■ Akutni infarkt miokarda i čimbenici rizika u Županijskoj bolnici Čakovec

Acute myocardial infarction and risk factors in the Čakovec County Hospital

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Uvod: Akutni infarkt miokarda (AIM) je ključna komponenta kardiovaskularnih bolesti. Prepoznato je nekoliko neovisnih čimbenika za nastanak koronarne bolesti srca kao što su arterijska hipertenzija, hiperlipidemija, pušenje i dijabetes kao najznačajniji čimbenici rizika.¹ Cilj istraživanja je dobivanje podataka o incidenciji. AIM-a te prisutnih čimbenika rizika, kako bi se na temelju dobivenih rezultata planirale daljnje akcije.

Pacijenti i metode: U istraživanju su se koristili podaci koji su dobiveni iz Bolničkog informatičkog sustava Županijske bolnice (ŽB) Čakovec. Istraživan je broj oboljelih od AIM liječenih na odjelu Kardiologije s koronarnom jedinicom ŽB Čakovec, dob i spol oboljelih te čimbenici rizika koji su utjecali na nastanak bolesti. U istraživanju su korišteni podaci iz 2010. te 2015. godine.

Rezultati: Tijekom 2010. incidencija bolesnika oboljelih od AIM je bila 114 od toga 58% muškaraca te 42% žena, a u 2015. god. 104 od toga 66% muškaraca te 33% žena. U dobnoj skupini od 30-40 god. broj oboljelih u 2010. je iznosio 1,8%, a u 2015. god. 1,9%. U 2010. ih je bilo 13%, a u 2015. god. 6,7% starosti 40-50 god. U skupini od 50-60 god. je u 2010. bilo 16,7%, a u 2015. g. 31,7% oboljelih. U skupini od 60-70 god. u 2010. je bilo 27,2%, a u 2015. god. 22,1% oboljelih. Godine 2010. u dobi od 70-80 god. je bilo 23,7%, a u 2015. 11,5% oboljelih. U 2010. god. oboljelih starijih od 80 god. je iznosio 17,5%, a 2015. god. 26%. Arterijska hipertenzija kao čimbenik rizika bila je prisutna u 90% u 2010., a u 2015. god. kod 86% oboljelih. U 2010. godini je hiperlipidemija bila prisutna kod 85% oboljelih, dijabetes kod 43%, pušenje u 30%, a adipozitet u 44% oboljelih. U 2015. hiperlipidemija je bila prisutna kod 54% oboljelih, dijabetes kod 30%, pušenje kod 27%, a adipozitet u 33% oboljelih.

Zaključak: Incidencija je sve češća u srednjim dobnim skupinama, no zadržava se veća incidencija oboljenja kod muškaraca. Vodeći čimbenici rizika u istraživanim razdobljima bili su isti. Dobiveni podaci mogu poslužiti kao smjernice za planiranje preventivnih programa kod rizičnih skupina ljudi, posebice srednjih dobnih skupina, kod kojih se povećava incidencija AIM-a.

Introduction: Acute myocardial infarction (AMI) is a key component of the burden of cardiovascular disease. Several independent factors for coronary disease such as hypertension, hyperlipidemia, smoking, and diabetes, as the most important risk factors.¹ The aim of the research is to obtain data on the incidence of AMI and present risk factors in order to plan further action.

Patients and Methods: The study used data obtained from the Čakovec County Hospital (ČCH) Information System. The research deals with the number of patients with AMI treated in the Department of Cardiology with Coronary Care Unit of ČCH as well as the age, the sex of patients and the risk factors that influenced the development of the disease. The study used data from 2010 and 2015.

Results: In 2010, the incidence of patients with AMI was 114 including 58% of men and 42% women, and in 2015, 104 of which 66% of men and 33% women. In the age group of 30-40 the number of patients in 2010 was 1.8%, and in 2015 was 1.9%. In 2010, there were 13%, and in 2015, 6.7% in the age group of 40-50 years. In the group of 50-60 years in 2010 was 16.7%, and in 2015 31.7% of patients. In the group of 60-70 years in 2010, it was 27.2% and in 2015, 22.1% of patients. In 2010 between the age of 70-80 years it was 23.7%, and 11.5% in 2015. In 2010, patients over 80 years it was 17.5%, and 26% in 2015. Hypertension as a risk factor was present in 90% of patients in 2010, and with 86% of patients in 2015. In 2010, hyperlipidemia was present in 85%, diabetes in 43%, smoking in 30%, and adiposity in 44% of patients. In 2015, hyperlipidemia was present in 54%, diabetes in 30%, smoking in 27%, and obesity in 33% of patients.

Conclusion: It is to be concluded that the incidence is more common in middle age groups, whereby the higher incidence of the disease is to be found with male population. We therefore may conclude that the leading risk factors in investigated periods are the same. The obtained data can be used as a guideline for planning prevention programs for high-risk groups of people, especially middle-aged groups, in which the increasing incidence of AMI is present.

LITERATURE

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