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Abstract 12

PREVALENCE OF ANTIPLATELET USE FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASES AND ITS' JUSTIFICATION AMONG AN URBAN SRI LANKAN COHORT OF PATIENTS WITH CARDIOVASCULAR RISK FACTORS

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Background

Guidelines on aspirin for primary prevention of cardiovascular diseases (CVD) has changed. There are no data on aspirin use for primary prevention from Sri Lanka or South Asia.

Objectives

We aimed to describe antiplatelet use in primary prevention and its' justification in relation to latest guidelines in a cohort of patients with CV risk factors attending a follow-up medical clinic since 2007 of a community surveys of urban Sri Lanka.

Methods

A descriptive study was conducted of all patients with CV risk factors but without previous CVDs attending the above clinic from March 2018 – March 2019. Data were collected using an interviewer administered questionnaire. Patients' 10-year CV risk was calculated with WHO charts (SEAR B). Data were analyzed using SPSS-version 22.

Results

170(137(80.6%) female, mean age 66.0± (6.70) years) were studied. Prevalence of CV risk factors; diabetes-mellitus, hypertension, hyperlipidemia and smoking were 80(47.1%), 114(67.5%), 150(89.3. %), 4(2.4%) respectively.

24(14.1%) were on antiplatelet for primary prevention. All were on aspirin. Aspirin prescription was justifiable in 4(25.0%) who were 50-69 years and had a 10-year CV risk of more than 10% according to US preventive task force recommendations. However, 7(16.3%) patients aged 70-years or more were on antiplatelet without justification. None of the patients have had serious adverse effects with aspirin. However, 50% had symptoms of gastritis.

Conclusions

Even though antiplatelet use for primary prevention is not common in this cohort of urban Sri Lankans, a significant proportion of elderly were on antiplatelet without justification. Further, half of the patients experienced symptoms related to antiplatelet related side effects.