

## Is the coronary risk different, in our men and women?

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**Aim:** To know if there are differences with respect to coronary risk factors distribution, and coronary risk level, between our men and women with hypercholesterolemia, according to NCEP III-ATP III recommendations.

**Patients and Method:** descriptive, cross-sectional and retrospective study. N=248. Urban health center. Patients with a diagnosis of hypercholesterolemia and more than one lipid profile blood test carried out from 1-1-2002 to 31-12-2003. Systematic sampling, accuracy ± 6%, confidence interval 95%.

**Measurements:** coronary risk factors distribution in men and women, cardiovascular disease presence or equivalent (DM), and coronary level in both genders. Bi-variant and descriptive statistic analysis.

**Results:** Prevalence of smoking (31,5%) and HDL-c < 40 mg/dl (14%) is higher in men (p=0,02). Women have higher prevalence of hypertension 65,4% (p=0,02) and HDL-c > 60 mg/dl 48,7% (p<0,001). Peripheral arteriopathy 8,9% and coronary disease 18,5% are higher in men (p=0,005) and (p=0,002) respectively. There is no significant difference with respect to cerebrovascular disease (cerebral thromboembolism or hemorrhage) and diabetes. We have found high coronary risk level in men 66,4% and 42,3% in women (p=0,0001), moderate coronary risk in 16,3% men and 5,2% women (p=0,001) and low coronary risk 33,7% men and 53,8% women.

**Conclusions:** We must improve cardiovascular risk factors in our men with hypercholesterolemia, especially respect to smoking and low HDL-c levels, because they have higher coronary risk than women. Otherwise we must improve hypertension control in our women with hypercholesterolemia.