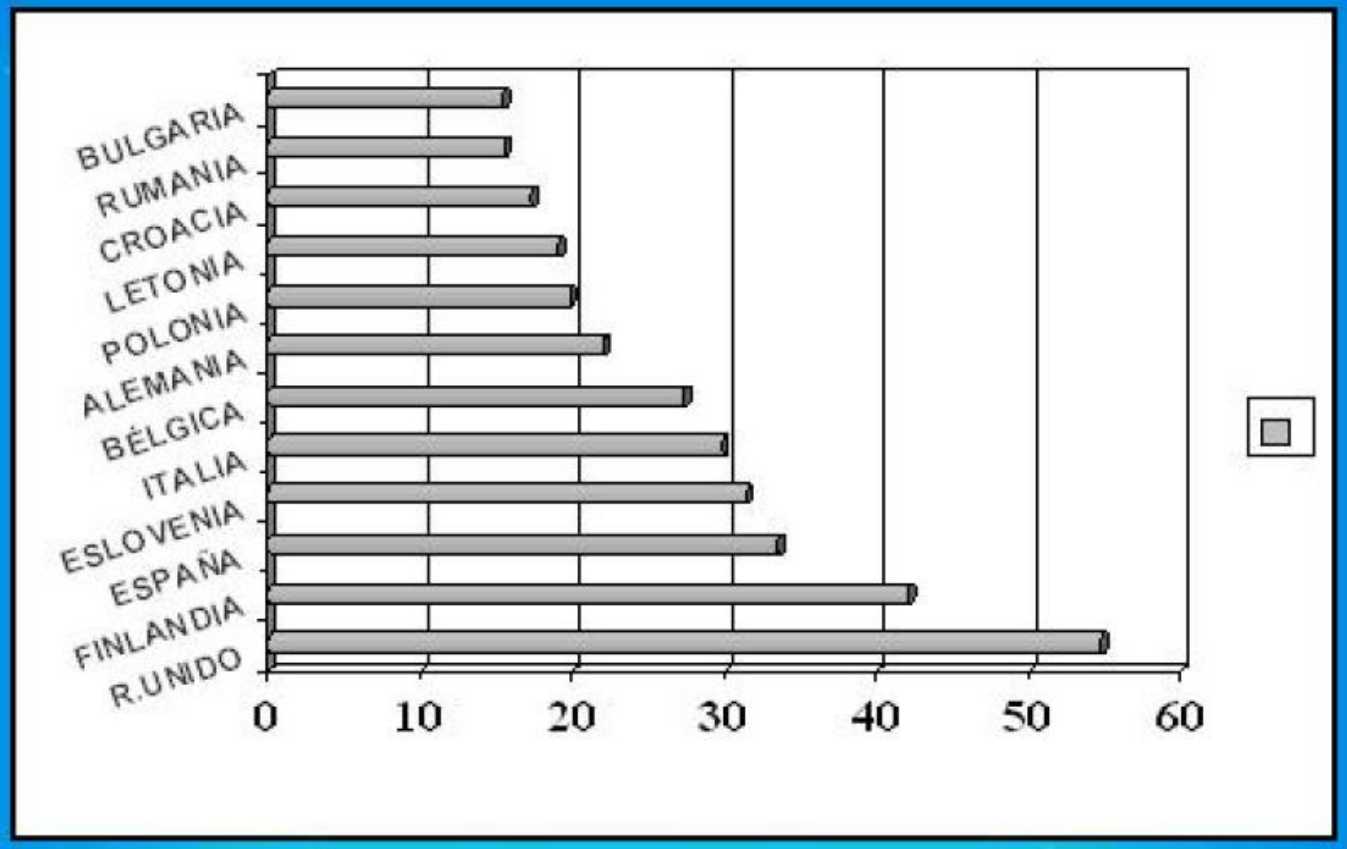
HIPERTENSIÓN

PACIETES = 91.6 %

MORT = 2.32

HOMBRE Y MUJER = 91.6 %

CONTROL TERAPÉUTICO DEL COLESTEROL



Fuente: EuroASPIRE III

< 5.0 mmol/L

Pacientes = 52.4 %

Mort = 1.65

Hombres = 59.9%

Mujeres = 46.9%

Pacientes = 30.6 %

Mort = 1.66

Hombres = 39.5%

Mujeres = 24.1%

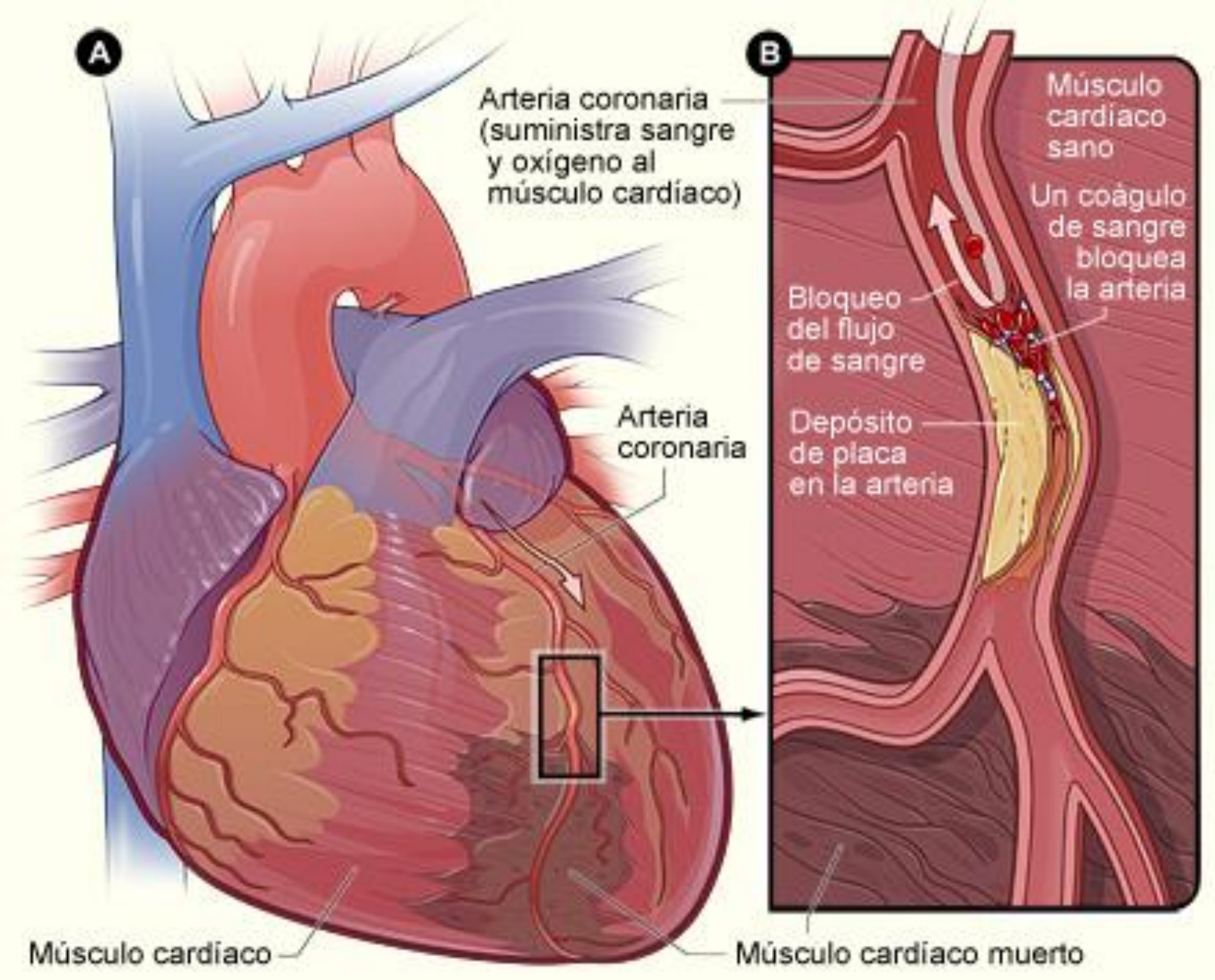
< 4.0 mmol/L

Pacientes = 13.2 %

Mort = 1.56

Hombres = 19.1%

Mujeres = 8.8%


A
B
Arteria coronaria (suministra sangre y oxígeno al músculo cardíaco)
Arteria coronaria
Músculo cardíaco
Músculo cardíaco muerto
Músculo cardíaco sano
Un coágulo de sangre bloquea la arteria
Bloqueo del flujo de sangre
Depósito de placa en la arteria