OP 2: Cardiovascular risk in a Sri Lankan community

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Objective: Identifying the cardiovascular disease (CVD) [coronary heart disease (CHD) and stroke] risk

in a community is important in planning preventive strategies, but such data are lacking from Sri Lanka.

We sought to describe the CVD and CHD risk in a Sri Lankan community.

Design, setting and methods: A community survey was conducted in the Ragama Medical Officer of

Health area (Ragama Health Study) involving individuals aged 35-65 years, selected by stratified random

sampling. Their 10-year CVD and CHD risks were estimated using three widely used risk stratification

algorithms: Framingham score, NCEP-ATP III (National Cholesterol Education Program - Adult

Treatment Panel III), and Systematic Coronary Risk Evaluation (SCORE).

Results: In the study population (n=2985), 54.5% were females, and the mean age [SD] was 52.4 [7.8]

years. According to the Framingham (CHD risk), NCEP-ATP III (CHD risk) and SCORE (total CVD

mortality risk) criteria, 11.5%, 37.2% and 9.7% respectively were classified as 'moderate or high risk'.

Risks were not significantly different between sexes, except with NCEP-ATP III criteria (M- 54.1%, F-

21%, pO.OOl). The CHD and total CVD risks increased with age (Framingham: <55y- 6.5%, >55y-

38%, pO.OOl; **NCEP-ATP III:** <55y- 36%, >55y- 64.7%, p<0.001; **SCORE:** <55y- 9.0%, >55y- 14.6%,

pO.OOl).

Conclusions: A large proportion of individuals in this community are at risk of developing cardiovascular

disease, especially in the older age groups. Risk estimates are comparable to other populations. Aggressive

preventive strategies are needed to minimise this risk.