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Risk factors among coronary heart disease patients in the context of the Albanian paradox

Koroner kalp hastaları üzerinde etkili olan risk faktörlerinde Arnavutluk paradoksu

Several years ago, the finding that the adult life expectancy in Albania was high, despite the fact that this is a poor country and would thus be expected to have high mortality rates, began to be referred to as the "Albanian paradox". Moreover, it has been reported that infant mortality, as indicator of poverty is also high, yet according to WHO, the age-standardized coronary heart disease (CHD) mortality in Albania is very similar to that in Italy; it is less than half of that in the United Kingdom and is much lower than that in Central and other Eastern European countries (1, 2). Few studies have been performed on CHD risk factors in Albania (3).

In order to evaluate the prevalence of CHD risk factors, we analyzed data from 809 patients (mean age: 61 years, range: 32-85 years; 76% of them were men), consecutively admitted with a first diagnosis of acute coronary heart syndrome during 2009 to the Intensive Coronary Unit of the University Hospital Centre of Tirana, (the country's largest centre for CHD diagnosis and treatment). All patients had at least two CHD risk factors. Current smoking and hypertension were the most prevalent risk factors reported respectively, for 510 (63%) and 469 (58%) patients, followed by family history of CHD (n=267, 33%) and overweight/obesity (n=242, 30%). These data are consistent with those from cross-sectional studies conducted in groups of Albanian population, in which hypertension and smoking prevalence is comparable to that in other Western industrialized countries (4). The diabetes prevalence in Albania has, in recent years, increased rapidly, and excess weight and obesity have been reported as a leading public-health problem in the adult population (5).

The median cholesterol level was 182 mg/dl (range 170-304 mg/dl). Total cholesterol levels were higher than 200 mg/dl in 168 (21%) patients, though for 46 (6%) of patients, the level was lower than 240

mg/dl. None of the patients with cholesterol levels below 200 mg/dl, used cholesterol-lowering drugs. In 639 (79%) patients, the HDL level was below 40 mg/dl of whom 479 (75%) had a total cholesterol level below 200 mg/dl. Although a high total cholesterol level is considered a leading risk factor for CHD, in our study, only 21% of the patients with a first episode of CHD had high levels. The Mediterranean diet (which typically consists of a low consumption of meat and dairy products and a high consumption of fruits, vegetables) has been prevalent in Albania, which could have contributed to maintaining the cholesterol levels low (1, 2). Another plausible explanation is the hypothesis that Mediterranean populations genetically have lower cholesterol levels.

Cholesterol levels seem to play an insignificant role in the etiology of CHD in Albania, which could in part explain the "Albanian paradox". These results could serve as a baseline for detecting signs of whether or not the low cholesterol levels will be maintained in a country which is currently developing and in which nutrition patterns are thus expected to change.

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Koroner sinüs lead'inin femoral ven yoluyla transvenöz reposisyonu

Reposition of the coronary sinus lead transvenously via femoral vein

Kardiyak resenkronizasyon tedavisi (KRT), optimal ilaç tedavisine rağmen semptomatik olan kalp yetersizliği hastalarında oldukça başarılı sonuçlar vermektedir (1). Kardiyak resenkronizasyon tedavisinde sol ventrikül pacingi için koroner sinüs yoluyla yerleştirilen lead'ler kullanılır.