

Cardiopatía Isquémica Crónica Estable

Importancia de las Comorbilidades

José R. González Juanatey

Área Cardiovascular. Hospital Clínico Universitario de Santiago de Compostela

Cardiopatía Isquémica Crónica Estable

Magnitud epidemiológica

Pronóstico de la CICE

Importancia de las Co-morbididades

Implicaciones clínicas de las Co-morbididades

ESC Stable Angina Guidelines



EUROPEAN
SOCIETY OF
CARDIOLOGY®

Angina
20.000 - 40.000 / 1.000.000

➤ ESC Guidelines

➤ Stable Angina
EuroHeart Survey

Outpatients

EHJ J 2006;27:1341

EHJ 2005;26:996

EHJ 2005;26:1001

Circ. 2006;113:490

BMJ 2006;332:262

EHJ J 2006;27:1298



Estudio CIBAR. TIEMPO DE EVOLUCIÓN



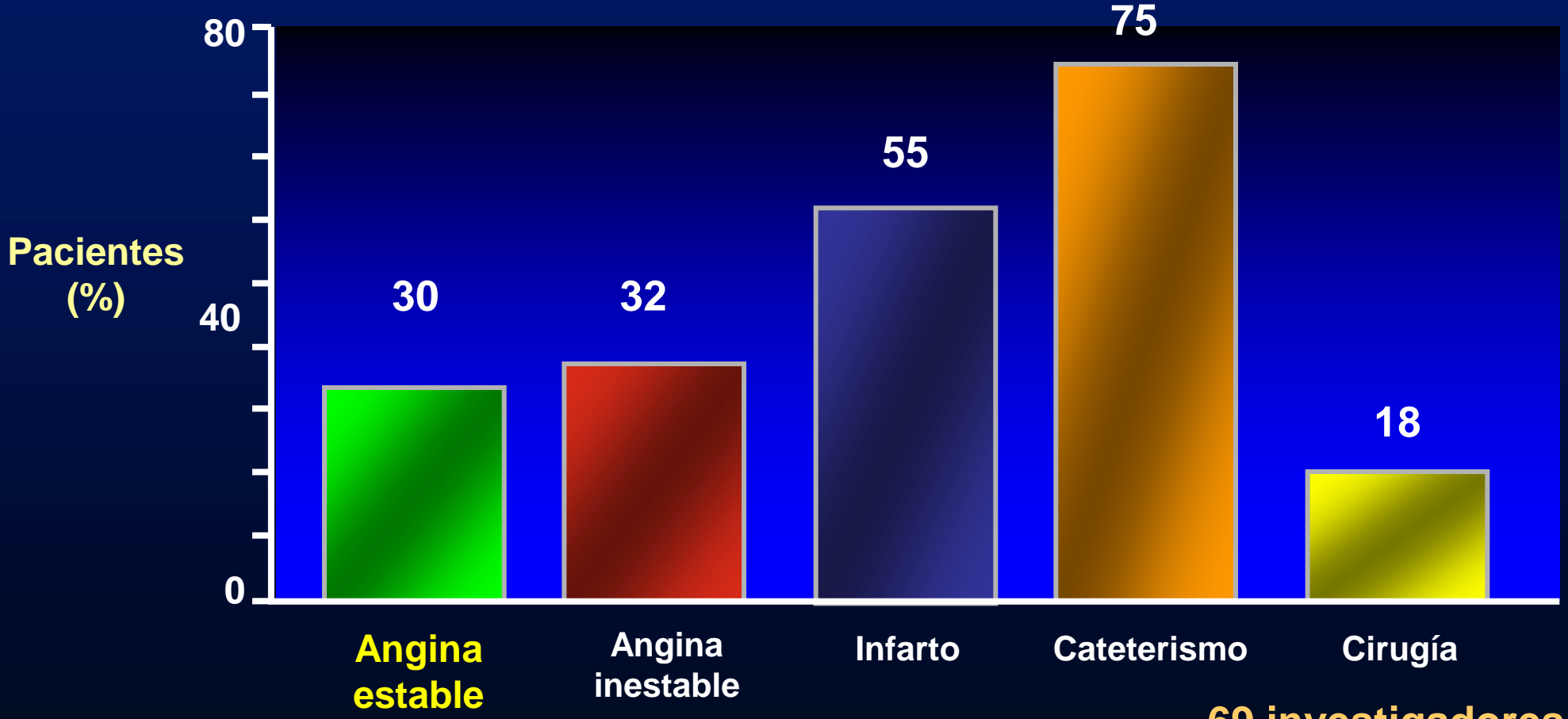
1.108 pacientes

$X = 7,6 \pm 6,0$ años

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011

Estudio CIBAR

PACIENTES INCLUIDOS



69 investigadores

1.108 pacientes

Grupo BARBANZA. Rev Esp Cardiol 2010
Int J Cardiol 2011

Cardiopatía Isquémica Crónica Estable

Magnitud epidemiológica

Pronóstico de la CICE

Importancia de las Co-morbididades

Implicaciones clínicas de las Co-morbididades

ESC Stable Angina Guidelines

Algorithm for the initial evaluation of patients with clinical symptoms of angina

Chest pain



ECG

Clinical Evaluation
History and physical
ECG
Laboratory tests

EHJ 2006;27:1341

Assessment of Ischaemia
Exercise ECG
or
Pharmacological stress imaging or Exercise stress imaging

Echocardiography
(or MRI)
if suspected Heart Failure

Reassess likelihood of ischaemia as cause of symptoms

Echocardiography
(or MRI)
if not done previously

No evidence for cardiac cause of symptoms

Evaluate prognosis on basis of clinical evaluation and non-invasive tests

Angina Symptoms Are Associated With Mortality in Older Women With Ischemic Heart Disease

Kaplan–Meier survival curve according to SAQ score for physical limitation ($P<0.0001$)

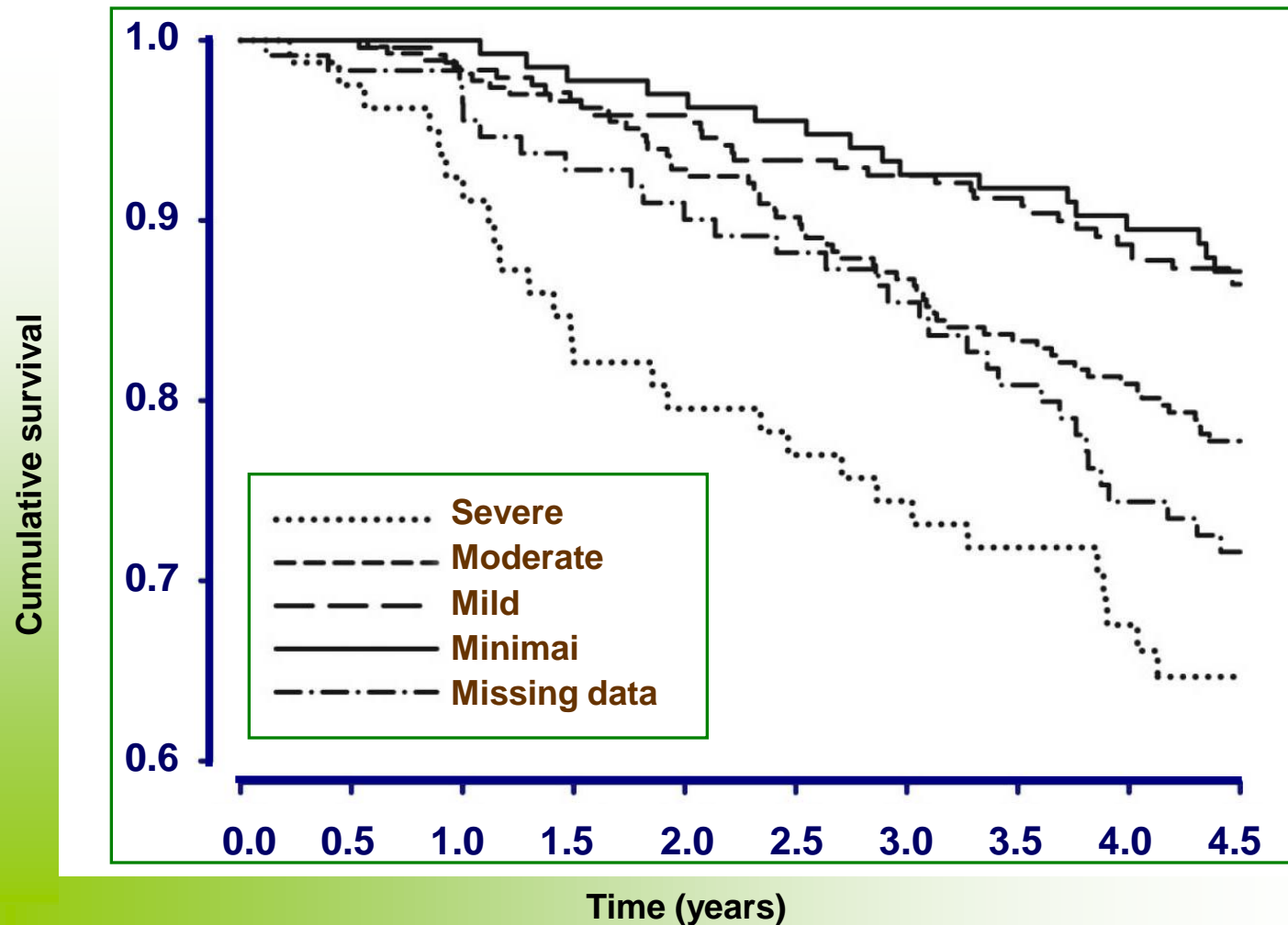


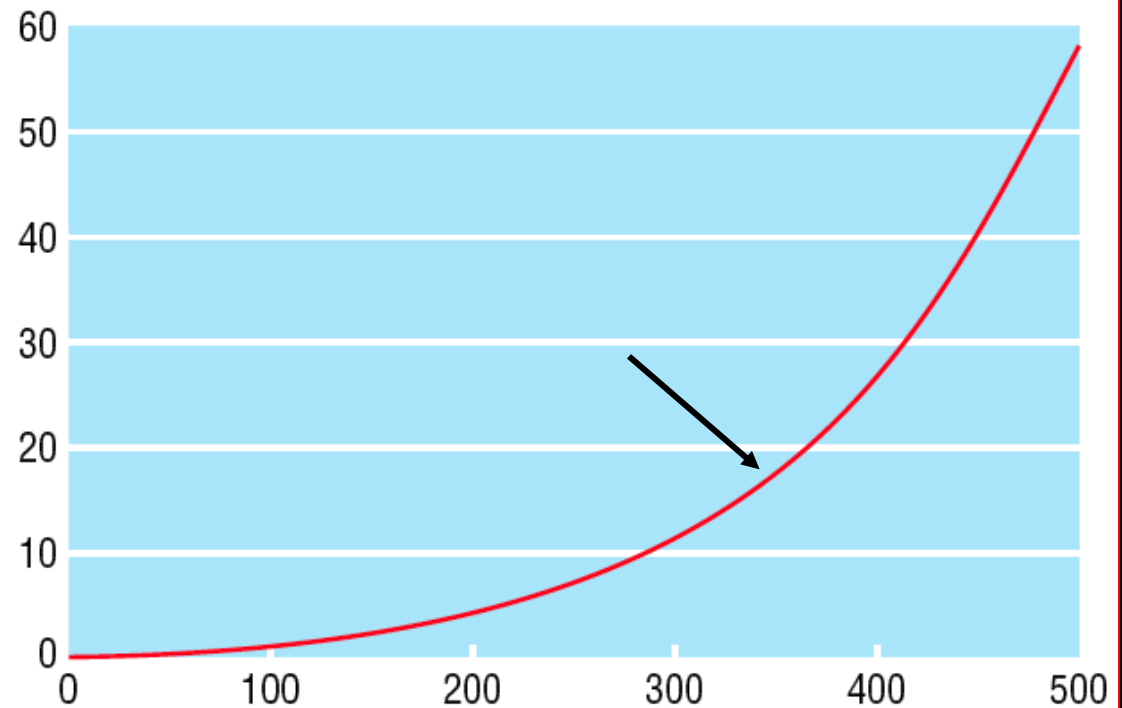
Table 6 Score sheet to calculate risk score for patients presenting with stable angina

Risk factor	Score contribution	Individual's score
Comorbidity*		
No	0	
Yes	86	
Diabetes		
No	0	
Yes	57	
Angina score		
Class I	0	
Class II	54	
Class III	91	
Duration of symptoms		
≥6months	0	
<6 months	80	
Abnormal ventricular function		
No	0	
Yes	114	
ST depression or T wave inversion on resting electrocardiogram		
No	0	
Yes	34	
		Total=

EHS Stable angina

BMJ 2006;332:262

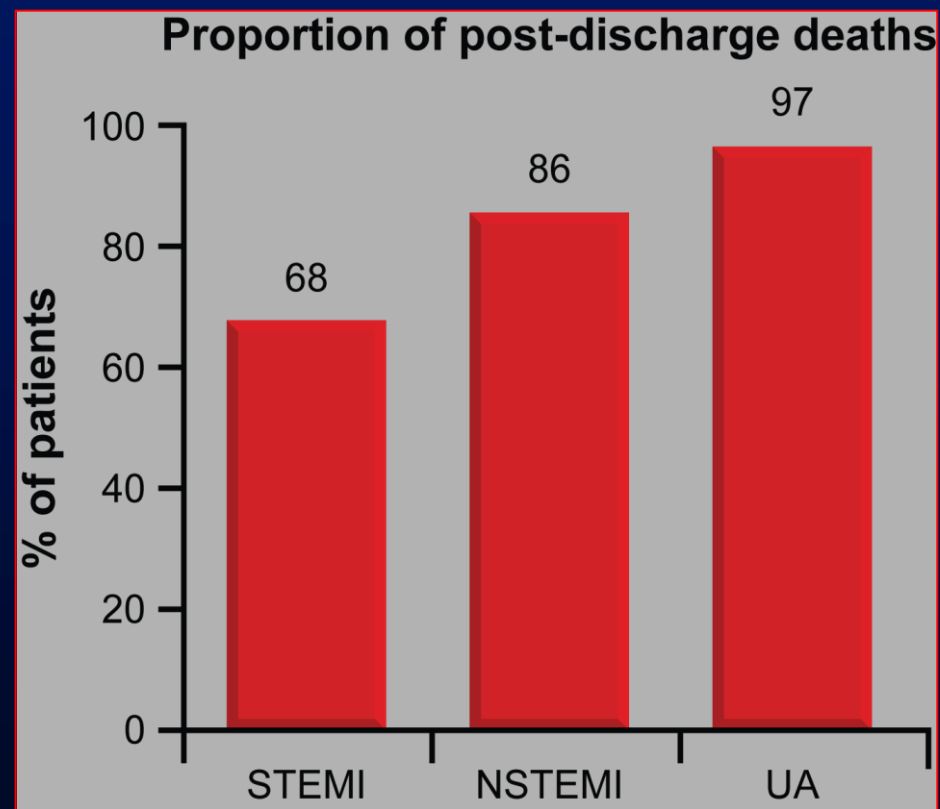
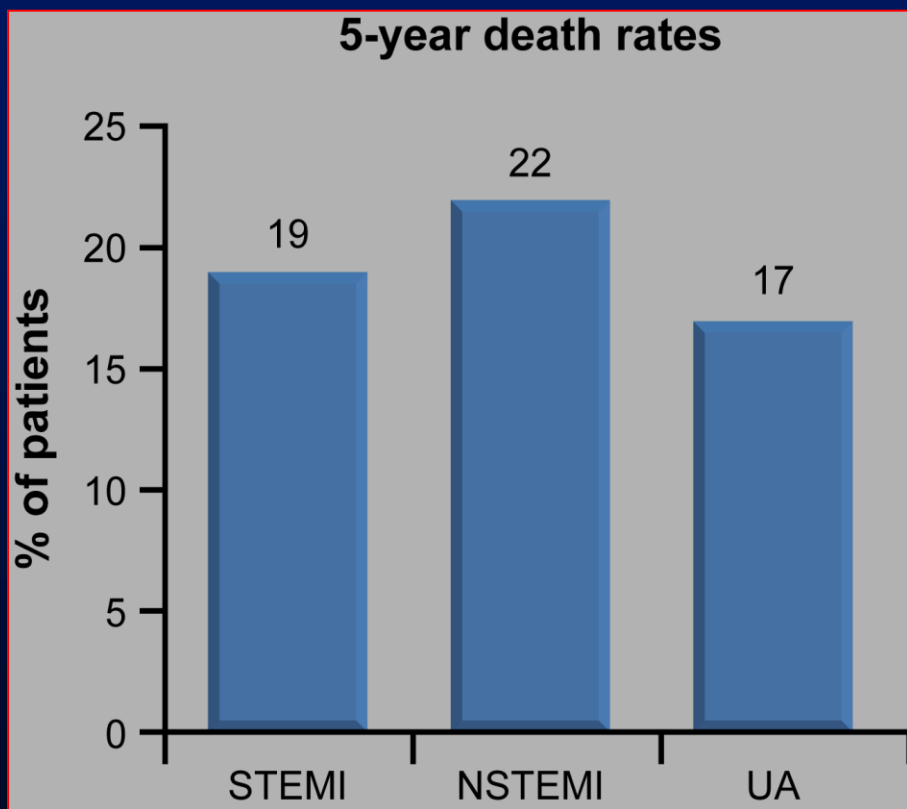
Probability of death/MI within 1 year (%)



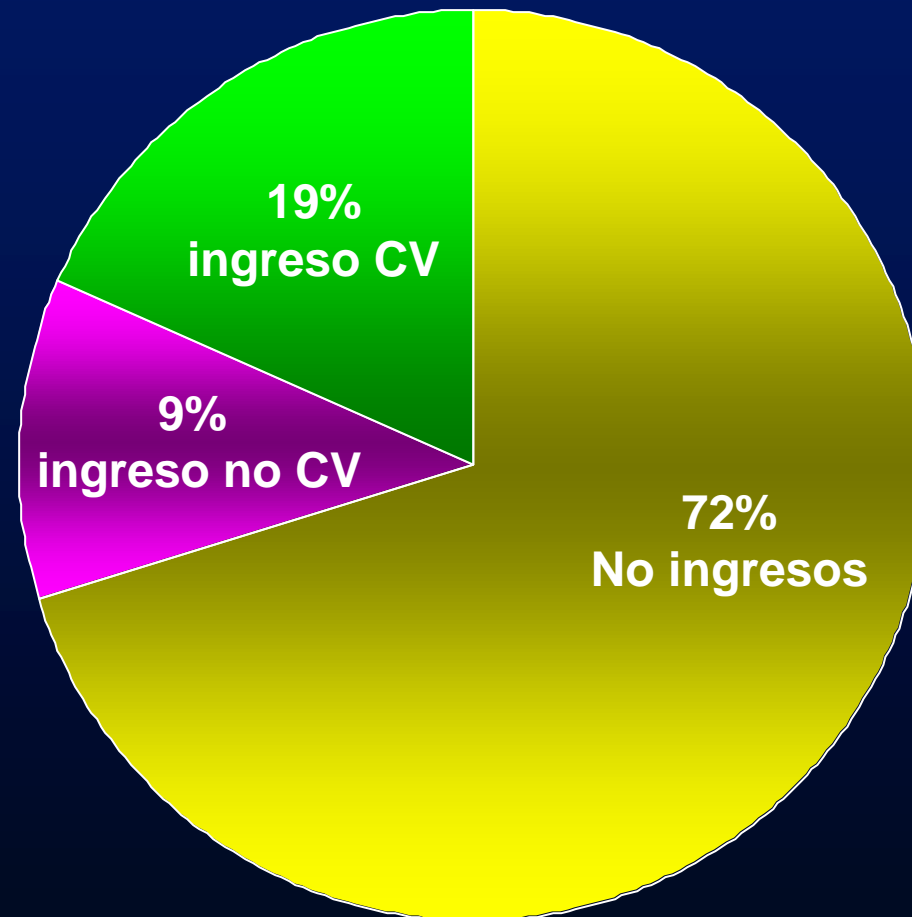
Individual total score

Long-term event rates post ACS

The UK–Belgian GRACE experience



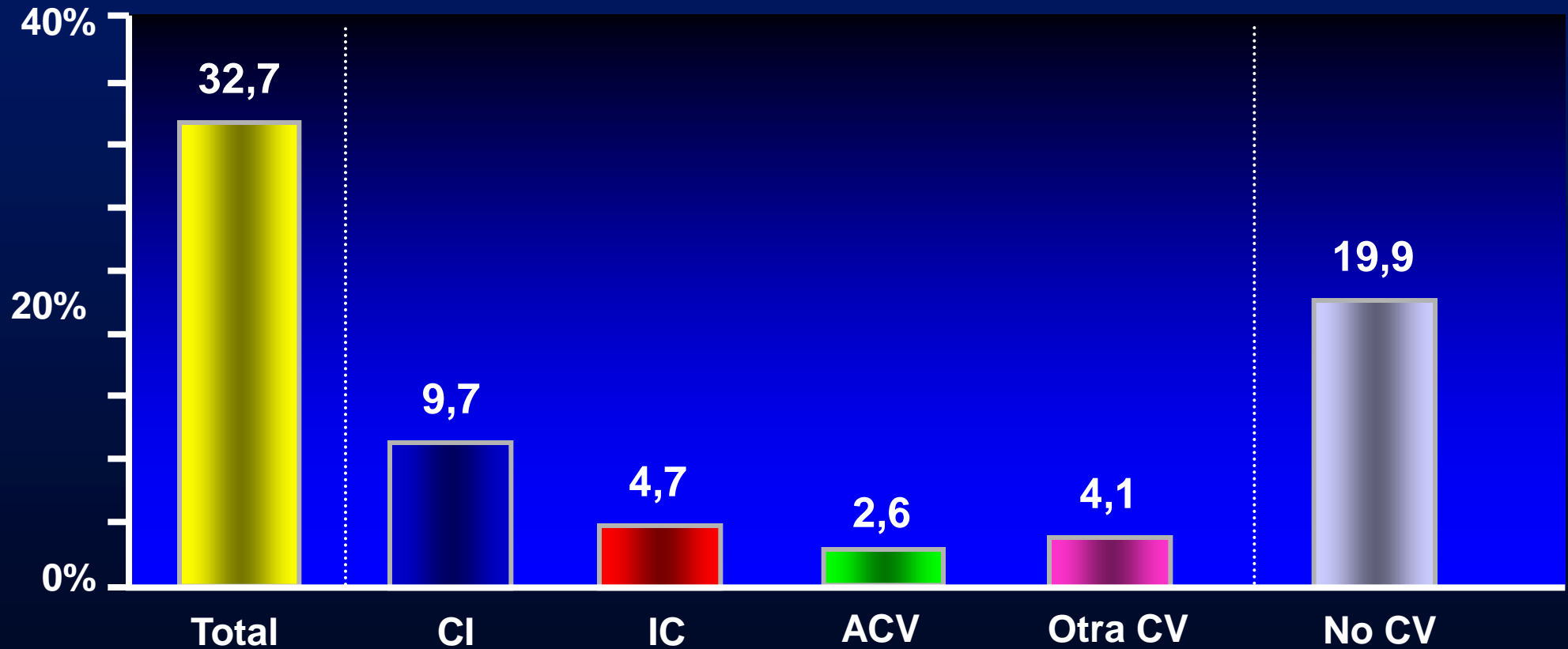
Estudio CIBAR. INGRESOS PREVIOS



Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011

Estudio CIBAR. HOSPITALIZACIONES

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011

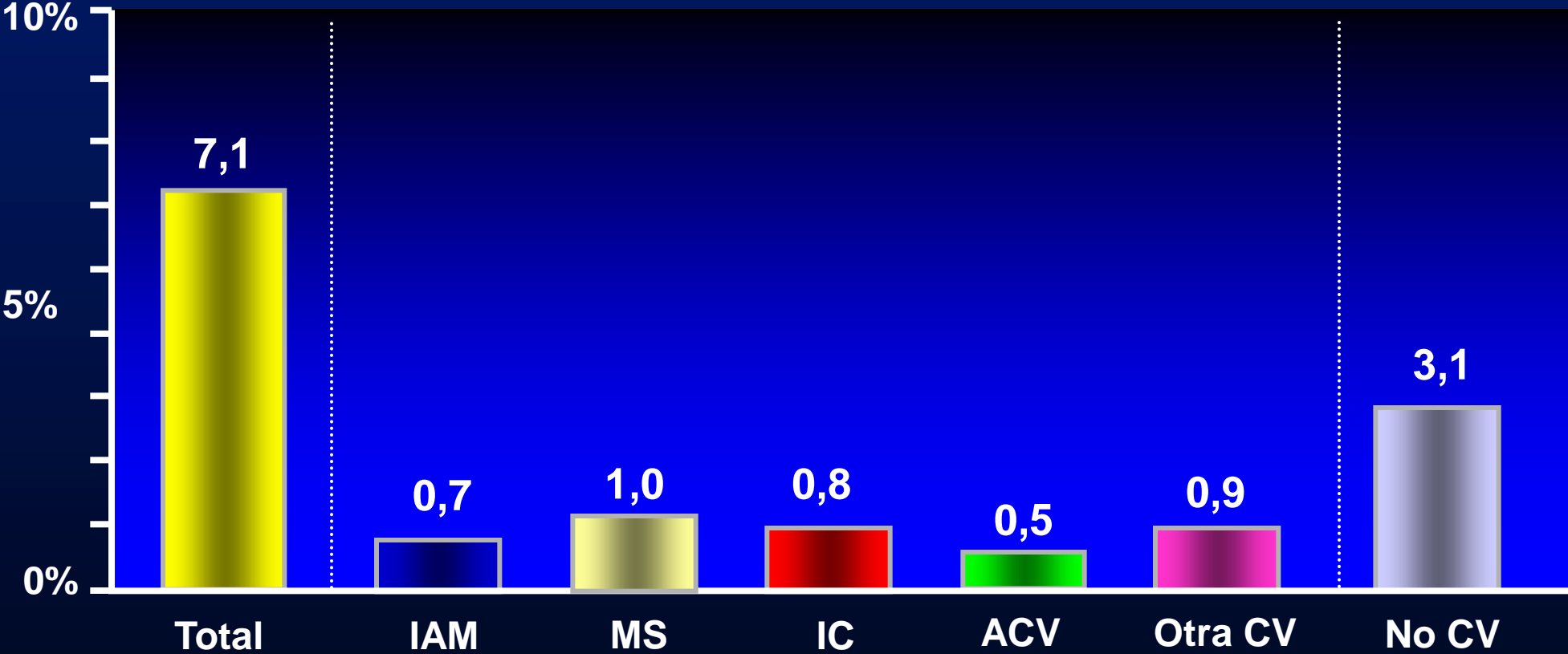


1.095 pacientes
Seguimiento medio: 26,3 meses

Angioplastia: 3,2%
Cirugía coronaria: 0,9%

Estudio CIBAR. MORTALIDAD TOTAL

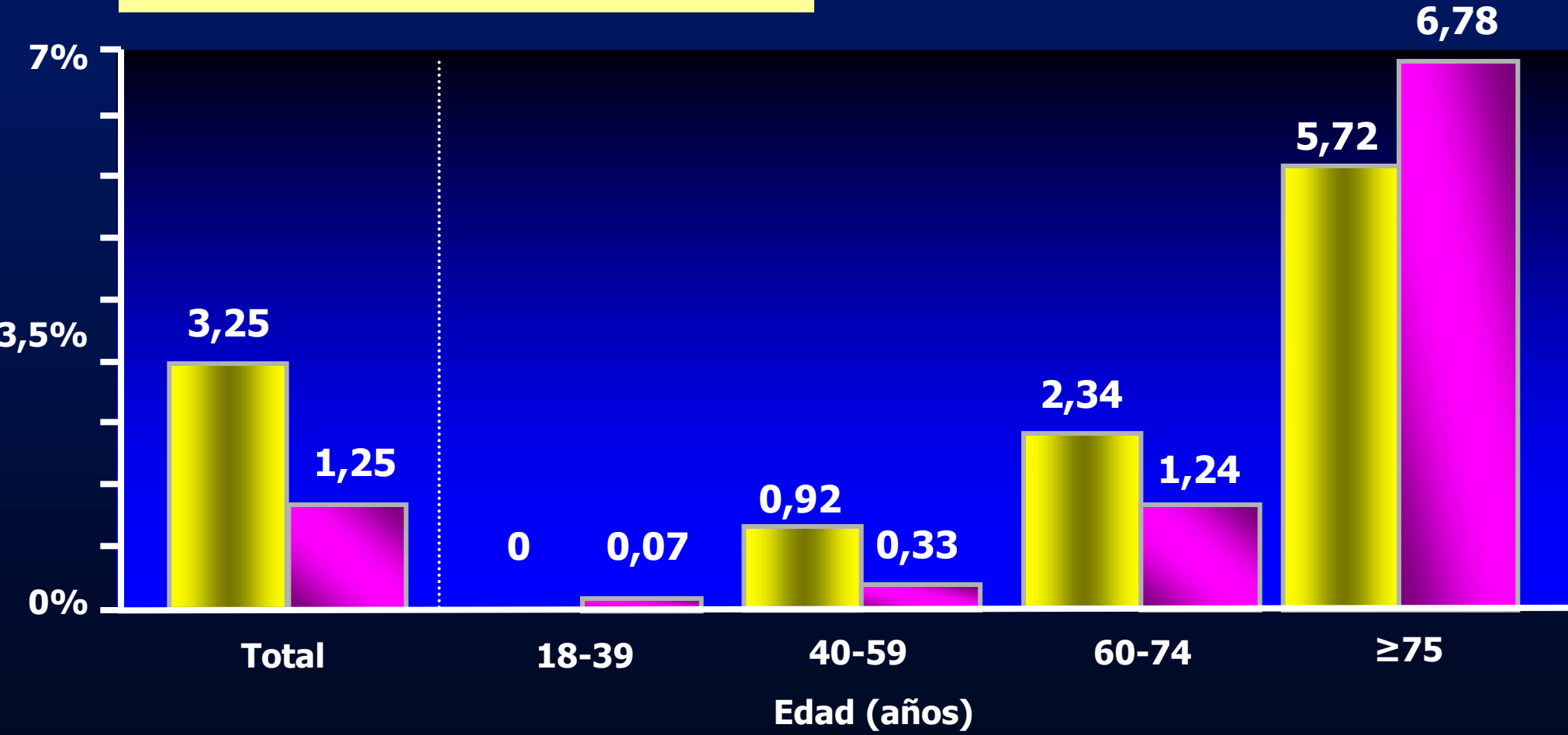
Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011



1.095 pacientes
Seguimiento medio: 26,3 meses

Estudio CIBAR. PROYECCIÓN MORTALIDAD ANUAL

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011



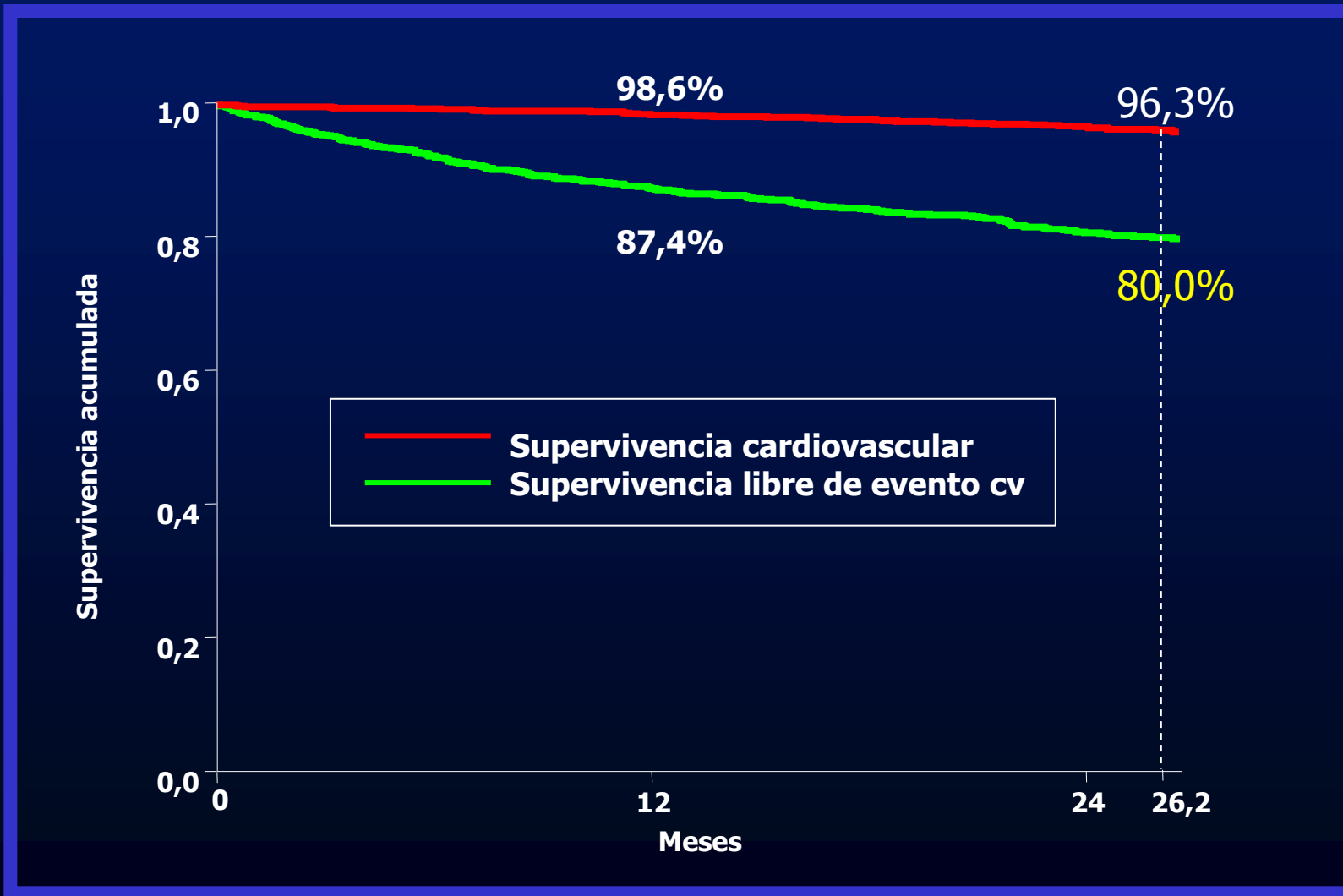
Estudio CIBAR



Población general-2007

Estudio CIBAR. SUPERVIVENCIA

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011



Cardiopatía Isquémica Crónica Estable

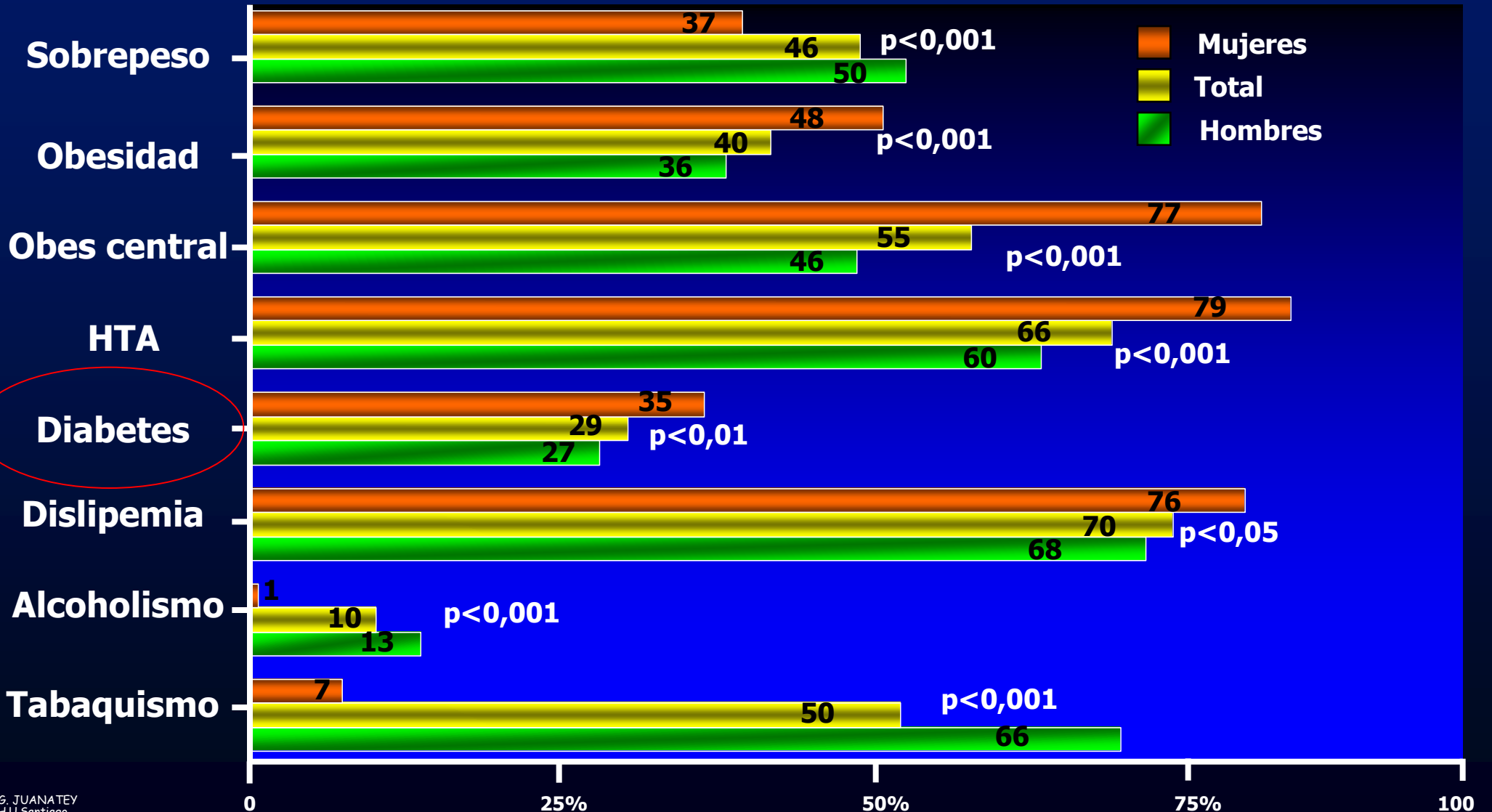
Magnitud epidemiológica

Pronóstico de la CICE

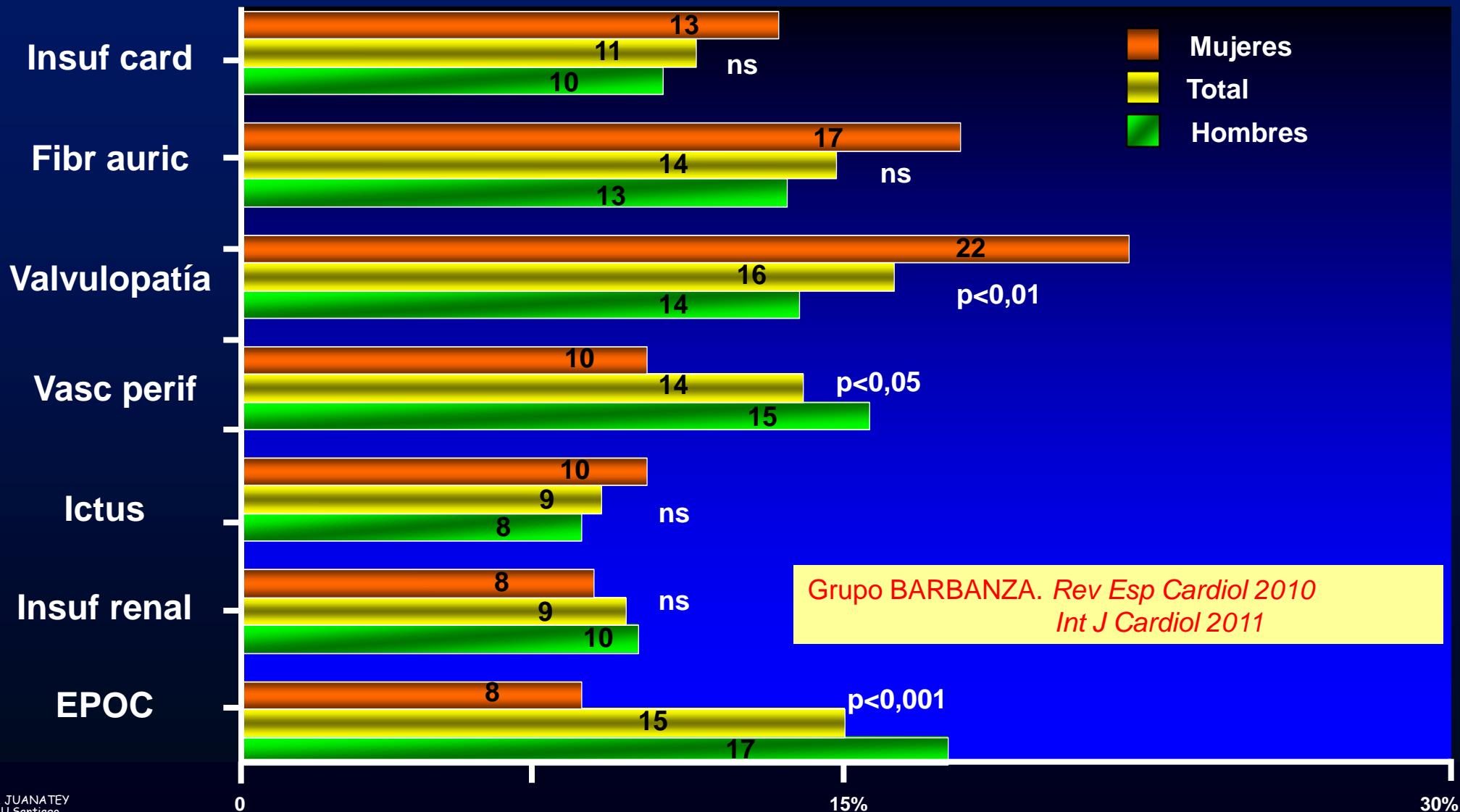
Importancia de las Co-morbididades

Implicaciones clínicas de las Co-morbididades

Estudio CIBAR. FACTORES DE RIESGO

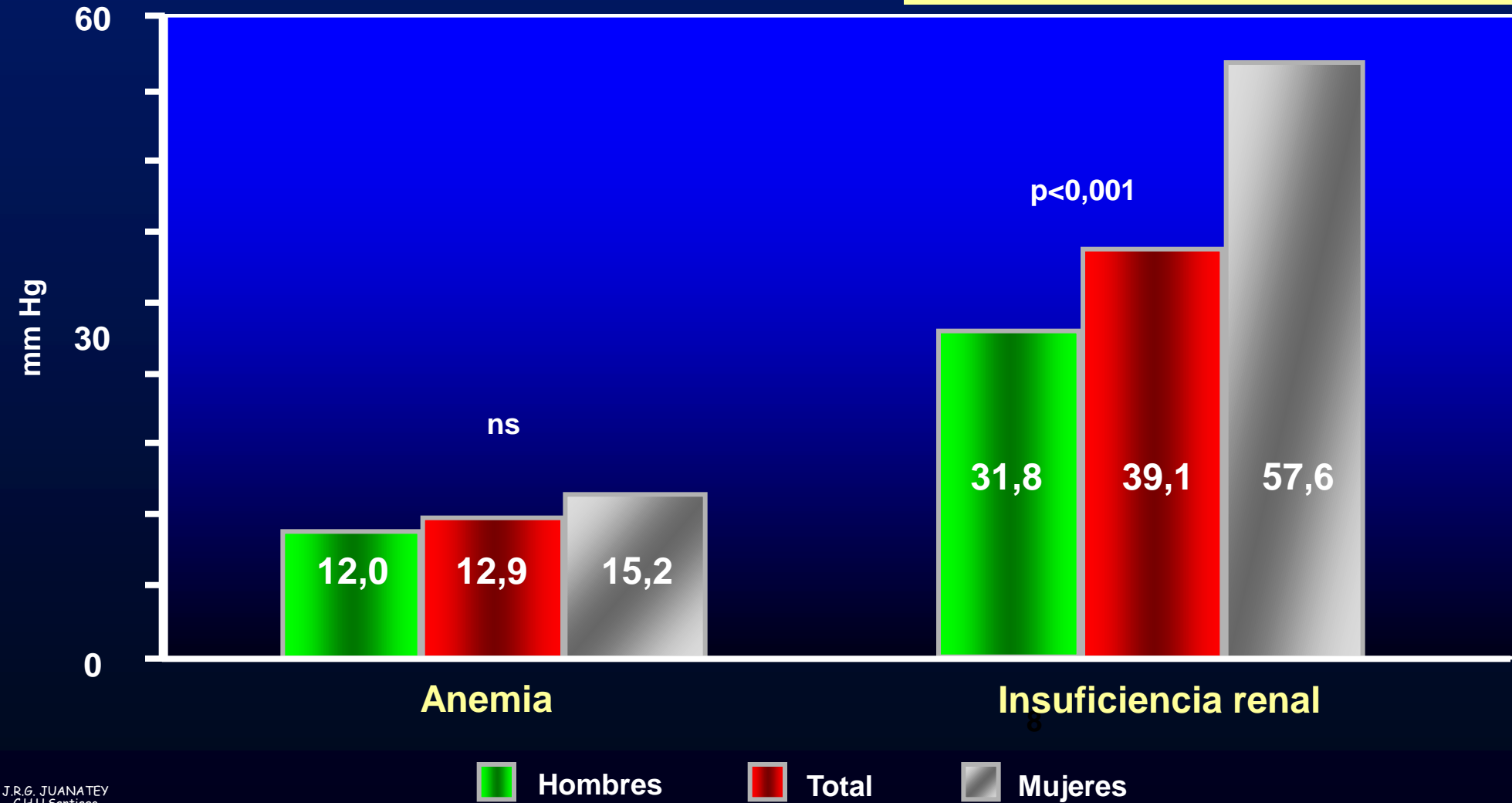


Estudio CIBAR. PATOLOGÍA ASOCIADA

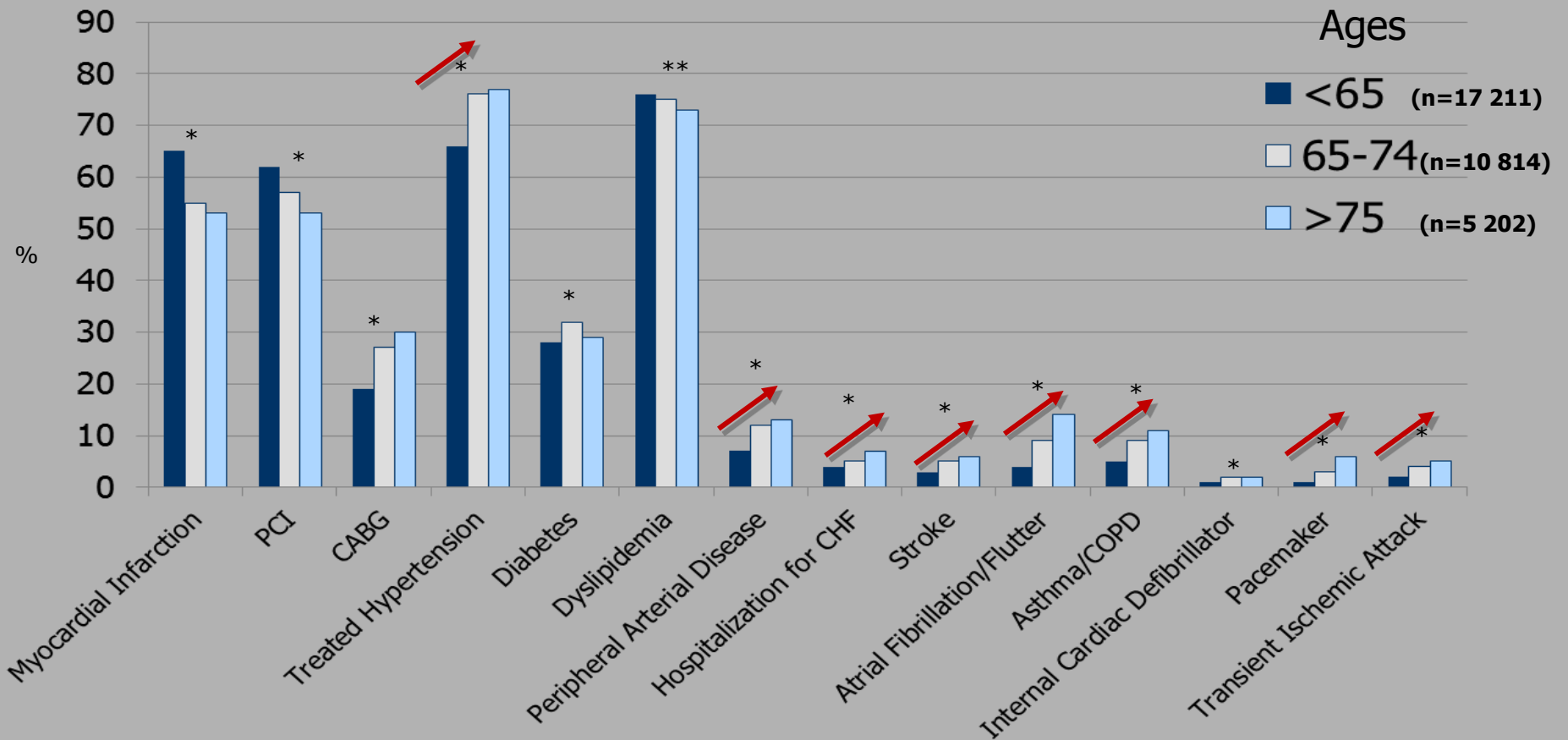


Estudio CIBAR. DATOS CLÍNICOS

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011

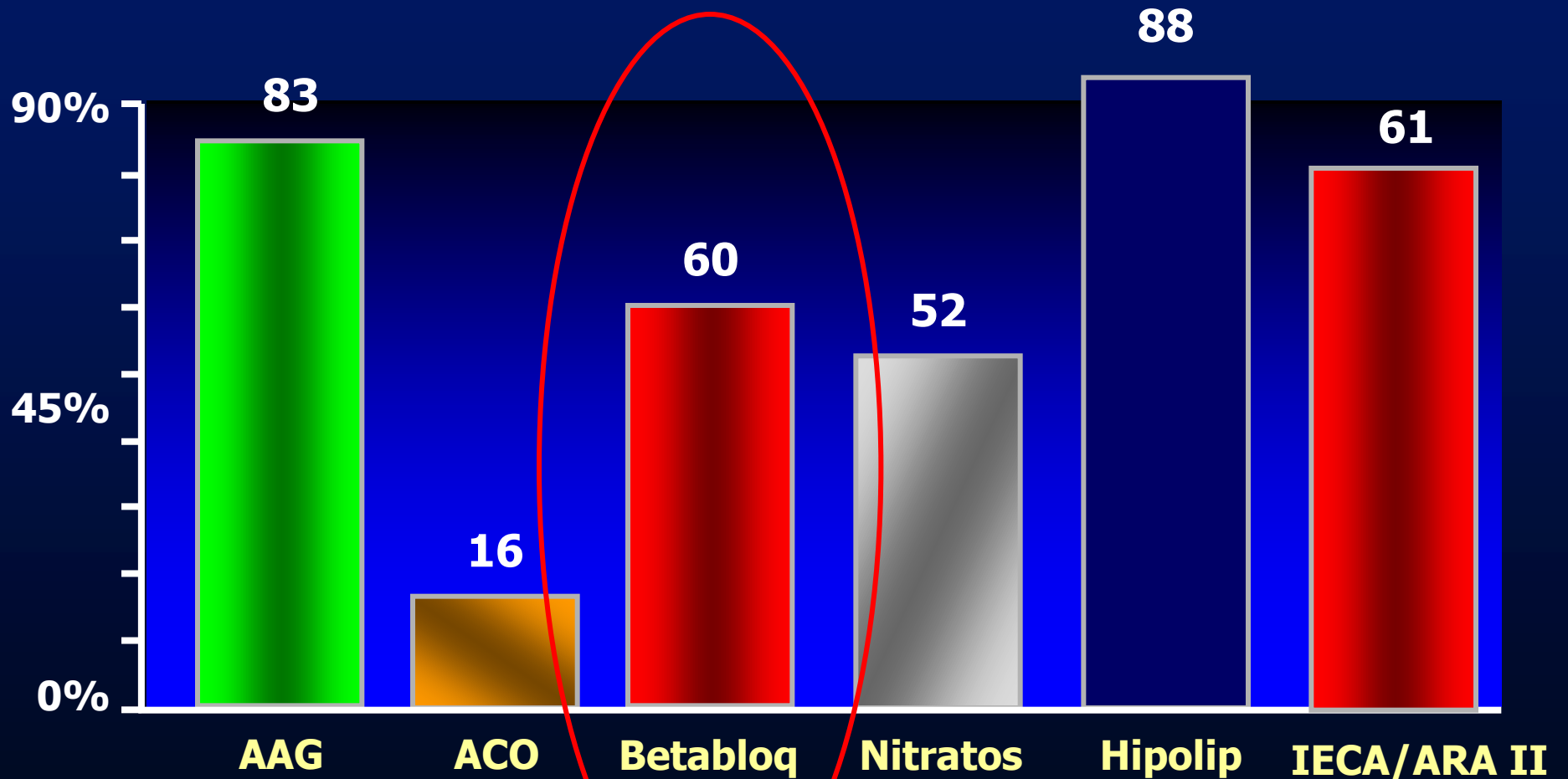


CLARYfy. Comorbidities



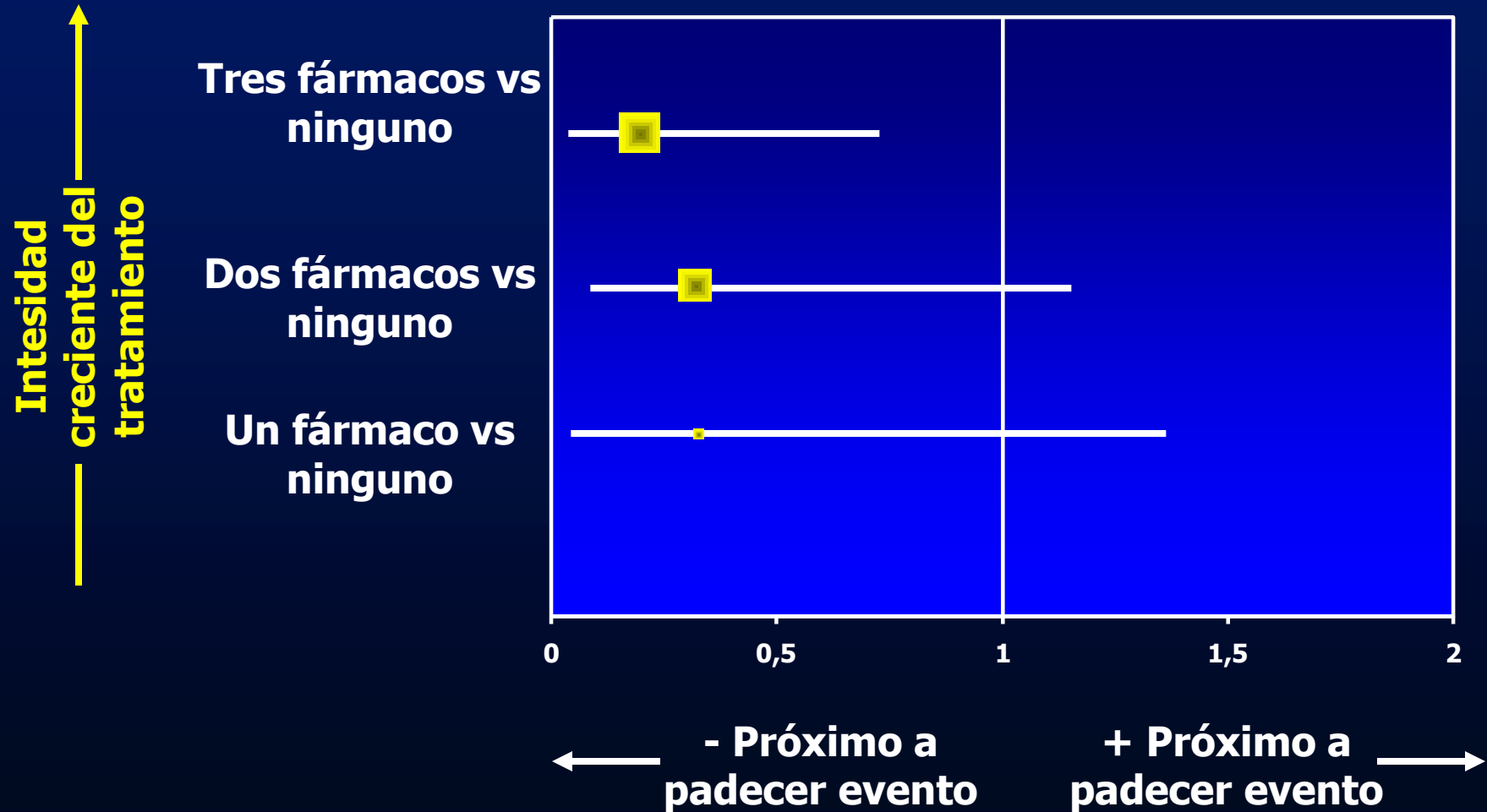
* p<0.0001 ** p<0.0034

Estudio CIBAR. TRATAMIENTO



Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011

Cumplimiento de la Guías y Pronóstico en Pacientes con Cardiopatía Isquémica Crónica



Cardiopatía Isquémica Crónica Estable

Magnitud epidemiológica

Pronóstico de la CICE

Importancia de las Co-morbididades

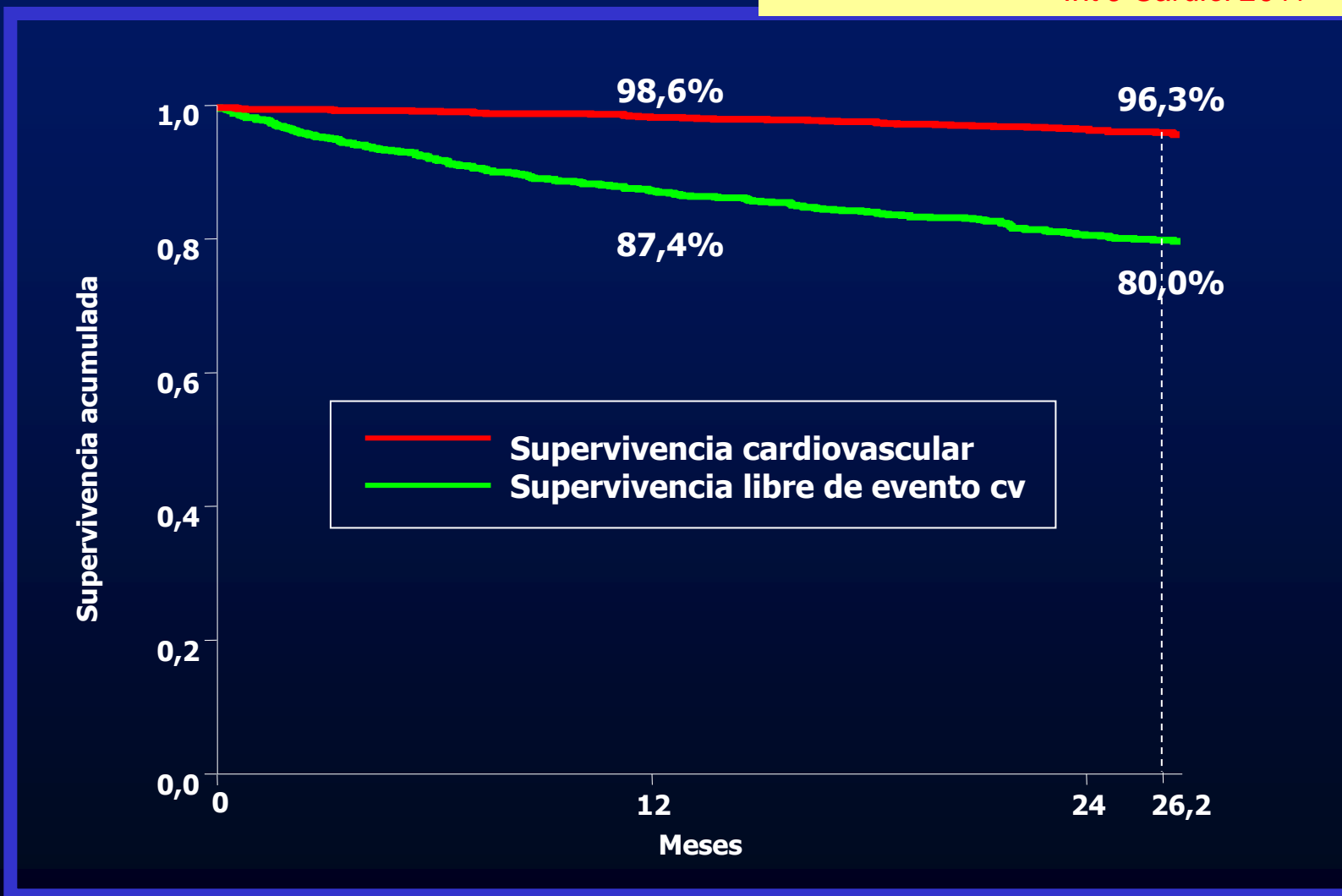
Implicaciones clínicas de las Co-morbididades

Estudio CIBAR. COMPLICACIONES



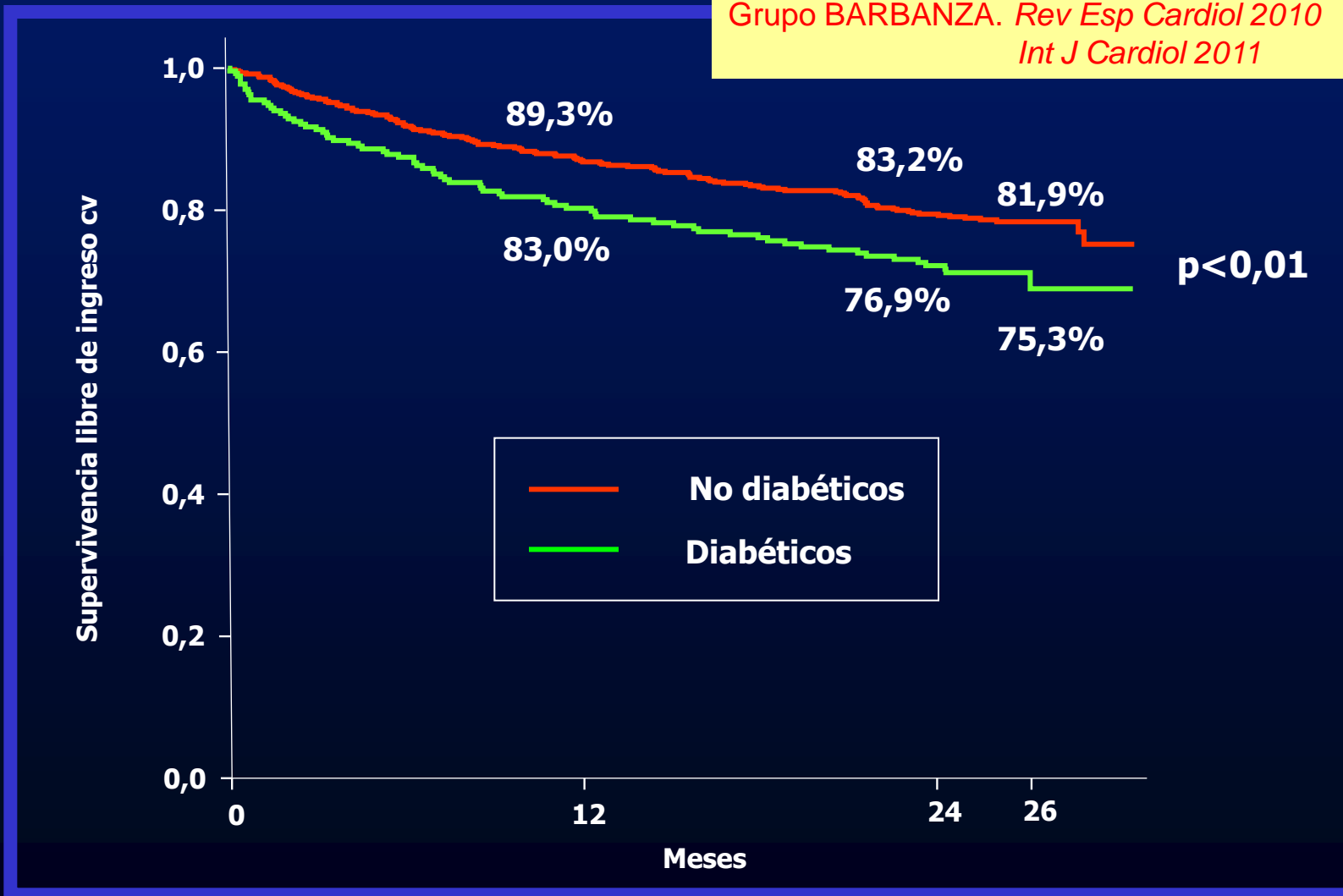
Estudio CIBAR. SUPERVIVENCIA

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011



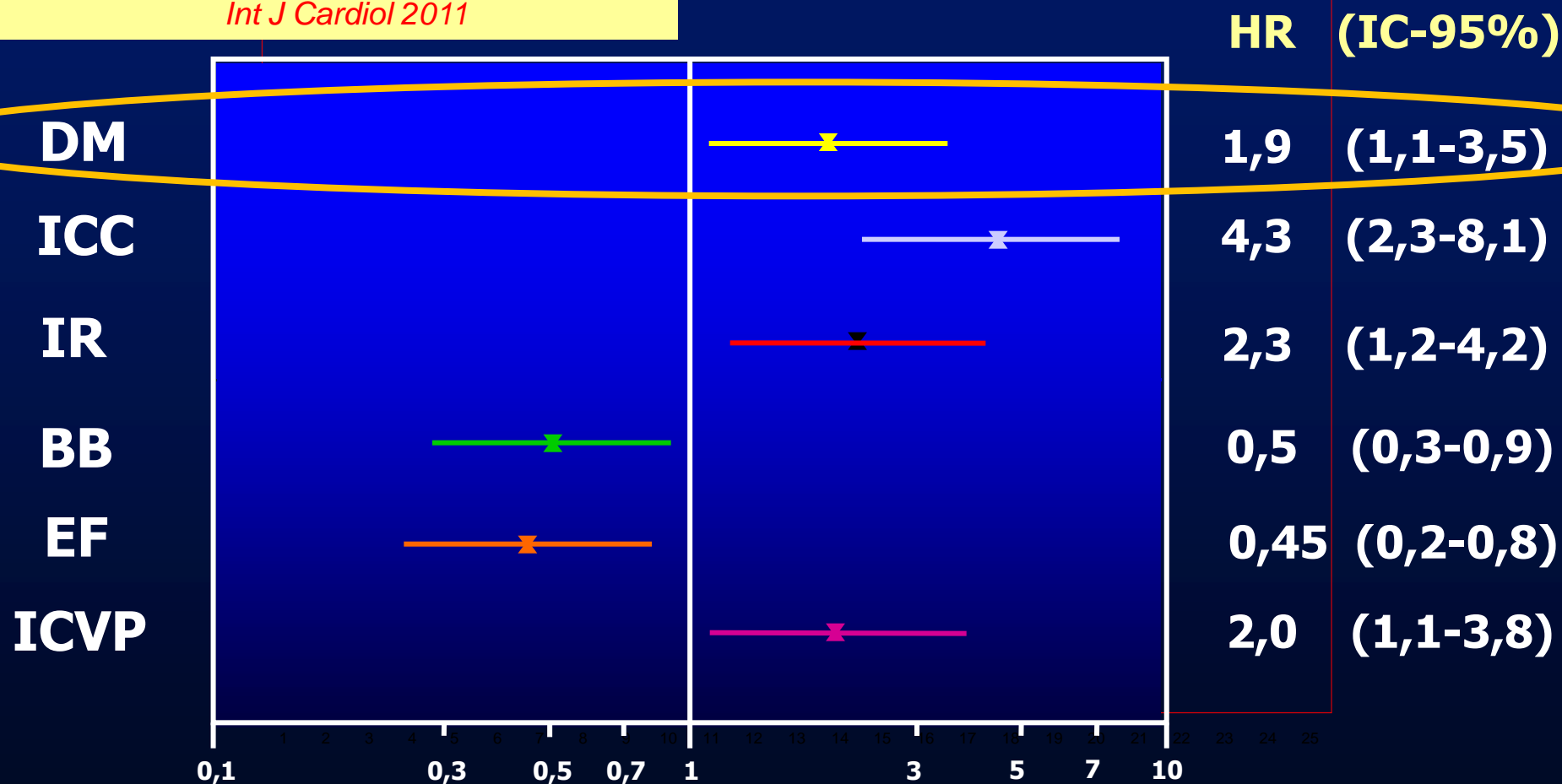
Estudio CIBAR. SUPERVIVENCIA LIBRE DE INGRESO CV

Grupo BARBANZA. *Rev Esp Cardiol* 2010
Int J Cardiol 2011



Estudio CIBAR. DETERMINANTES DE MUERTE CARDIOVASCULAR

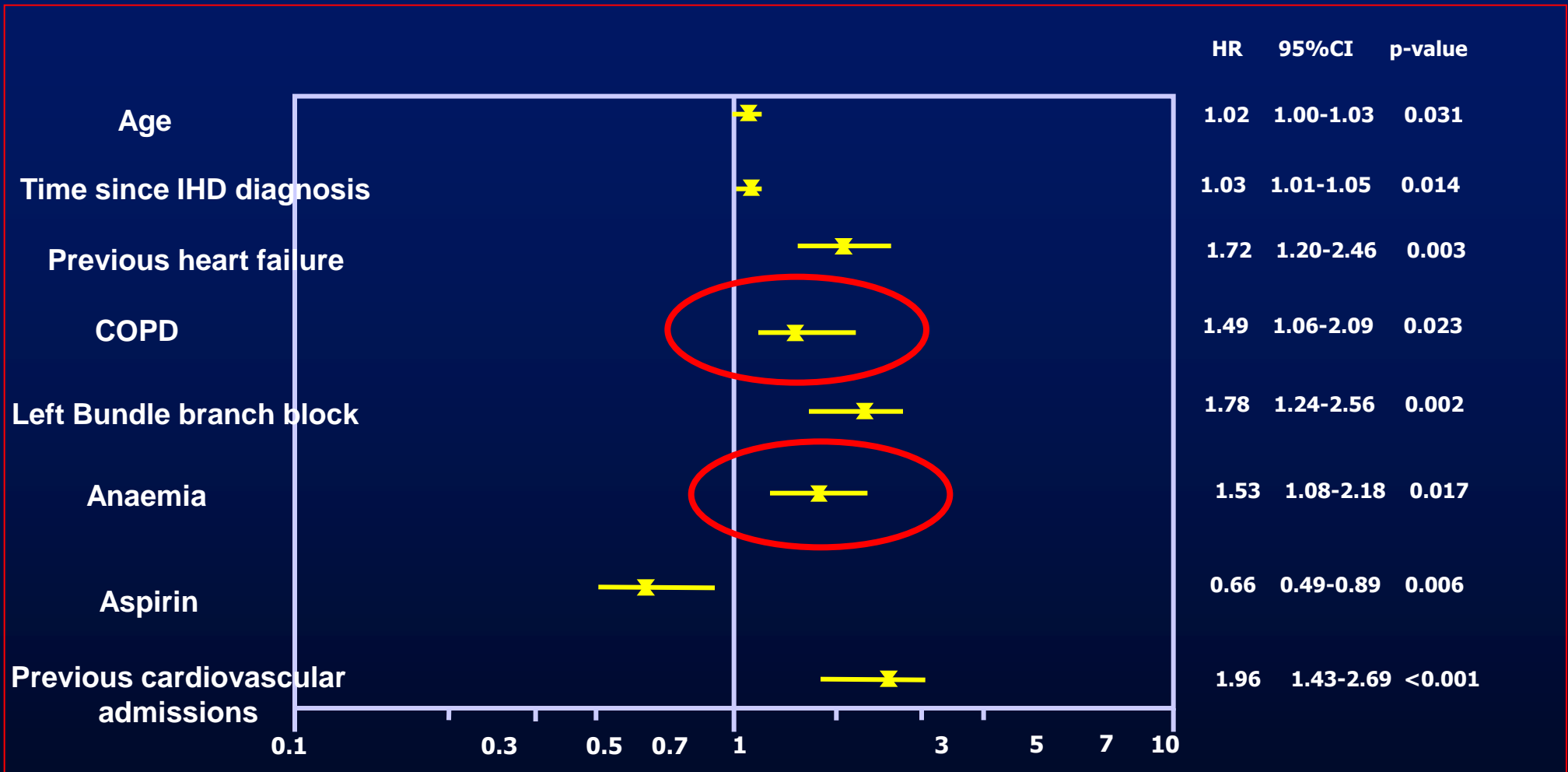
Grupo BARBANZA. Rev Esp Cardiol 2010
Int J Cardiol 2011



DM: diabetes; ICC: insuficiencia cardíaca; IR: insuficiencia renal; ICVP: ingreso cardiovascular previo

BB: betabloqueantes; EF: ejercicio físico

Estudio CIBAR. DETERMINANTES DE EVENTOS CVCs



95%CI, 95%-confidence interval; HR, hazard ratio

Adjusted by age, sex (female), time since first diagnosis of ischemic heart disease, hypertension, diabetes, previous heart failure, atrial fibrillation, valvular disease, peripheral arterial disease, previous history of renal failure, stroke, chronic pulmonary obstructive diseases, left ventricular hypertrophy, left bundle branch block, anaemia, aspirin, anticoagulation, antialdosteronics, digoxin, ACE inhibitors/ARB, diuretics, Any vascular complication since IHD diagnosis, previous cardiovascular admissions in 12 months before inclusion

Cardiopatía Isquémica Crónica Estable

Magnitud epidemiológica

Pronóstico de la CICE

Importancia de las Co-morbididades

Implicaciones clínicas de las Co-morbididades