

Global Mortality Reduction : A Cardiovascular Prevention Result

Sebastiano Marra
Fesc
president

**Amici
del Cuore**

PIEMONTE ONLUS

Associazione di volontariato per la
prevenzione delle malattie cardiovascolari

**ADVANCES IN CARDIAC
ARRHYTHMIAS**
and
**GREAT INNOVATIONS
IN CARDIOLOGY**

XXIX GIORNATE CARDIOLOGICHE TORINESI

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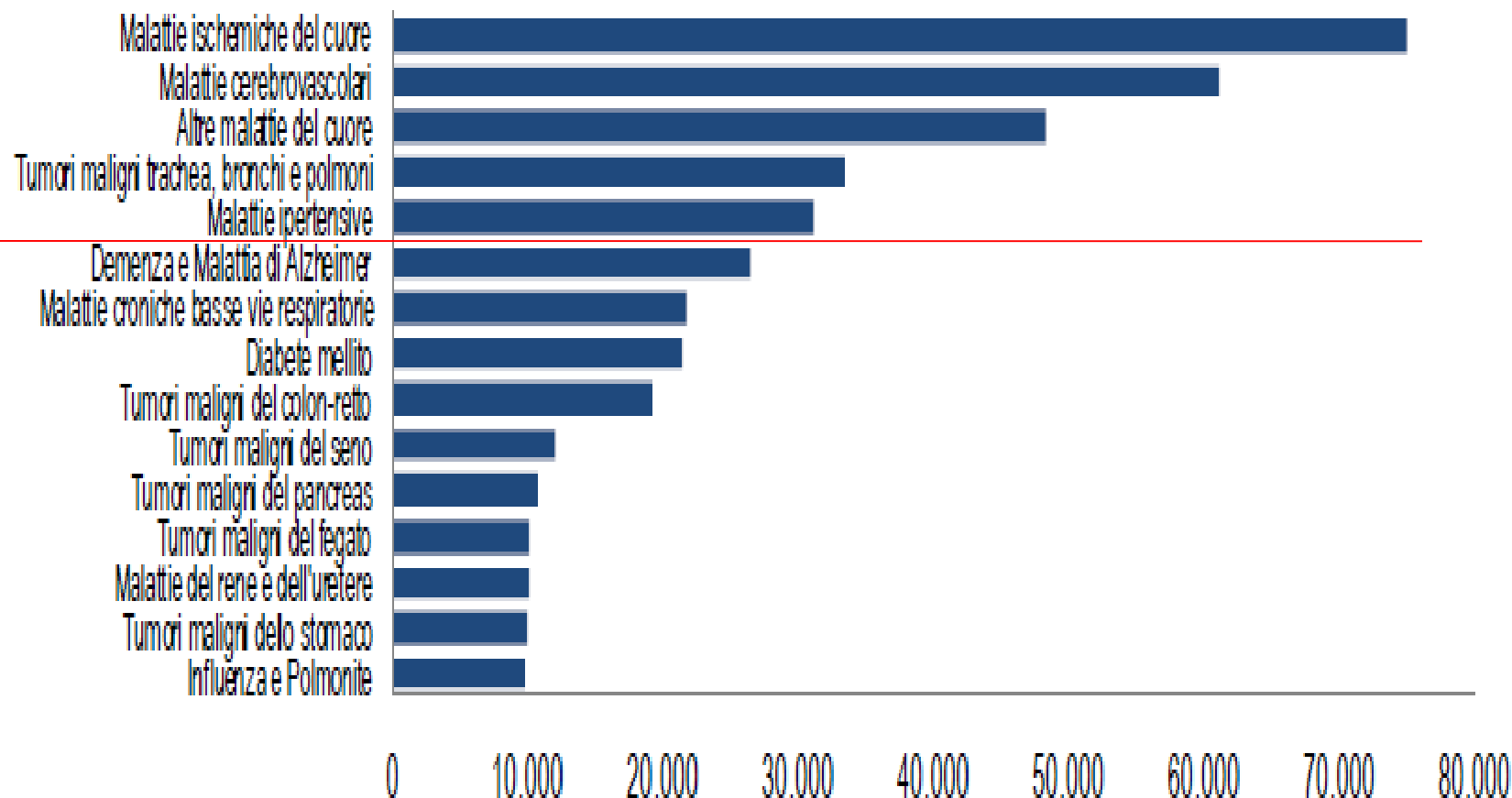
TURIN
27-28
OCTOBER
2017

Centro Congressi
Unione Industriale
di Torino

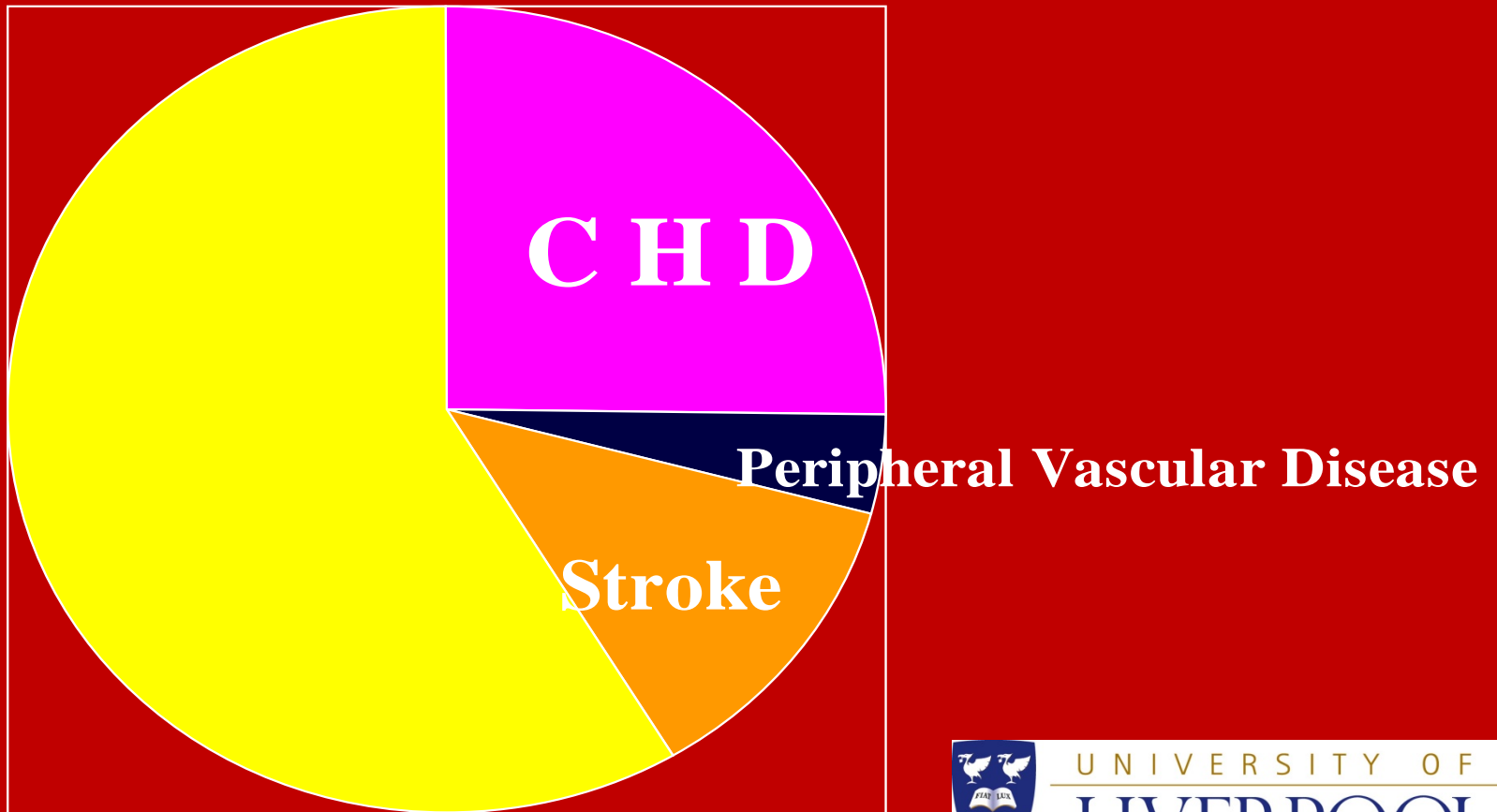
Logos:

ISTITUTO SUPERIORE di SANITA'

FIGURA 1. LE 15 PRINCIPALI CAUSE DI MORTE IN ITALIA. NUMERO DI DECESSI ANNO 2012.



CHD trends DOMINATE CVD trends
CVD accounts for 40% of
all UK deaths



What is cardiovascular disease prevention ?

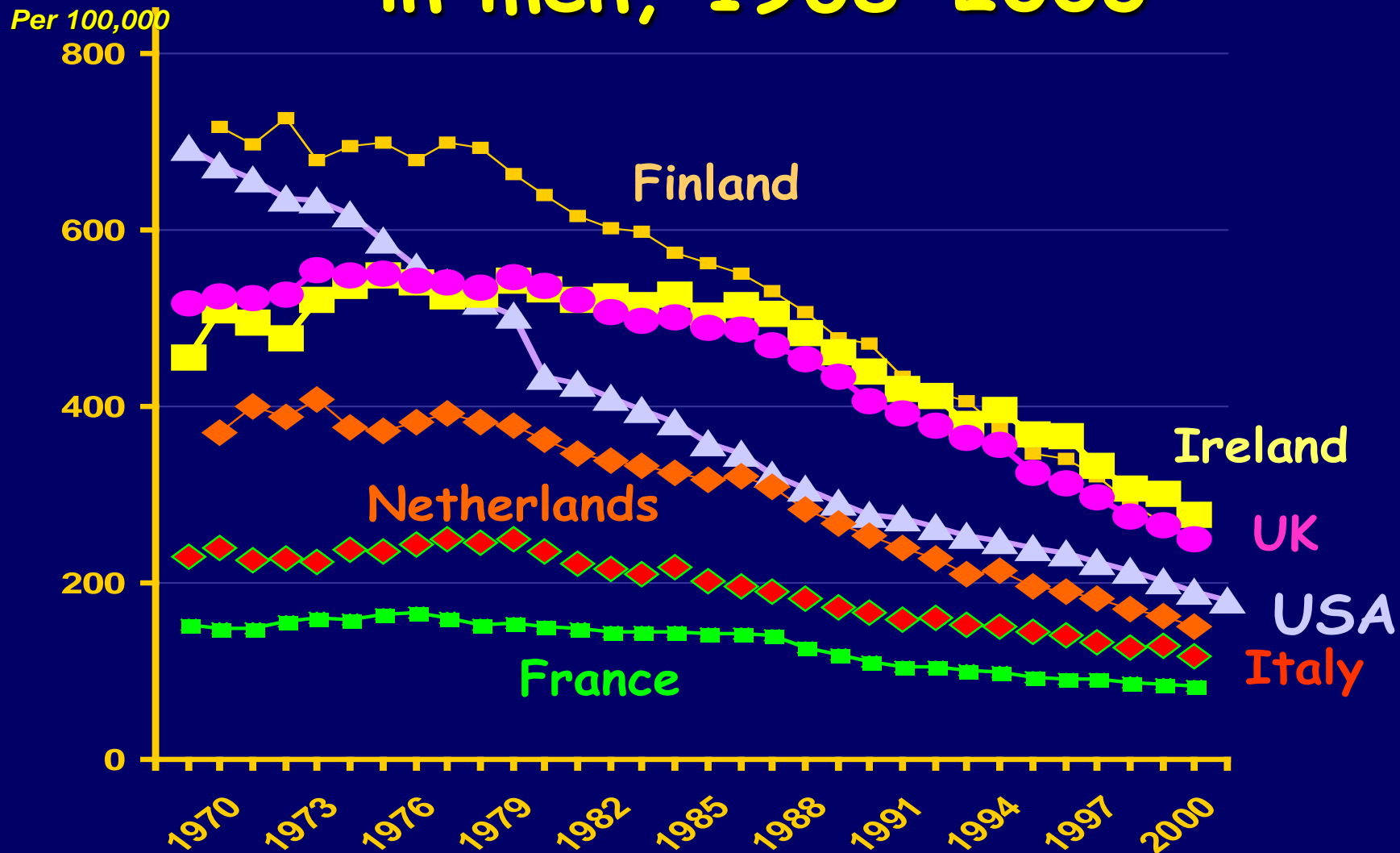
ESC Guidelines 2016

- Cardiovascular disease (CVD) prevention is defined as :
a coordinated set of actions, at the **population level**

or

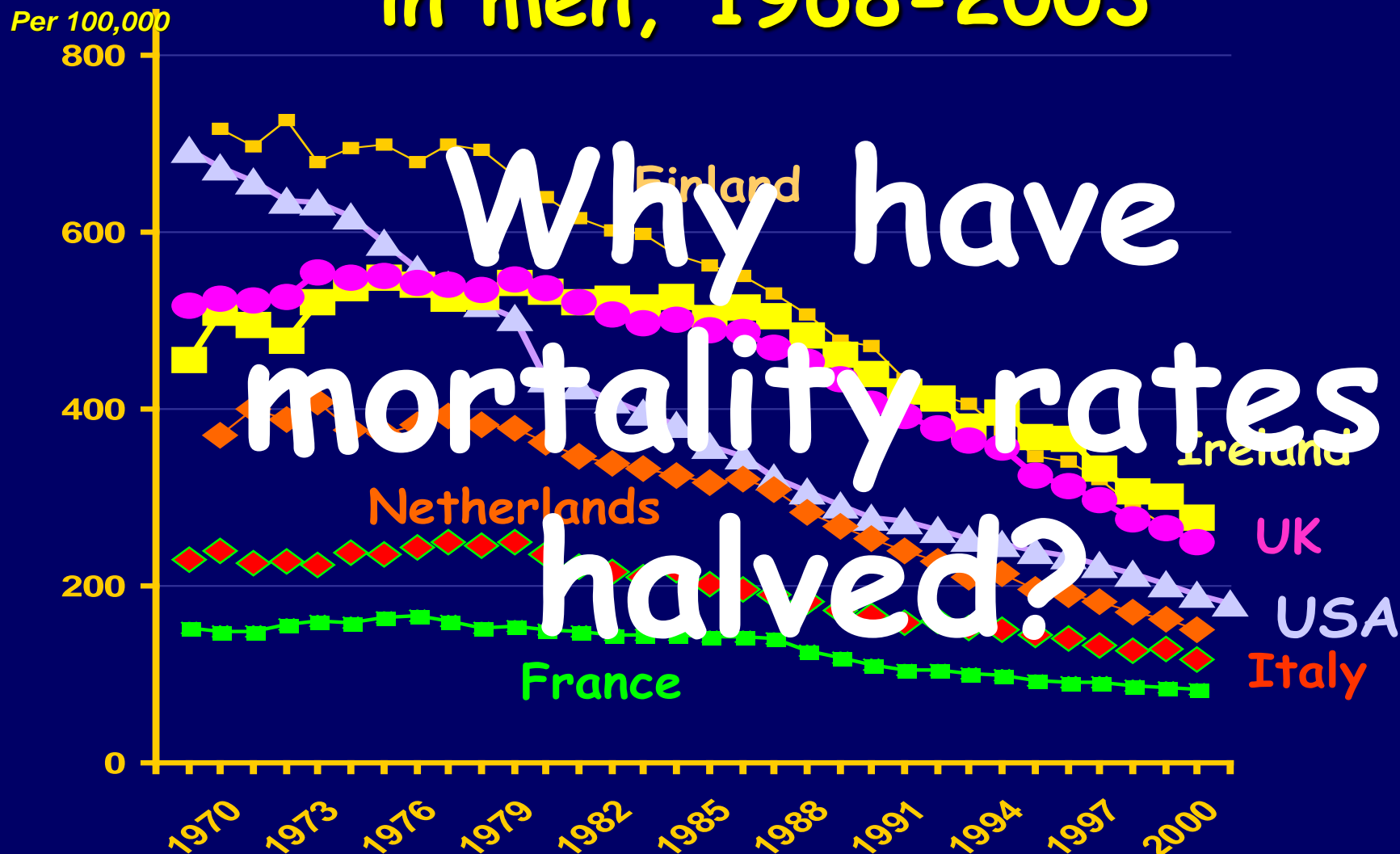
targeted at an **individual**, that are aimed at eliminating or minimizing the impact of CVDs and their related disabilities..

International CHD mortality trends in men, 1968-2003



Source: WHO statistics 2005 Men aged 35 - 74, Standardised

International CHD mortality trends in men, 1968-2003



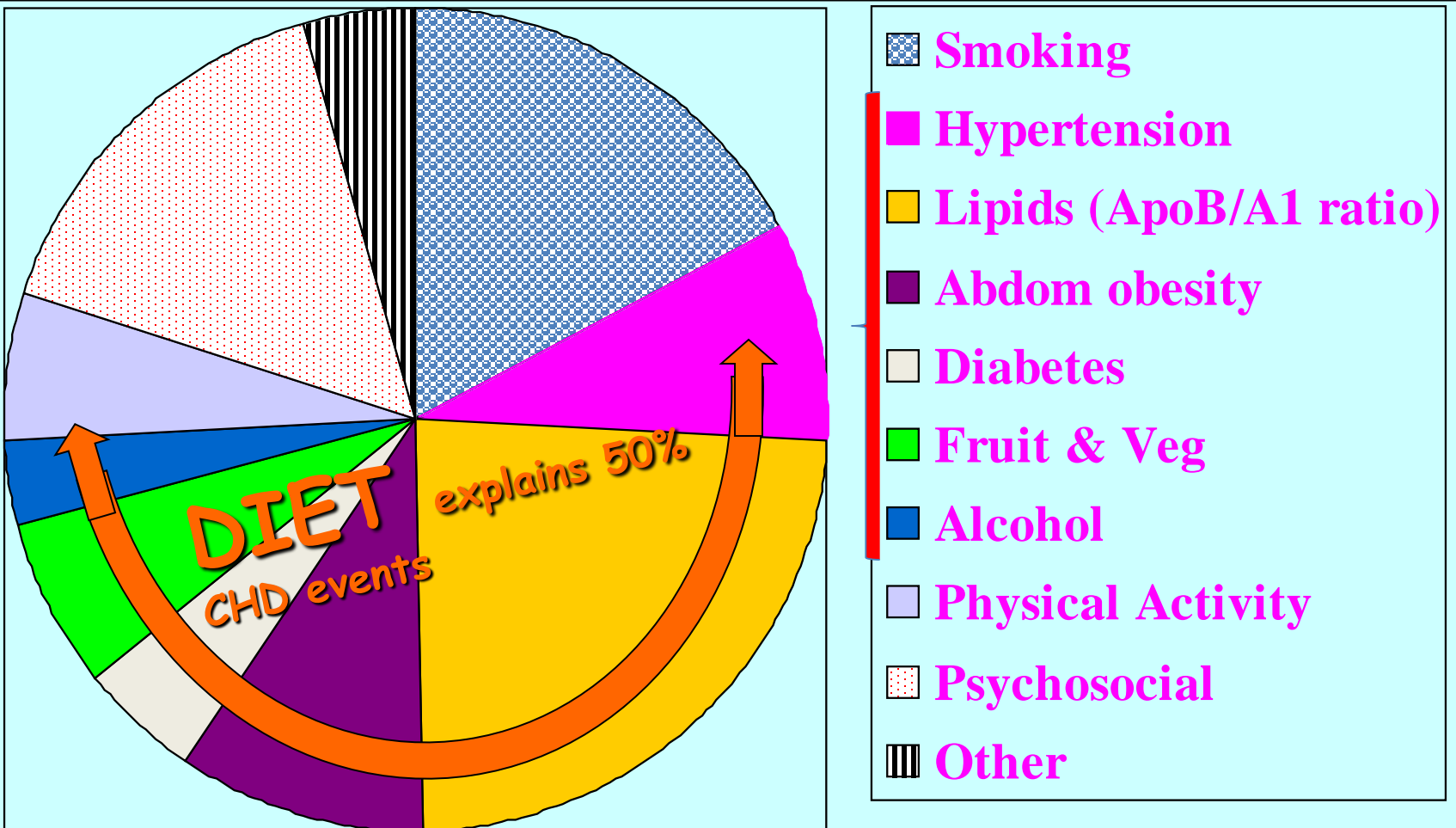
WHY have CHD death rates halved since the 1980s?

- CHD treatments?
- Risk factor reductions?



INTERHEART Study

"nine potentially modifiable risk factors account for over 90% of the risk of an initial acute myocardial infarction" *Population attributable risk fractions*



Salim Yusuf et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study). *Lancet* 364 9437 11 Sept 2004

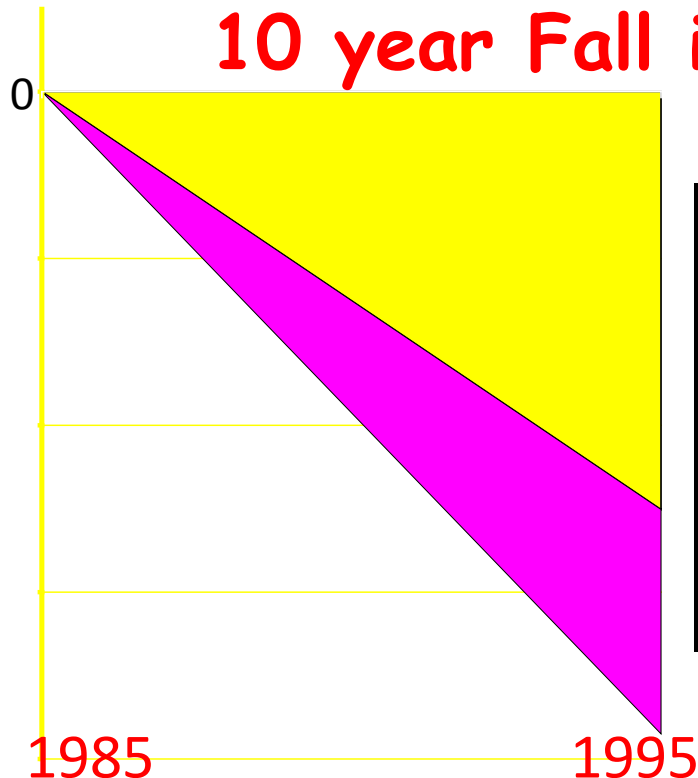
WHO MONICA Project

Monitored

10 year CHD trends from mid 1980s - mid 1990s
across 37 populations in 21 countries

166,000 events registered during 371 population-years

10 year Fall in CHD mortality rates: -
27%



EVENTS RATE DECLINE **-21% (3/4)**
(incidence \cong risk factors)

SUCCESSFUL TREATMENTS: -6% (1/4)

Tunstall-Pedoe et al. Contribution of trends in survival & coronary-event rates to changes in CHD mortality

Lancet 1999 353 1547

Hypotheses

♥ **RISK FACTORS MORE POWERFUL THAN TREATMENTS**

♥ **CHOLESTEROL, BLOOD PRESSURE & SMOKING ARE CRUCIAL**

♥ **↓ RISK FACTORS REFLECT ALSO SPONTANEOUS SECULAR CHANGES MORE THAN TABLETS**

♥ **CVD PREVENTION HAS "LARGE POTENTIAL" TO REDUCE FUTURE DEATHS**





UNIVERSITY OF
LIVERPOOL

Charity No: 1110067

Studying mortality trends: The IMPACT CHD Policy Model

Prof Simon Capewell

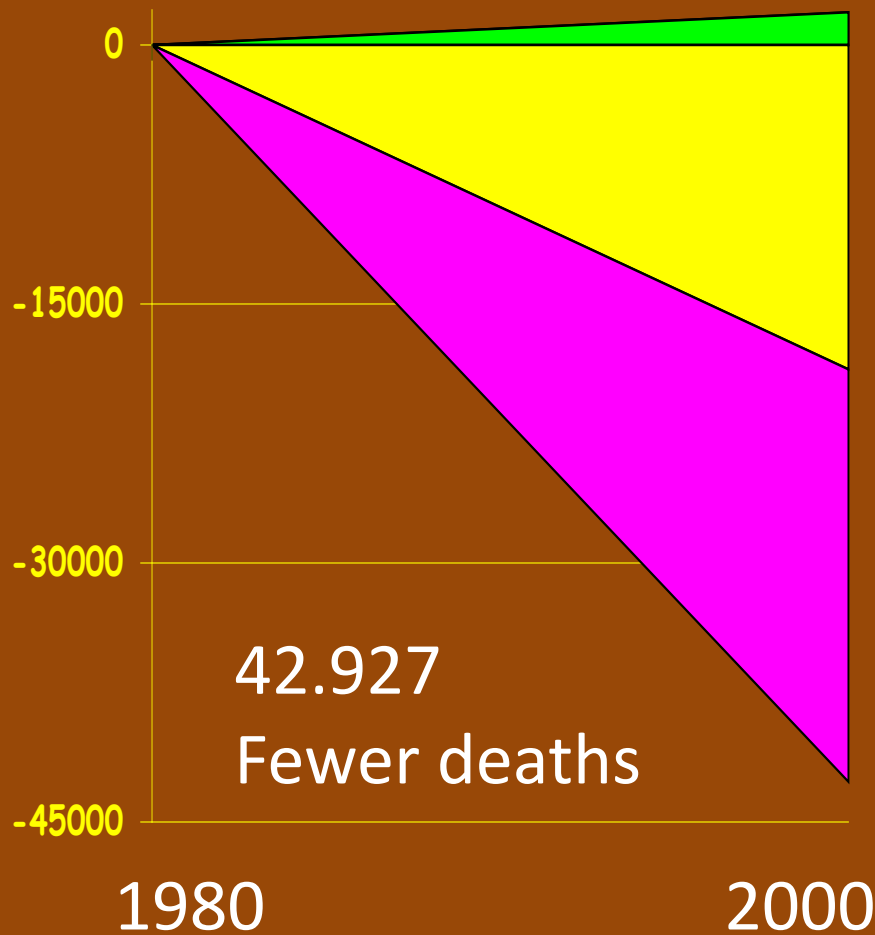
*Chair of Clinical Epidemiology
DIVISION OF PUBLIC HEALTH
LIVERPOOL UNIVERSITY UK*

14th January 2008

Particular thanks to: Julia Critchley, Kath Bennett
Martin O'Flaherty, Robin Ireland, Ann Capewell

**Come si comporta il Trend
della malattia coronarica
in Popolazioni a “Media -
Alta ” incidenza ?**

Explaining the fall in coronary heart disease deaths in Italy 1980-2000

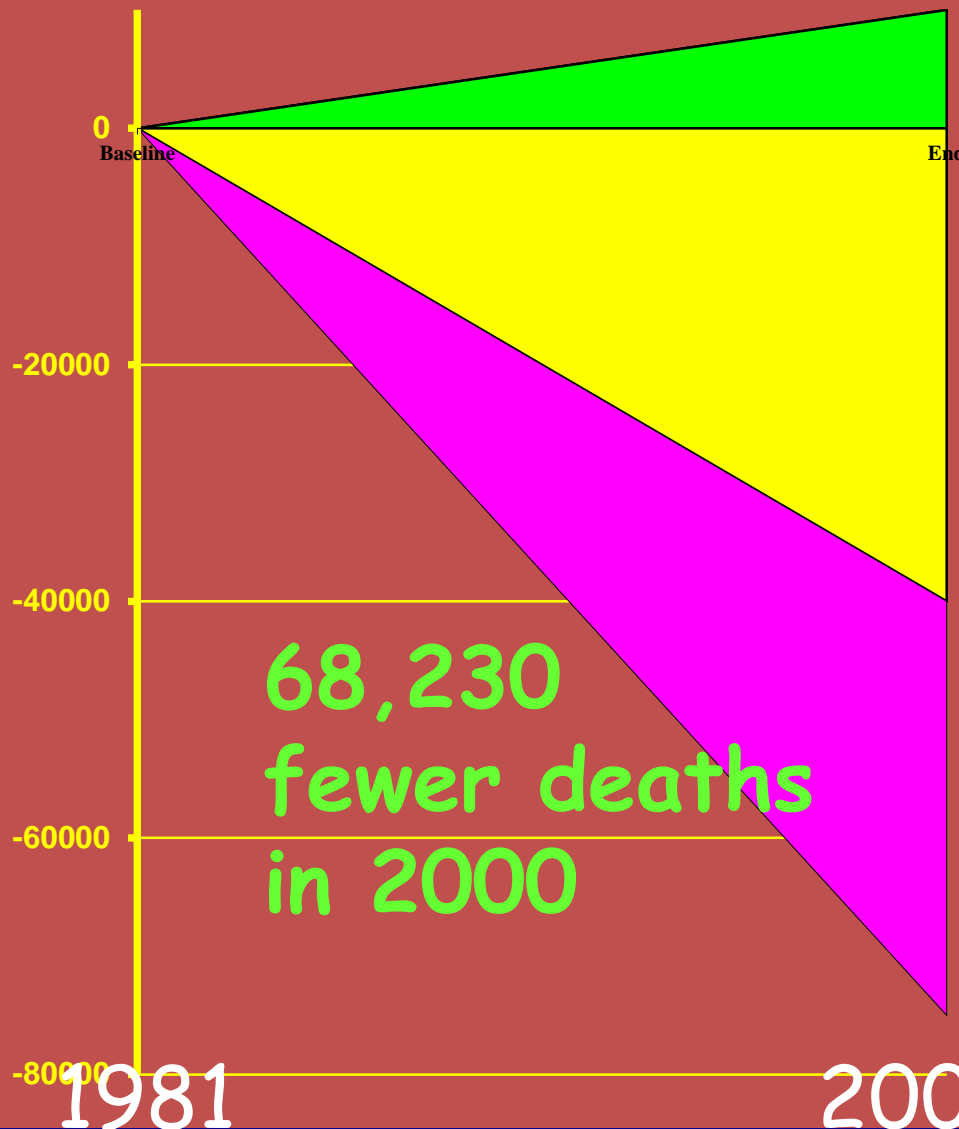


Risk Factors worse +4,5 %
 Obesity (increase) + 2%
 Diabetes (increase) + 2.5%

Risk Factors better -44 %
 Cholesterol -25 %
 Smoking - 9%
 Population BP fall - 4 %
 Physical activity (incr.) - 6 %

Treatments -55 %
 AMI treatments - 4 %
 Secondary prevention -13 %
 Heart failure -19 %
 Angina -12 %
 CABG & PTCA - 2 %
 Angina: Aspirin etc - 1 %
 Hypertension therapies - 1 %
 Statins 1° prevention - 2 %

Explaining the fall in coronary heart disease deaths in England & Wales 1981-2000



Risk Factors worse +13%

Obesity (increase)	+3.5%
Diabetes (increase)	+4.8%
Physical activity (less)	+4.4%

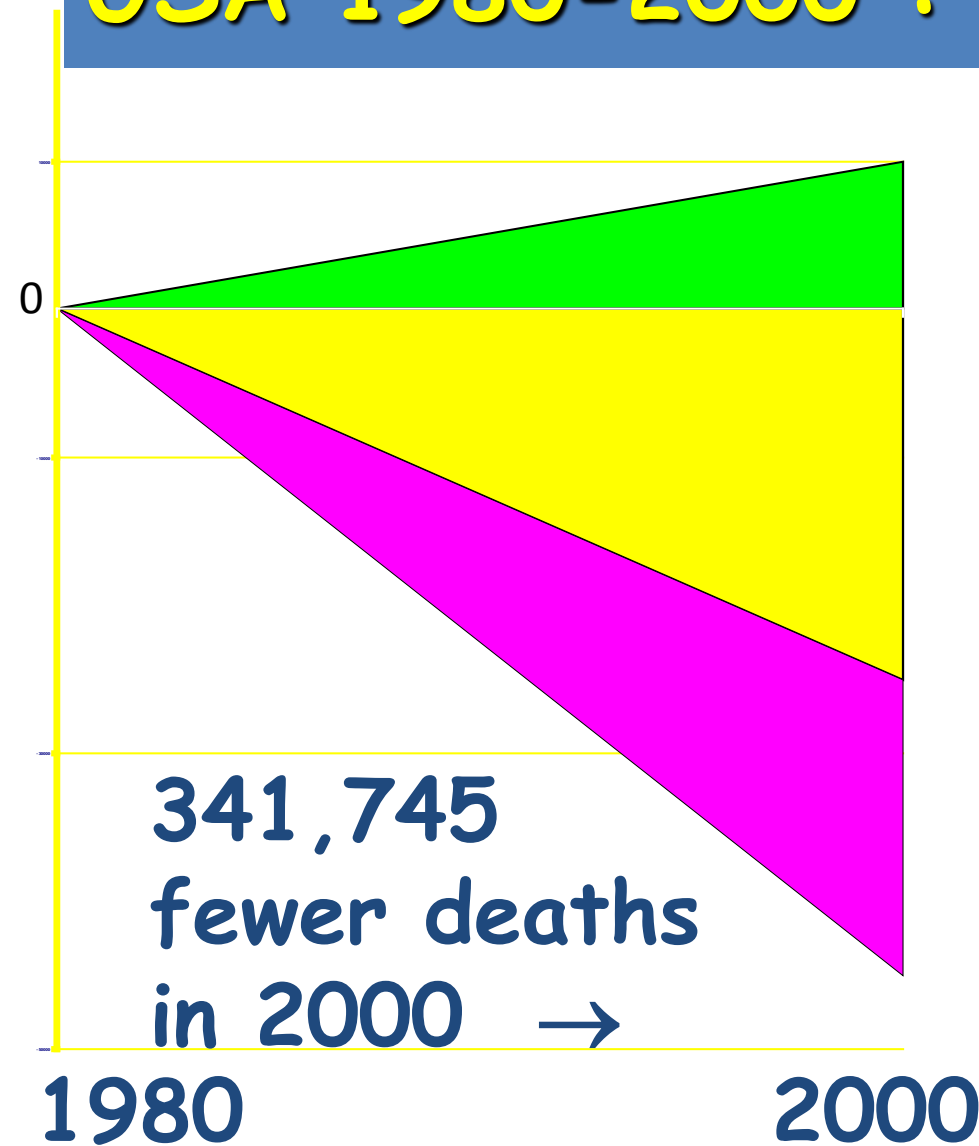
Risk Factors better -71%

Smoking	-41%
Cholesterol	-9%
Population BP fall	-9%
Deprivation	-3%
Other factors	-8%

Treatments -42%

AMI treatments	-8%
Secondary prevention	-11%
Heart failure	-12%
Angina: CABG & PTCA	-4%
Angina: Aspirin etc	-5%
Hypertension therapies	-3%

Explaining the fall in CHD deaths in USA 1980-2000 : RESULTS



Risk Factors worse +22%

Obesity (increase)	+7%
Diabetes (increase)	+10%
Physical activity (less)	+5%

Risk Factors better -56%

Population BP fall	-20%
Smoking	-12%
Cholesterol (diet)	-24%

Treatments -47%

Secondary prevention	-11%
Heart failure	-9%
AMI treatments	-10%
Angina: CABG & PTCA	-5%
Hypertension therapies	-7%
Statins (primary prevention)	-5%

Unexplained

-9%

TIME

Eat Butter.

Scientists labeled fat the enemy. Why they were wrong

BY BRYAN WALSH



9 770928 843102 25 >

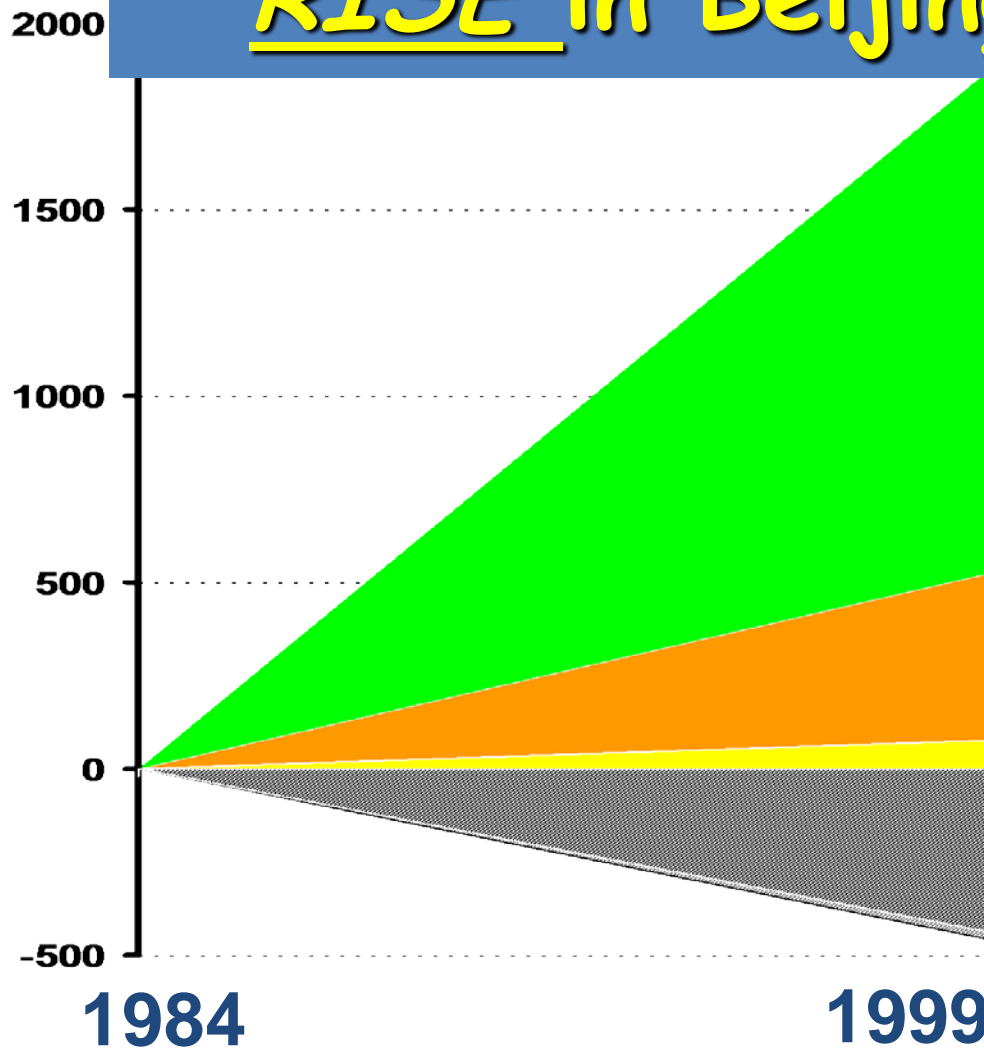
ALGERIA	100 DZD	ARGENTINA	10000 ARS	AUSTRALIA	100 AUD	BELGIUM	100 EUR	BRAZIL	1000000 BRL	CANADA	100 CAD	CHINA	100 RMB	FRANCE	100 EUR	GERMANY	100 EUR	HONG KONG	100 HKD	INDIA	100 INR	ITALY	100 EUR	JAPAN	100 JPY	MEXICO	100000 MXN	NETHERLANDS	100 EUR	NEW ZEALAND	100 NZD	NORWAY	100 NOK	RUSSIA	100 RUB	SPAIN	100 EUR	SWEDEN	100 SEK	SWITZERLAND	100 CHF	TAIWAN	100 TWD	THAILAND	100 THB	UK	100 GBP	USA	100 USD
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time.com

LUGLIO 2014

IMPACT model: CHD mortality

RISE in Beijing 1984 - 1999



In 1999: 1820 EXTRA DEATHS ATTRIBUTABLE TO RISK FACTOR CHANGES

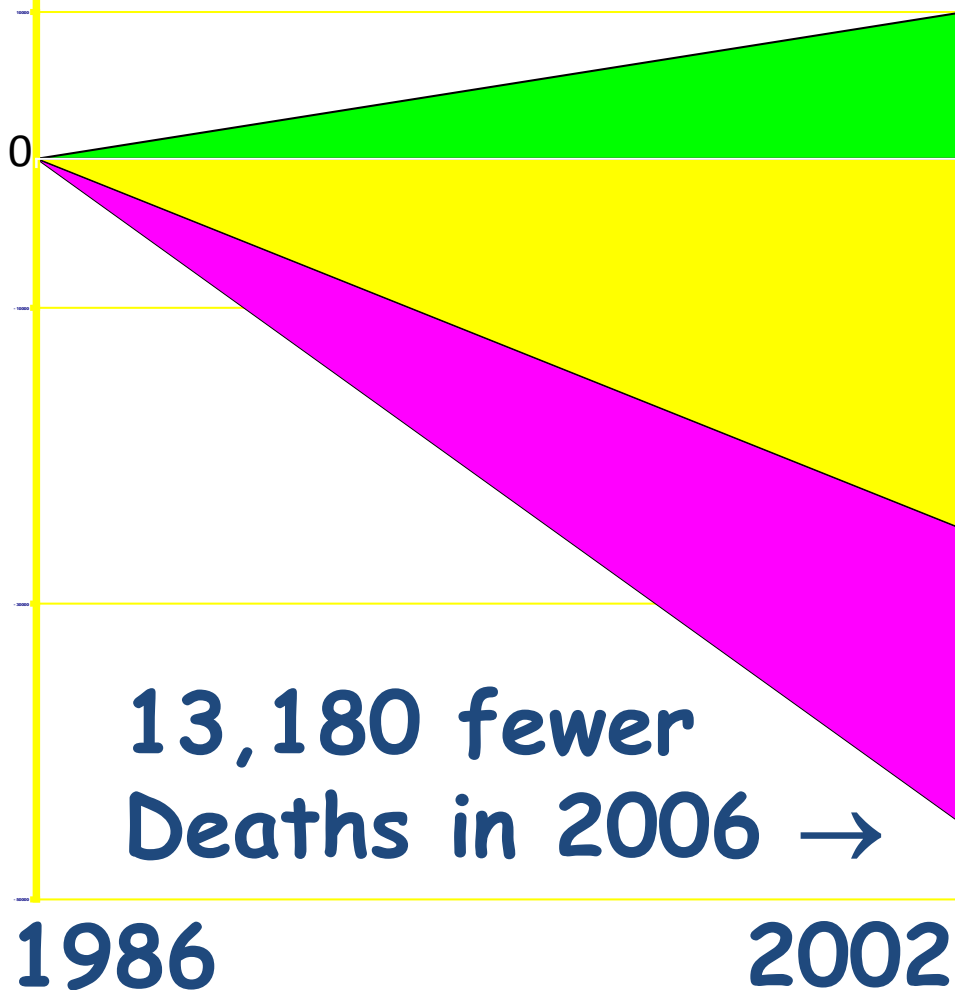
Cholesterol	+77%
Diabetes	+19%
BMI	+ 4%
Smoking	+ 1%

370 FEWER DEATHS BY TREATMENTS

AMI treatments	41%
Hypertension treatment	24%
Secondary prevention	11%
Heart failure	10%
Aspirin for Angina	10%
Angina: CABG & PTCA	2%

Explaining the CHD mortality fall in Sweden 1986-2002: RESULTS

Bjorck ^{et al} Eur Heart J 2009



Risk Factors worse +11%

Obesity (increase)	+3%
Diabetes (increase)	+8%

Risk Factors better -66%

Cholesterol (diet) -39%

Population BP fall -9%

Smoking -20%

Physical activity -13%

Treatments -36%

AMI treatments -6%

Unstable angina -2%

Secondary prevention -12%

Heart failure -7%

Angina: CABG & PTCA -3%

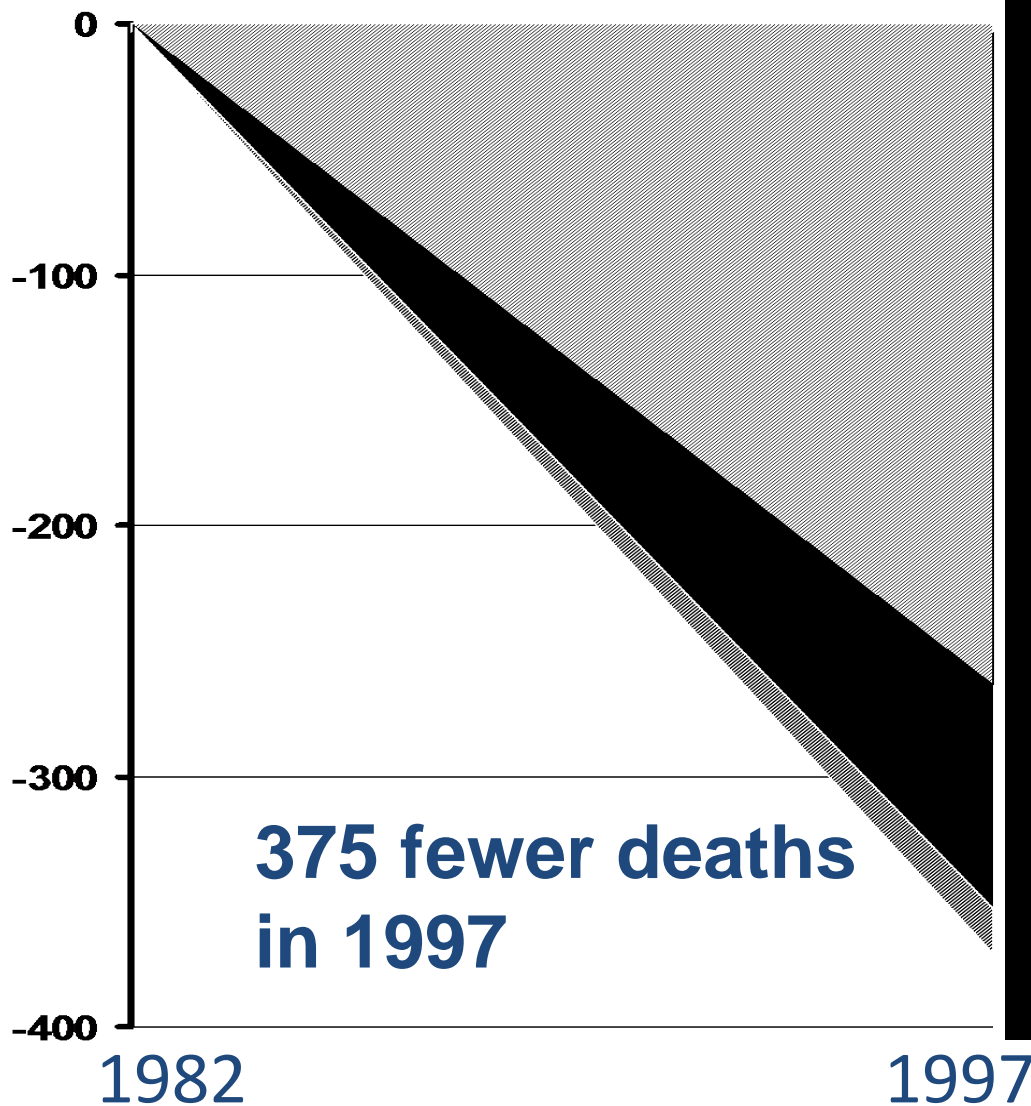
Hypertension therapies -4%

Statins (primary prevention) -2%

Unexplained

-9%

IMPACT model: CHD mortality fall in Finland 1982 - 1997



Risk Factors -71%

Cholesterol - 53%

Smoking - 11%

Blood pressure - 7%

Treatments -24%

AMI treatments - 4%

Secondary prevention - 8%

Heart failure - 2%

Angina: CABG & PTCA - 8%

Angina: Aspirin etc - 2%

Other Factors -5%

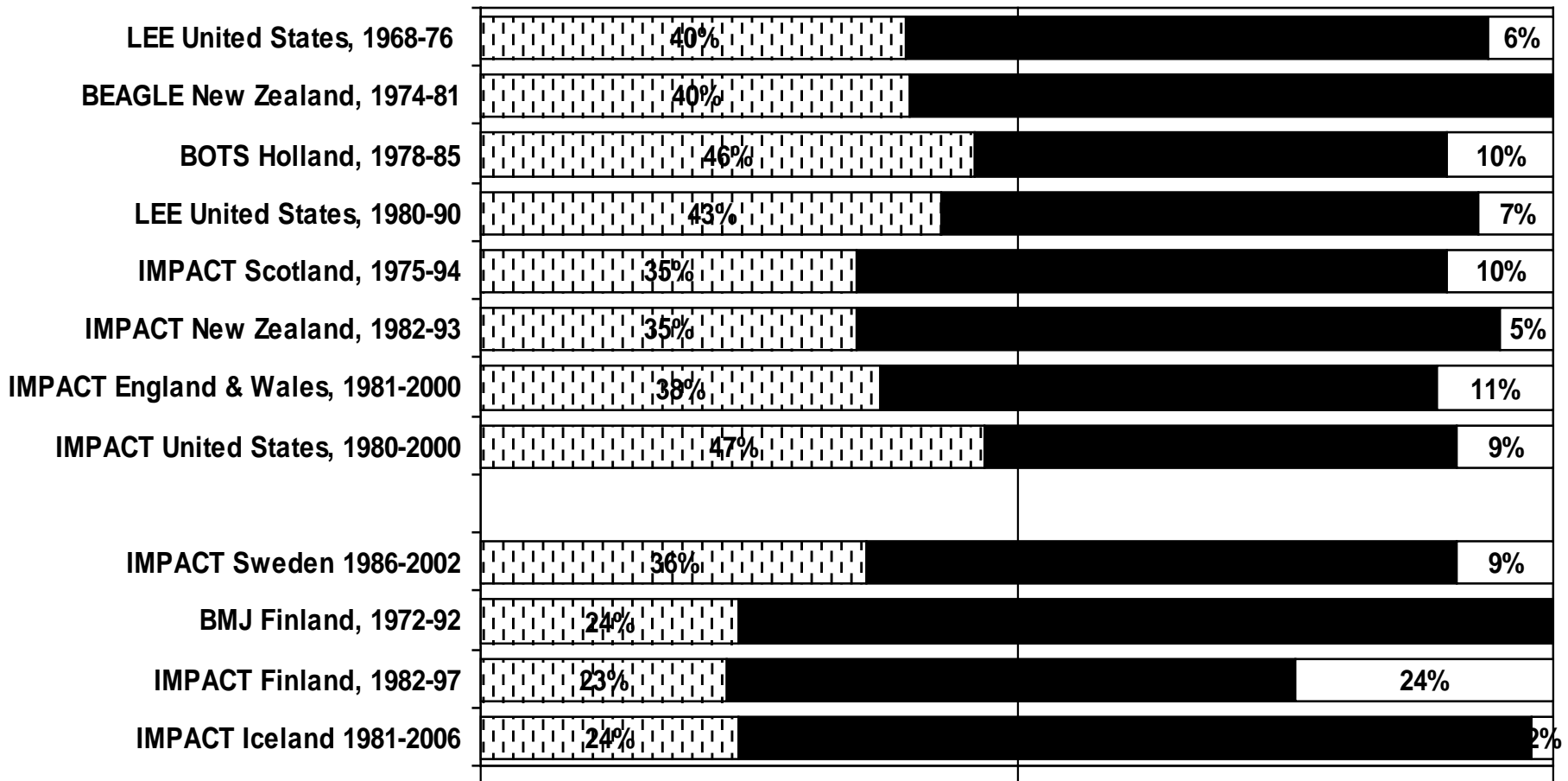
Comparisons with other studies

% CHD mortality falls attributed to:

Treatments

 Risk factors

 Unexplained



In Summary :

PREVENTION IS MORE EFFECTIVE THAN TREATMENTS

- ♥ 25%-55% fall due to "evidence-based" treatments
- ♥ 45% -75% due to risk factor reductions

PERCHÉ UNA ANALISI EPIDEMIOLOGICA IN PIEMONTE ?

- Quali combinazioni di Fattori determinano i differenti quadri di malattie.
- Quanti sono a conoscenza dei propri Fattori di Rischio ?
- Donne e Uomini ... differenze ?
- Il singolo Fattore di Rischio ,come incide nell'arco della vita del singolo individuo ?

11.319 PERSONE
INTERVISTATE

**Amici
del**  **uore**

PIEMONTE ONLUS

Associazione di volontariato per la
prevenzione delle malattie cardiovascolari

ANNI : 2012 - 2016



SCHEDA DELLA SALUTE

80

DOMANDE...

★ ...6...PUNTI

SCHEDA DELLA SALUTE N°...../Anno.....

SIGLA:

A cura degli Amici del Cuore Piemonte onlus - Tel. 011 6335945 - Cell. 392 1692871 - direzione@amicidelcuoretorino.it

DATI ANAGRAFICI

COGNOME	NOME	GR. ISTRUZIONE: <input type="checkbox"/> MEDIA <input type="checkbox"/> DIPLOMA <input type="checkbox"/> LAUREA	TEL.	<input type="checkbox"/> CITTAD. ITALIANA <input type="checkbox"/> CITTAD. STRANIERA
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RILEVAZIONE DI BASE

ETA' ★	SESSO ★	PESO	ALTEZZA	CIRCONFERENZA	BMI
PRESSIONE ARTERIOSA ★	FREQUENZA CARDIACA	PREGRESSA STORIA CARDIACA		<input type="checkbox"/> NO	<input type="checkbox"/> SI

CONDIZIONE FISICA

SINTOMI:

<input type="checkbox"/> NESSUNO	<input type="checkbox"/> FIATO CORTO	<input type="checkbox"/> DIFFICOLTA' MOTORIA	<input type="checkbox"/> ANSIA
<input type="checkbox"/> BATTICUORE	<input type="checkbox"/> DOLORI TORACICI	<input type="checkbox"/> SONNO IRREGOLARE	<input type="checkbox"/> CATTIVO UMORE

STORIA CARDIOLOGICA (ULTIMI 2 ANNI)

ECG NO SI RICOVERI/INTERVENTI _____
 TERAPIA IN CORSO _____ NOSTRO ECG: SI NO NORMALE ANORMALE

FATTORI DI RISCHIO PERSONALI

COLESTEROLO VAL. ★ NON NOTO GLICEMIA VAL. ★ NON NOTO TRIGLICERIDI VAL. NON NOTO
 FUMO: ★ NO SI N. _____ EX FUMATORI: ETA' INIZIO _____ ETA' CESSAZIONE _____

FATTORI DI RISCHIO FAMILIARI

NON CONOSCIUTI INFARTO _____ IPERTENSIONE _____
 ICTUS _____ DIABETE _____

ALIMENTAZIONE

CONDIMENTO: OLIO DI OLIVA NO SI OLIO DI SEMI NO SI BURRO NO SI

CONSUMO GIORNALIERO DI:

VERDURA: NO SI TANTO POCO FRUTTA: NO SI TANTO POCO

VINO: NO SI (BICCHIERI) 1 PIU' DI 1 BIRRA NO SI SUPER. ALCOLICI NO SI

CAFFÈ: NO SI NORMALE DECAFFEINATO TAZZINE AL GIORNO: 1-2 3-4 ≥5

TIPOLOGIA DI PREPARAZIONE: MOKA CIALDA ESPRESSO ALTRO (SPECIFICARE) _____

CON AGGIUNTA DI: NIENTE ZUCCHERO DOLCIFICANTI ALTRO (SPECIFICARE) _____

TE' NO SI INFUSI, TISANE NO SI TAZZE 1 PIU' DI 1 ZUCCHERO NO SI MIELE NO SI

CONSUMO SETTIMANALE DI:

CARNE: NO SI ROSSA PASTI N. _____ PESCE: NO SI PASTI N. _____ FORMAGGI: NO SI
 BIANCA PASTI N. _____ SI PASTI N. _____ SALUMI: NO SI

ATTIVITÀ FISICA

NO SALTUARIA REGOLARE CAMMINATA NUOTO BICICLETTA GIARDINAGGIO
 PALESTRA GIOCO BOCCE

SUGGERIMENTI DA CONSEGNARE AL MEDICO DI BASE PER UN PROFONDIMENTO DI QUANTO E' EMERSO NEL CORSO DELLA VISITA:
 SCORE DI RISCHIO CARDIOVASCOLARE:% SECONDO LA SOCIETA' EUROPEA DI CARDIOLOGIA CHE VALUTA I SEGUENTI FATTORI: ETA', SESSO, PA, COLESTEROLO, FUMO.

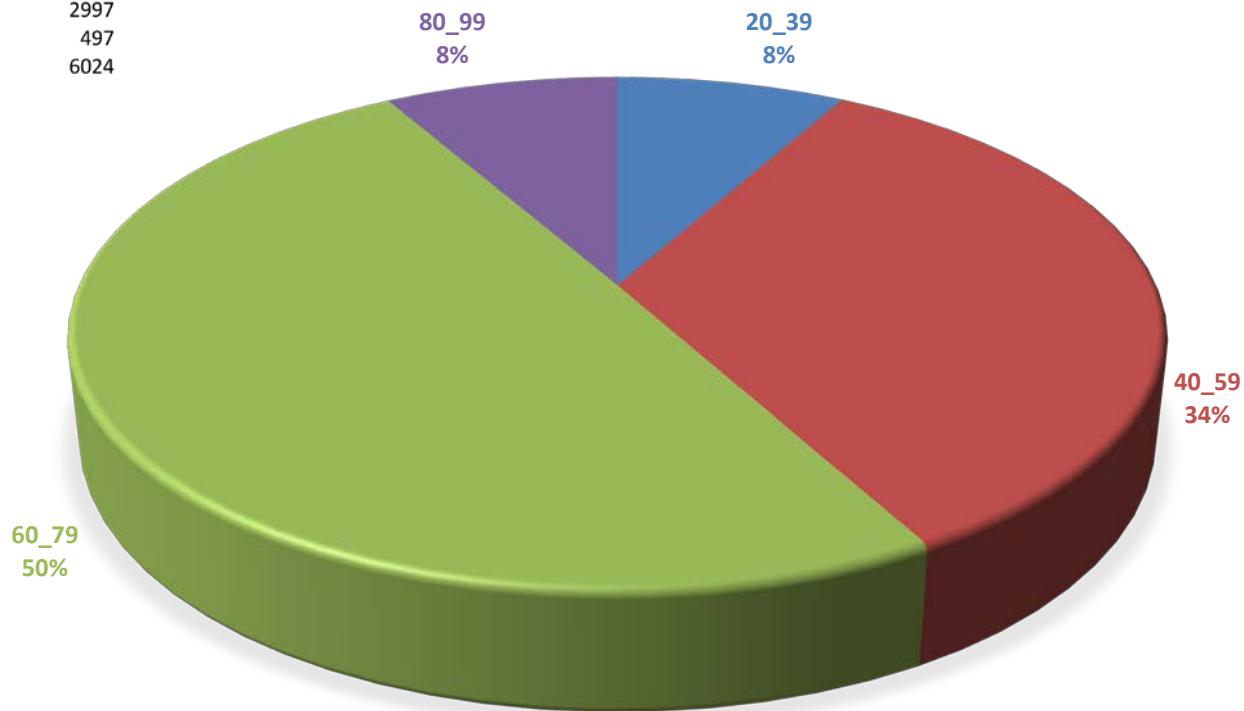
Al sensi della Legge 196/03 ART. 13 autorizzo i destinatari della presente scheda al trattamento dei miei dati personali nei soli limiti delle finalità sociali dell'associazione onlus ed autorizzo analogamente l'inserimento in forma anonima nella vostra banca dati elettronica.

DATA _____ ORA _____ FIRMA _____

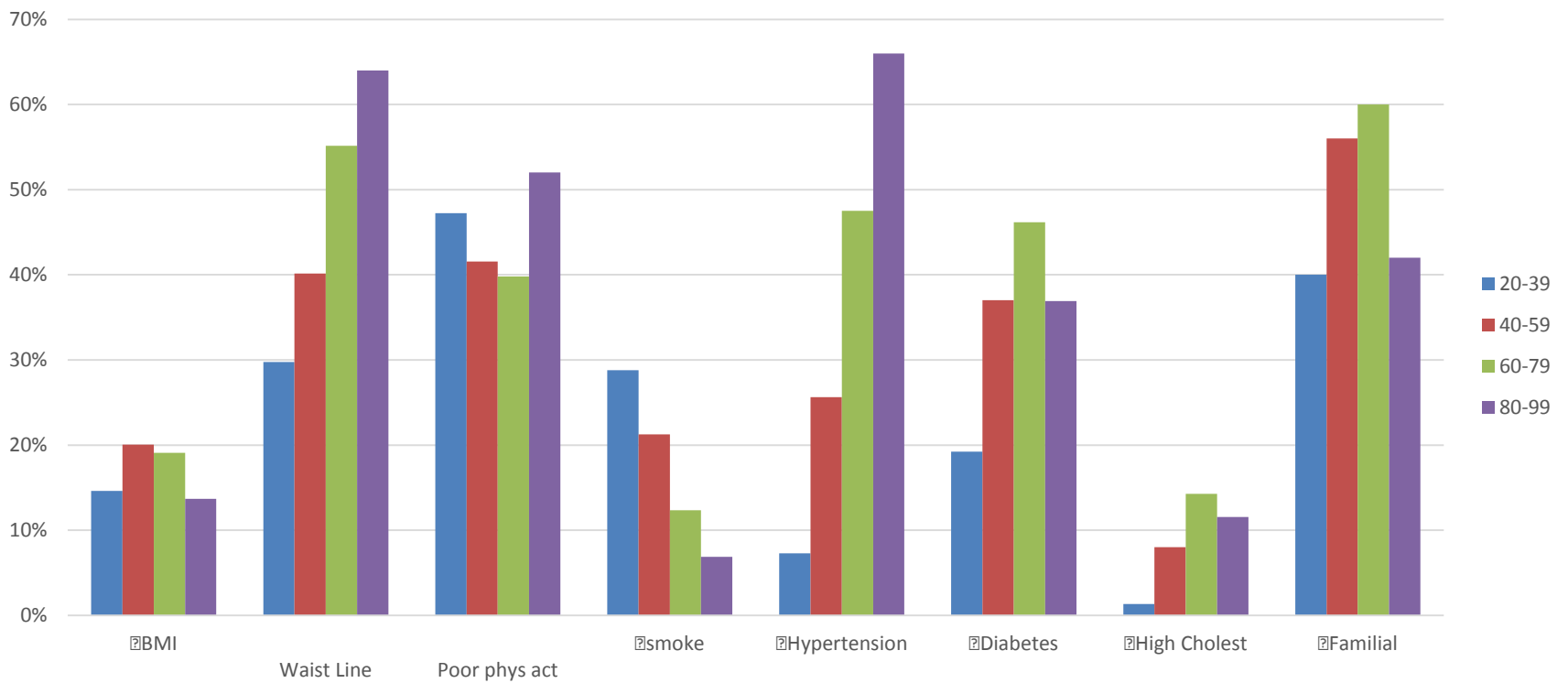
COMPOSIZIONE POPOLAZIONE FEMMINILE

Women	Men
20_39	487
40_59	2043
60_79	2997
80_99	497
	6024

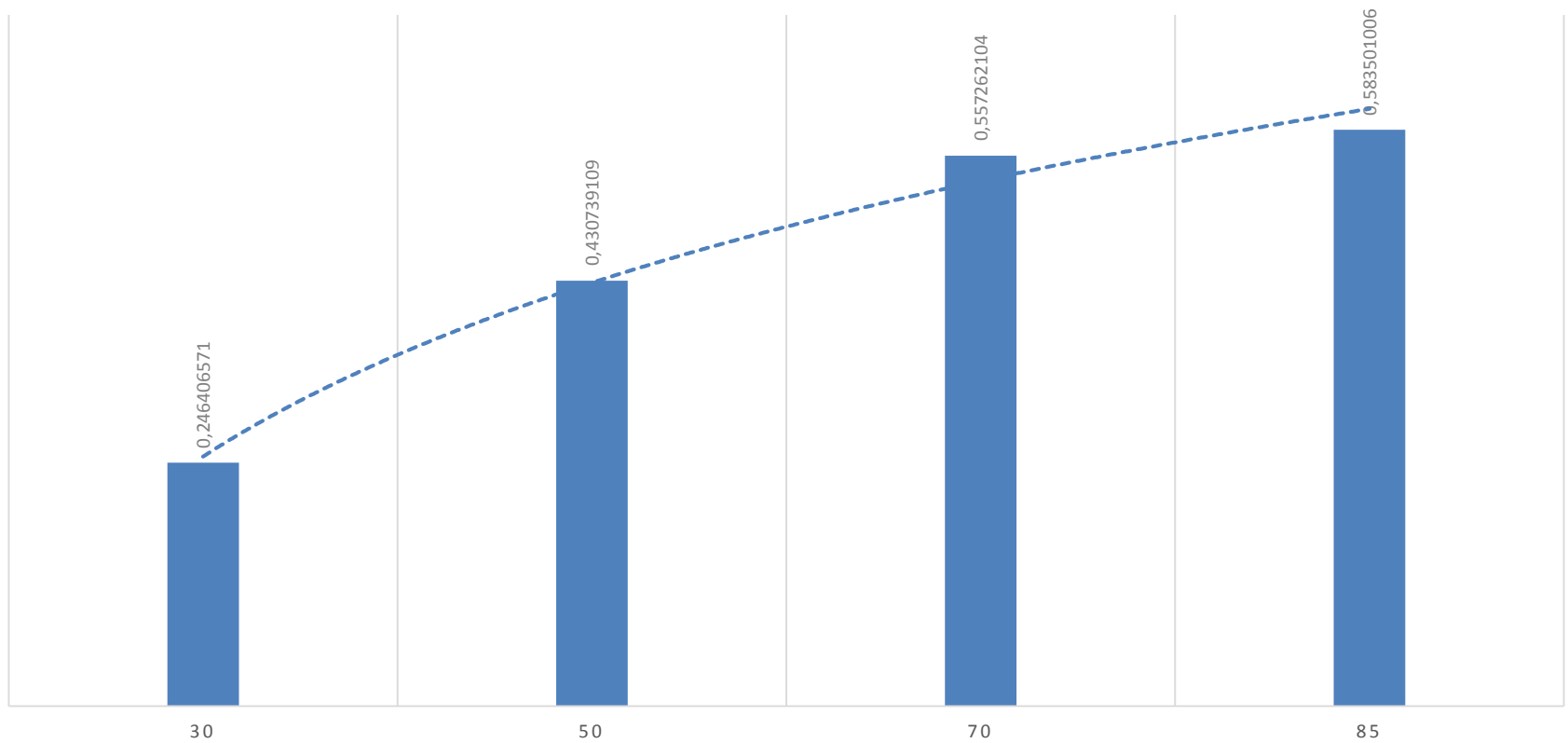
WOMEN



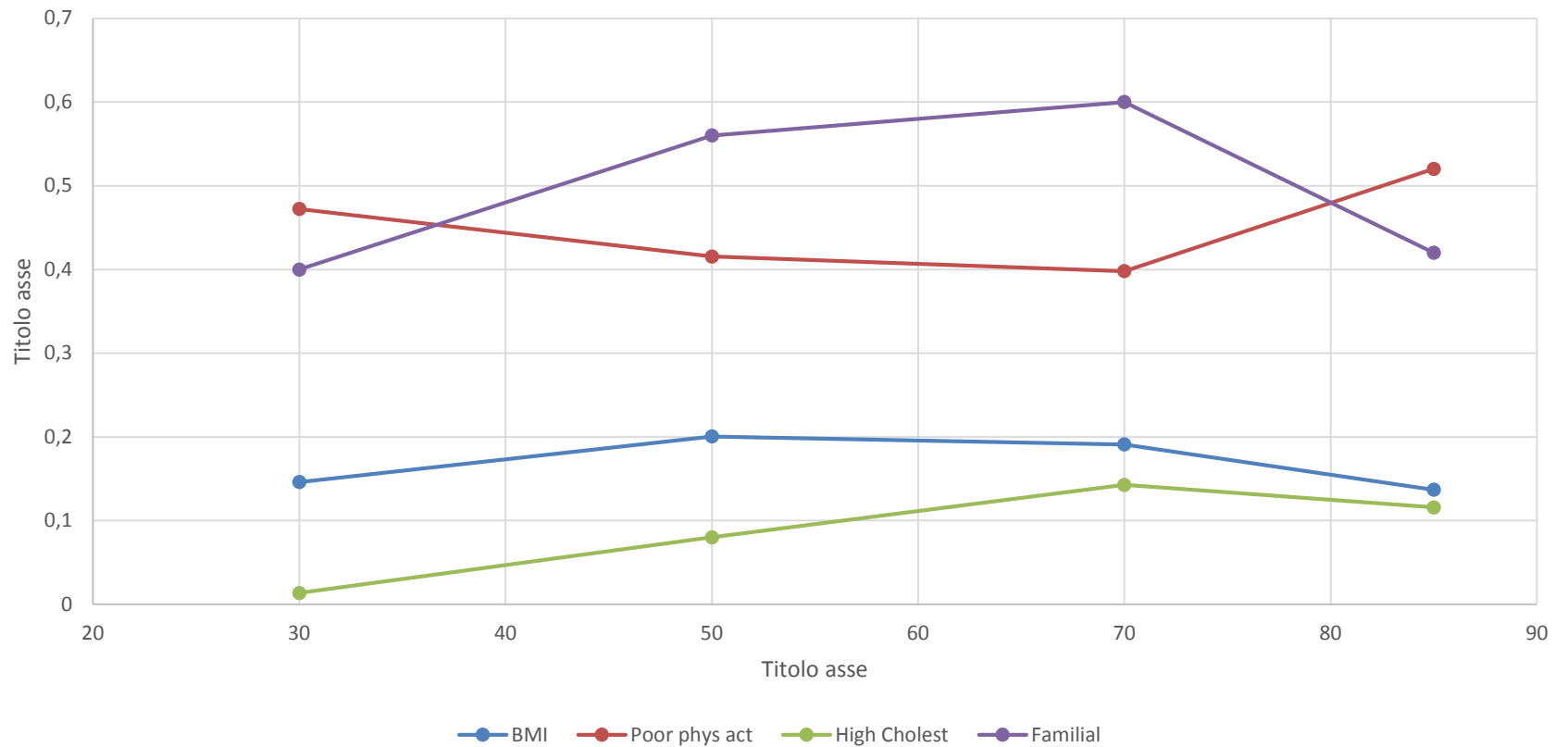
WOMEN: RISK FACTORS



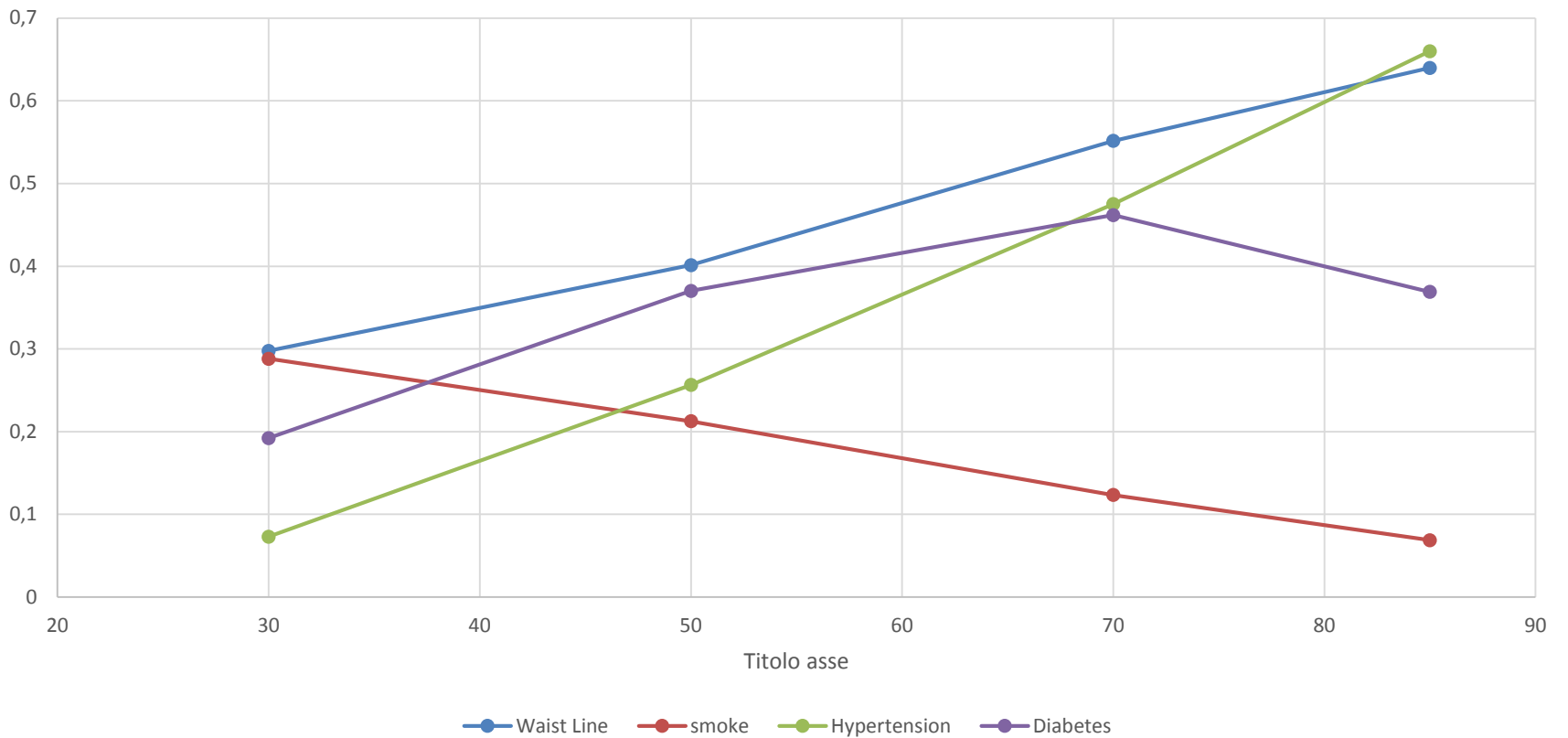
WOMEN: SUM OF RISK FACTORS ≥ 3



WOMEN: RISK FACTORS (STABLE OVER AGE)

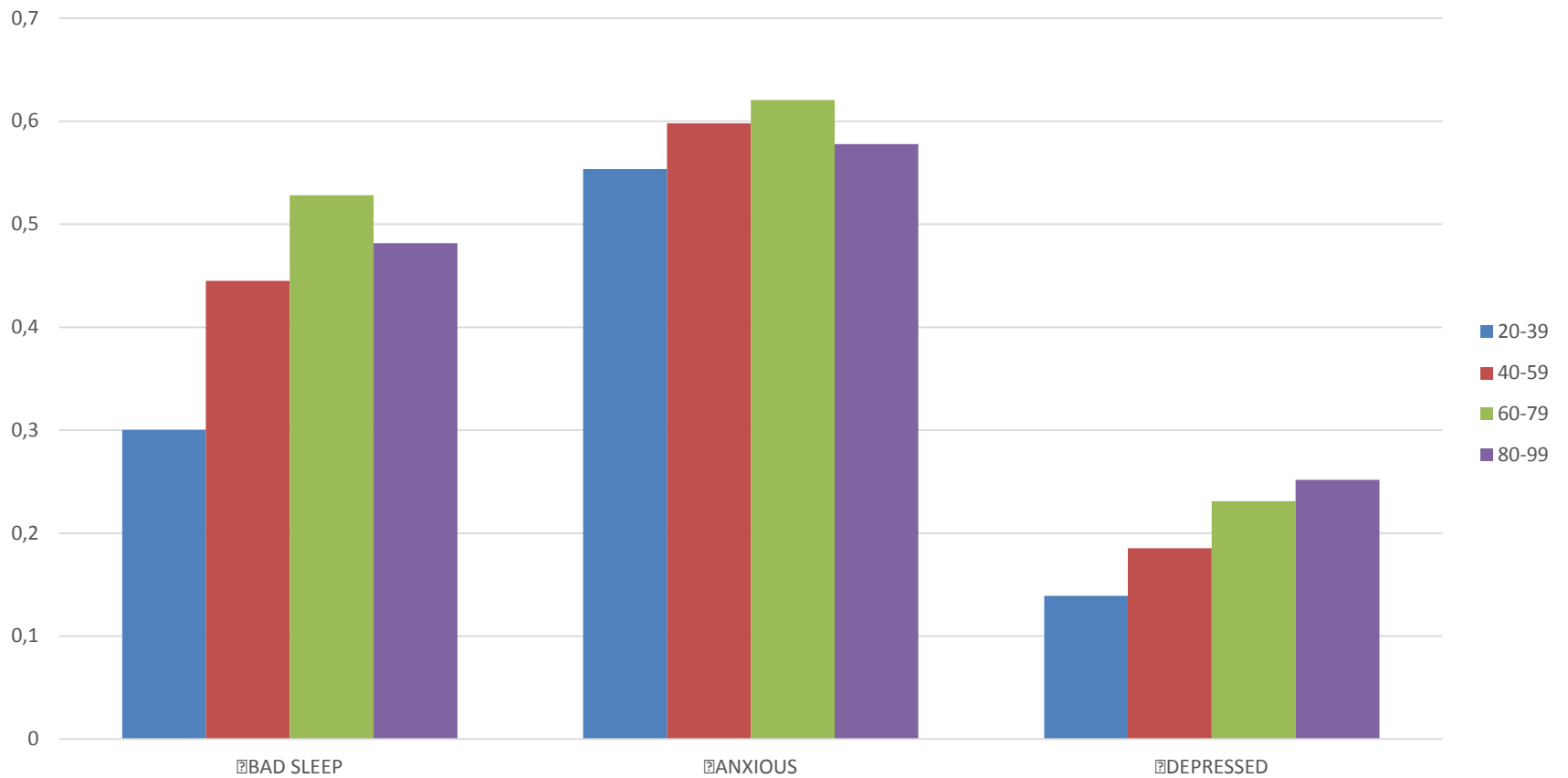


WOMEN:RISK FACTORS (CHANGING WITH AGE)



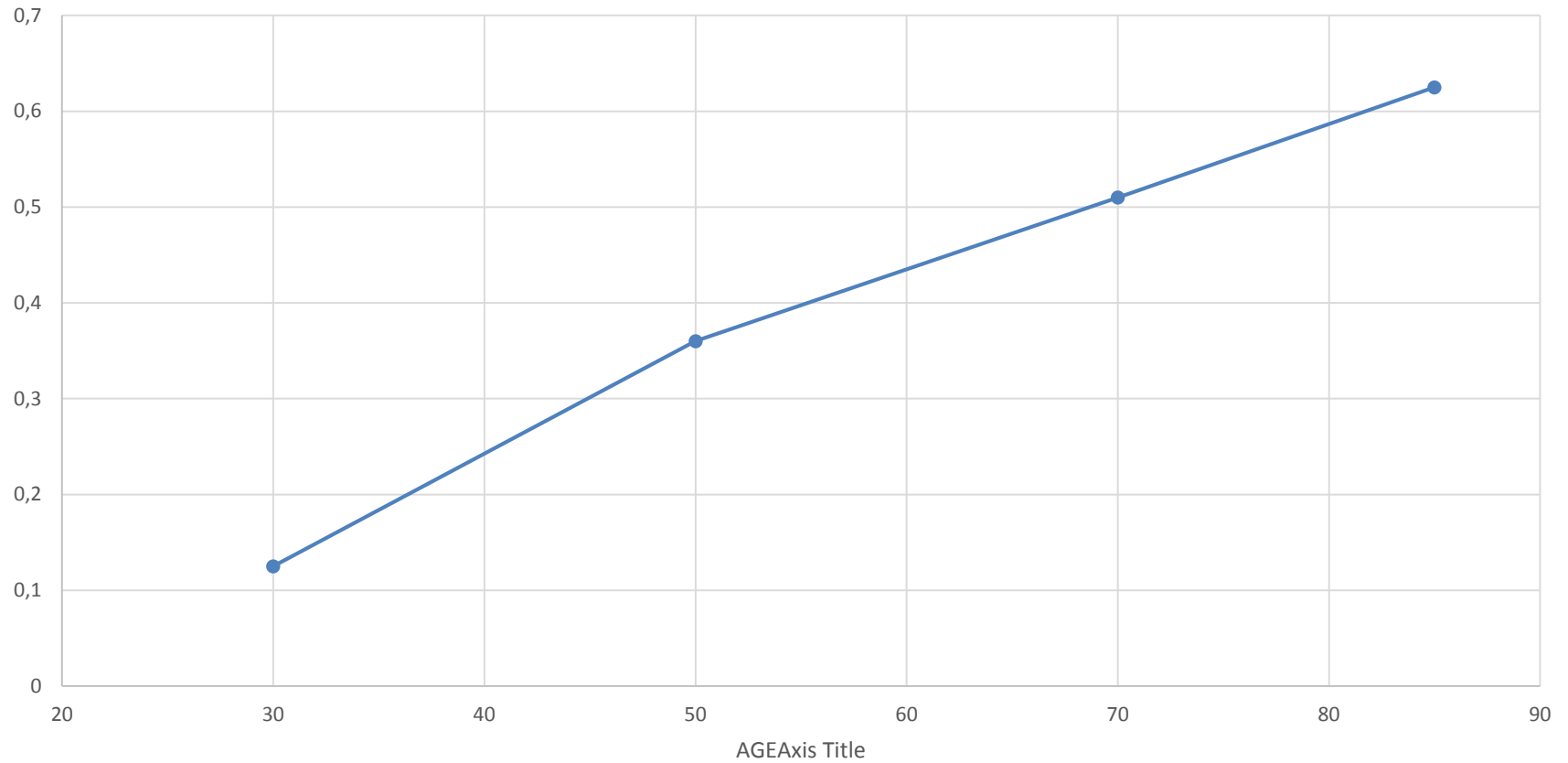
LA PSICHE

WOMEN: WELLBEING

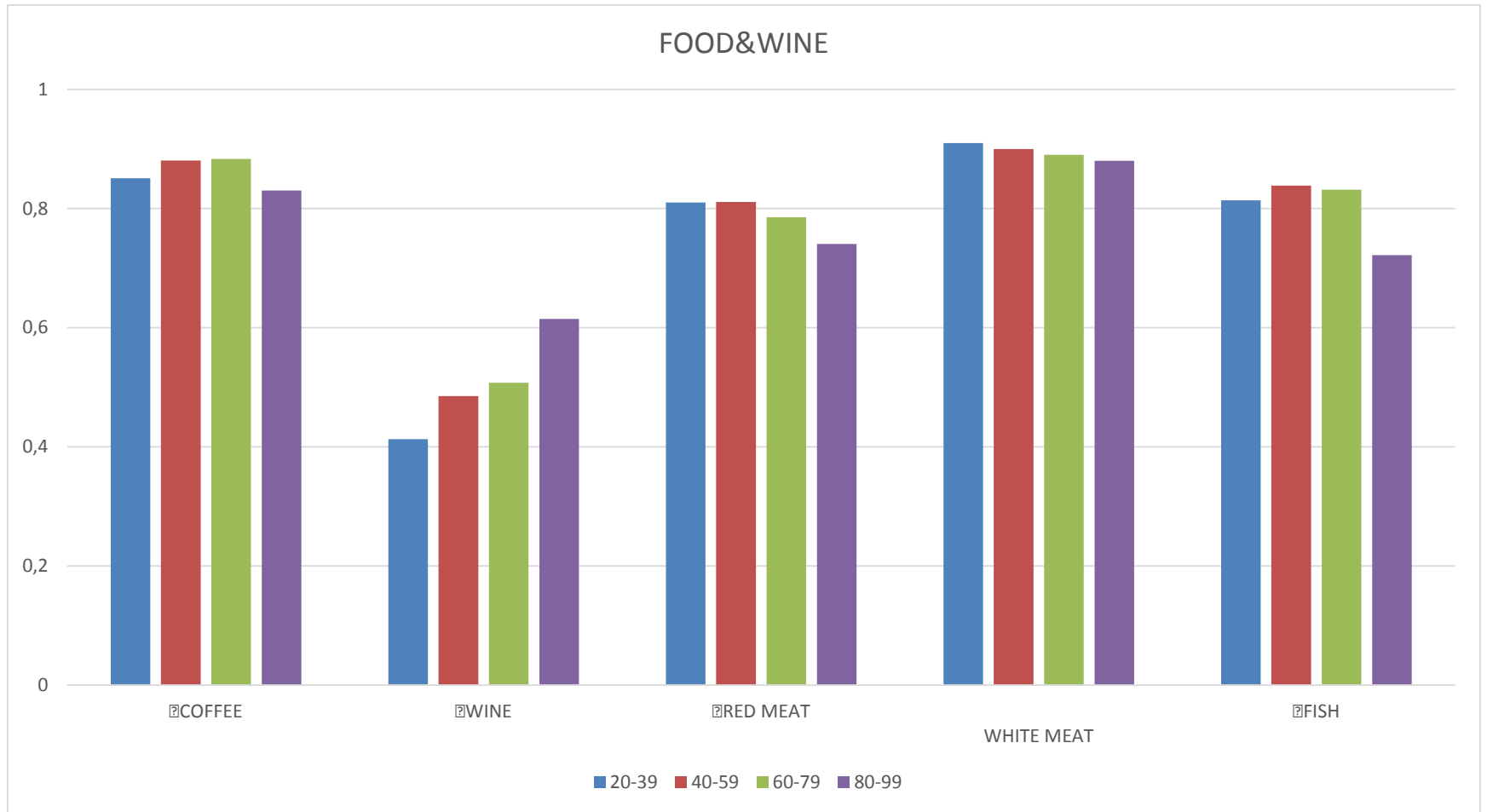


ARTERIAL HYPERTENSION

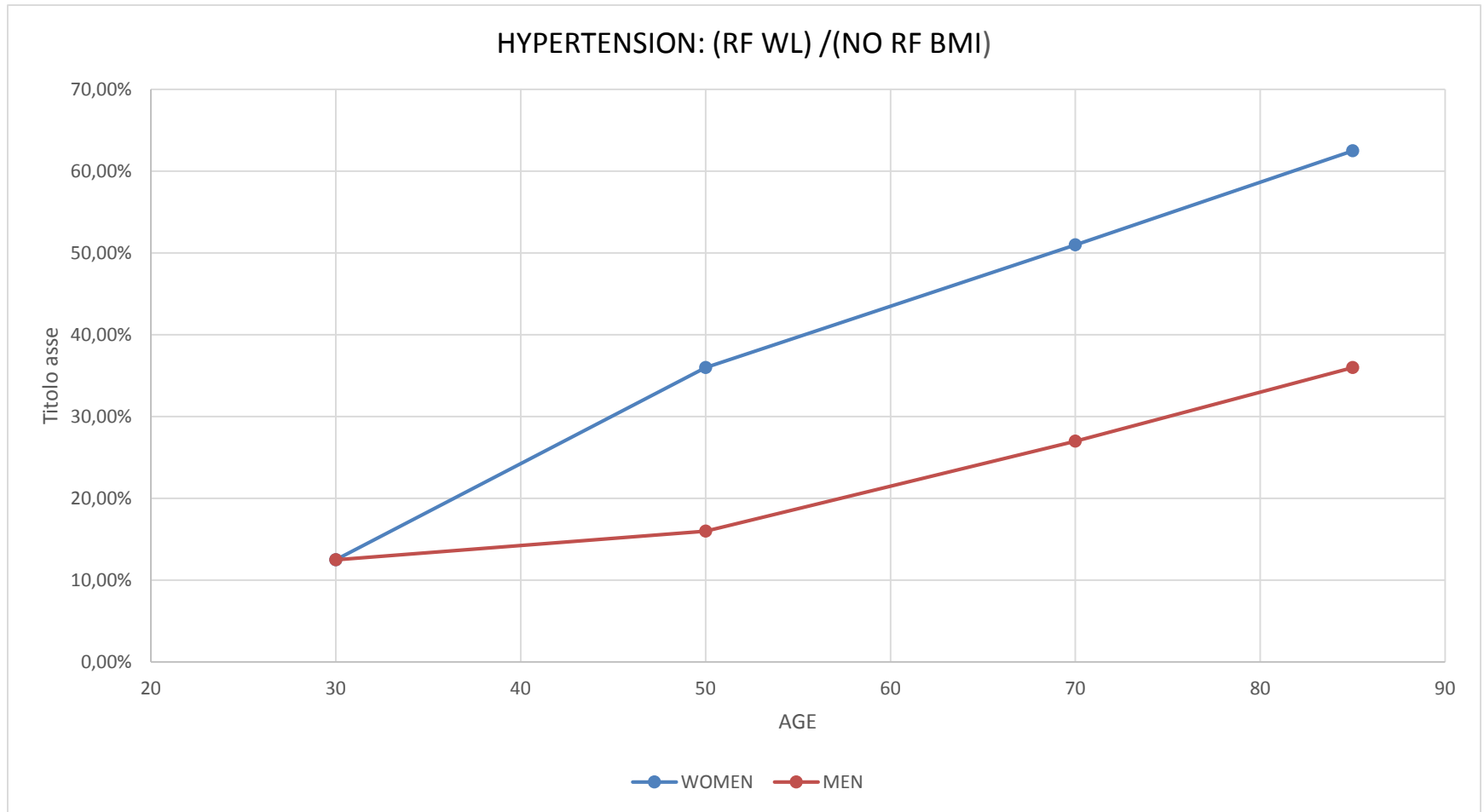
WOMEN: INCIDENCE OF HT WITH BMI<28 BUT WL>90 (p<0.0001)



DIET



60% of women with HT have correct BMI but RF WL

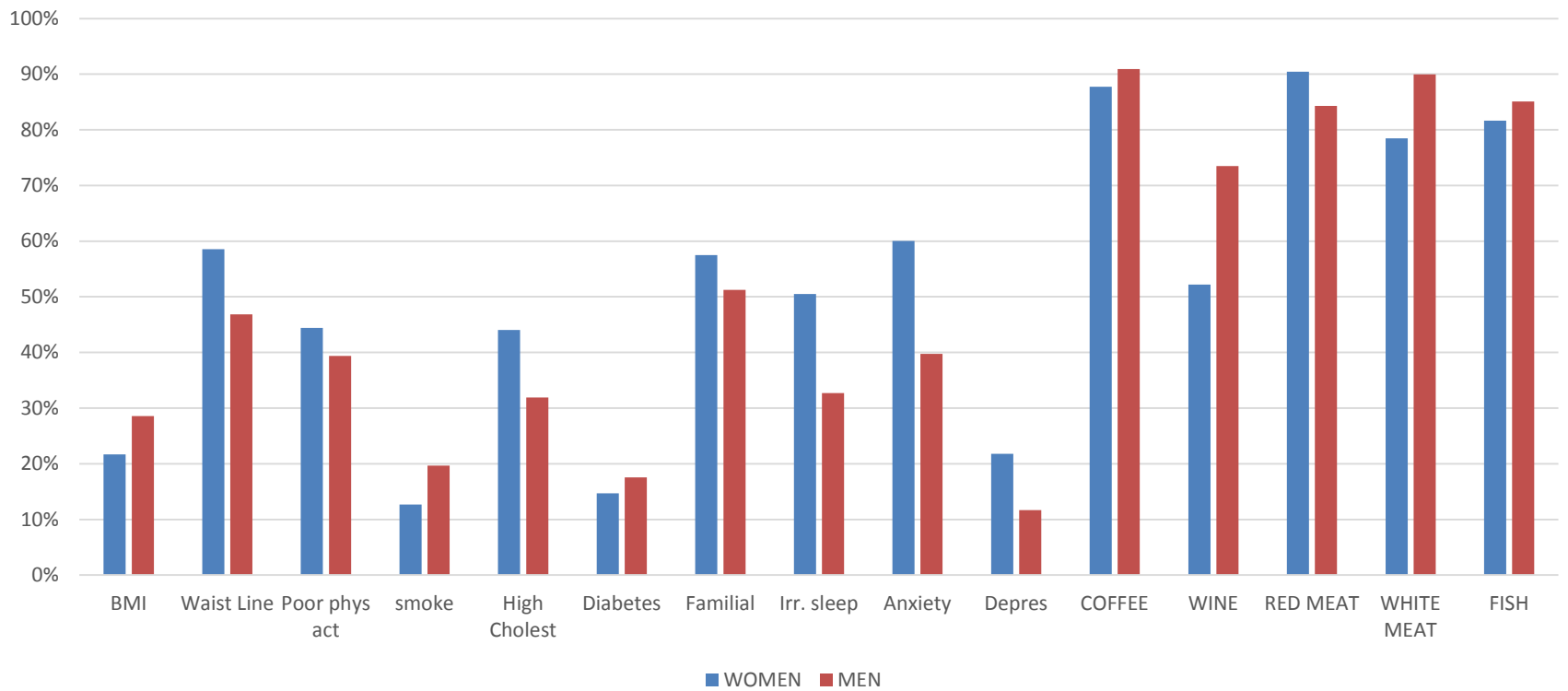


PHYSICAL ACTIVITY WOMEN

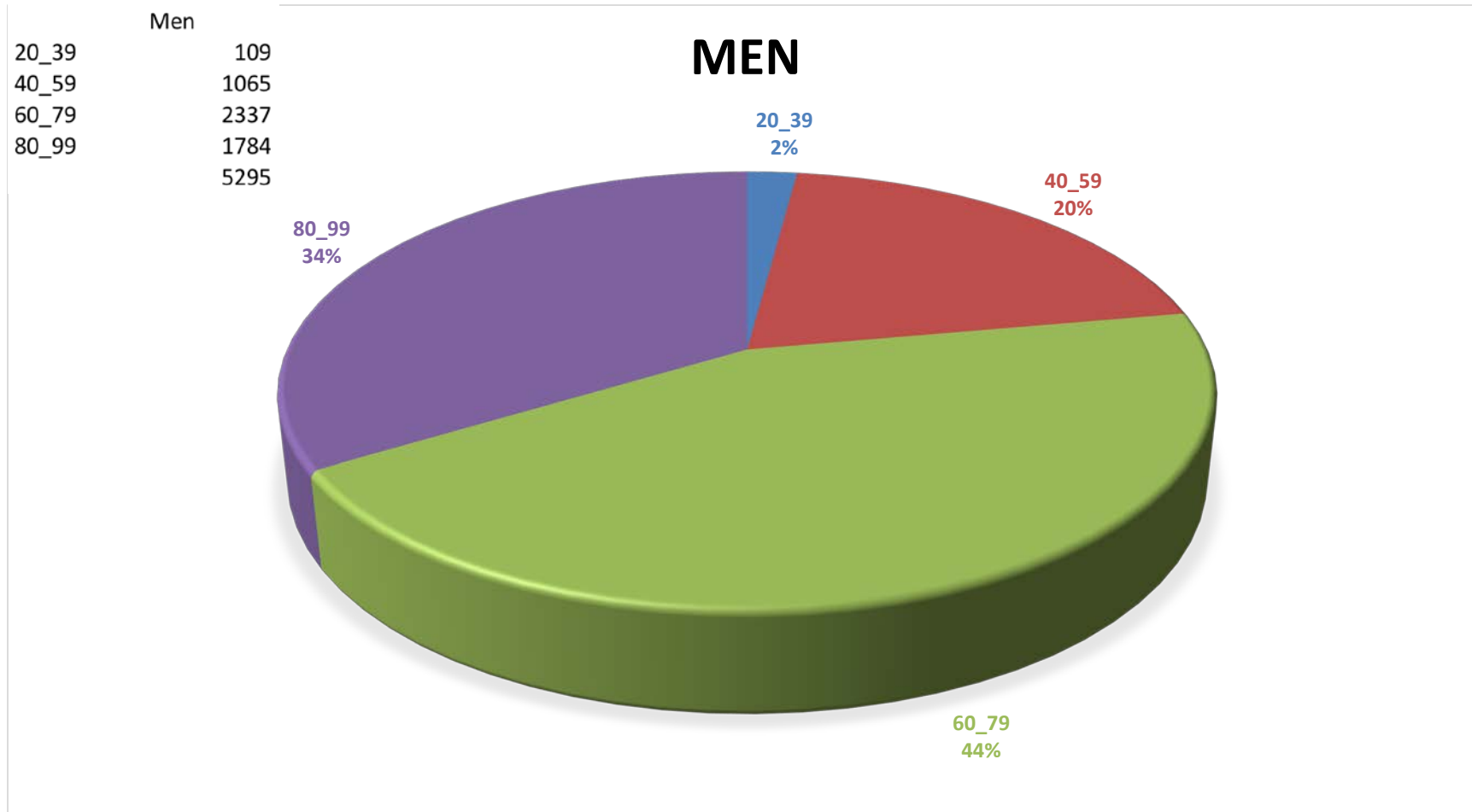
(\geq twice/week) VS (<twice/week)

- BMI 15% - 23,3% p<0.0001
- Waist Line 42% - 54,5% p<0.0001
- Smoke 15% - 16,7% p 0,22
- Hypertension 36% - 39,3% p 0,01

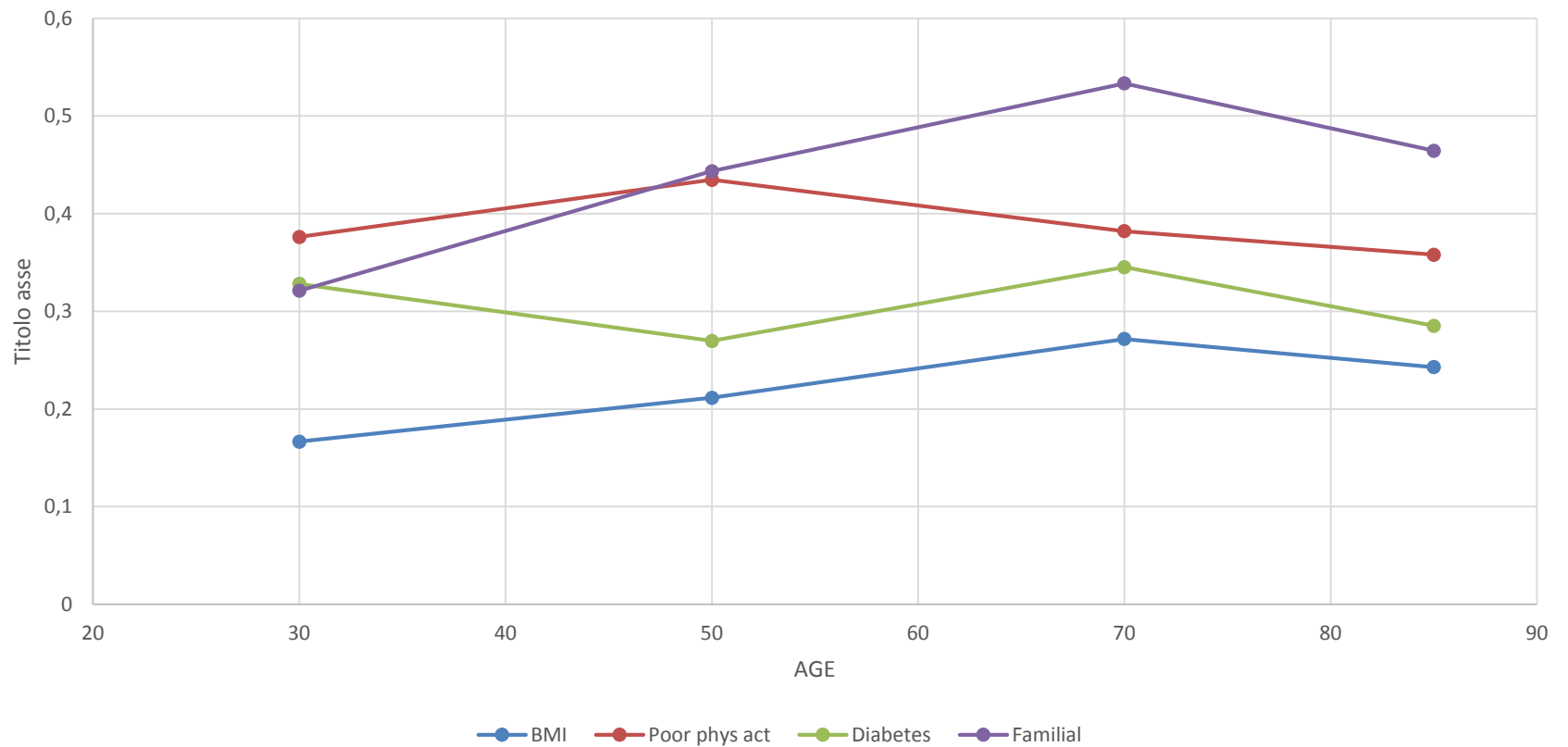
HYPERTENSIVE SUBJECTS



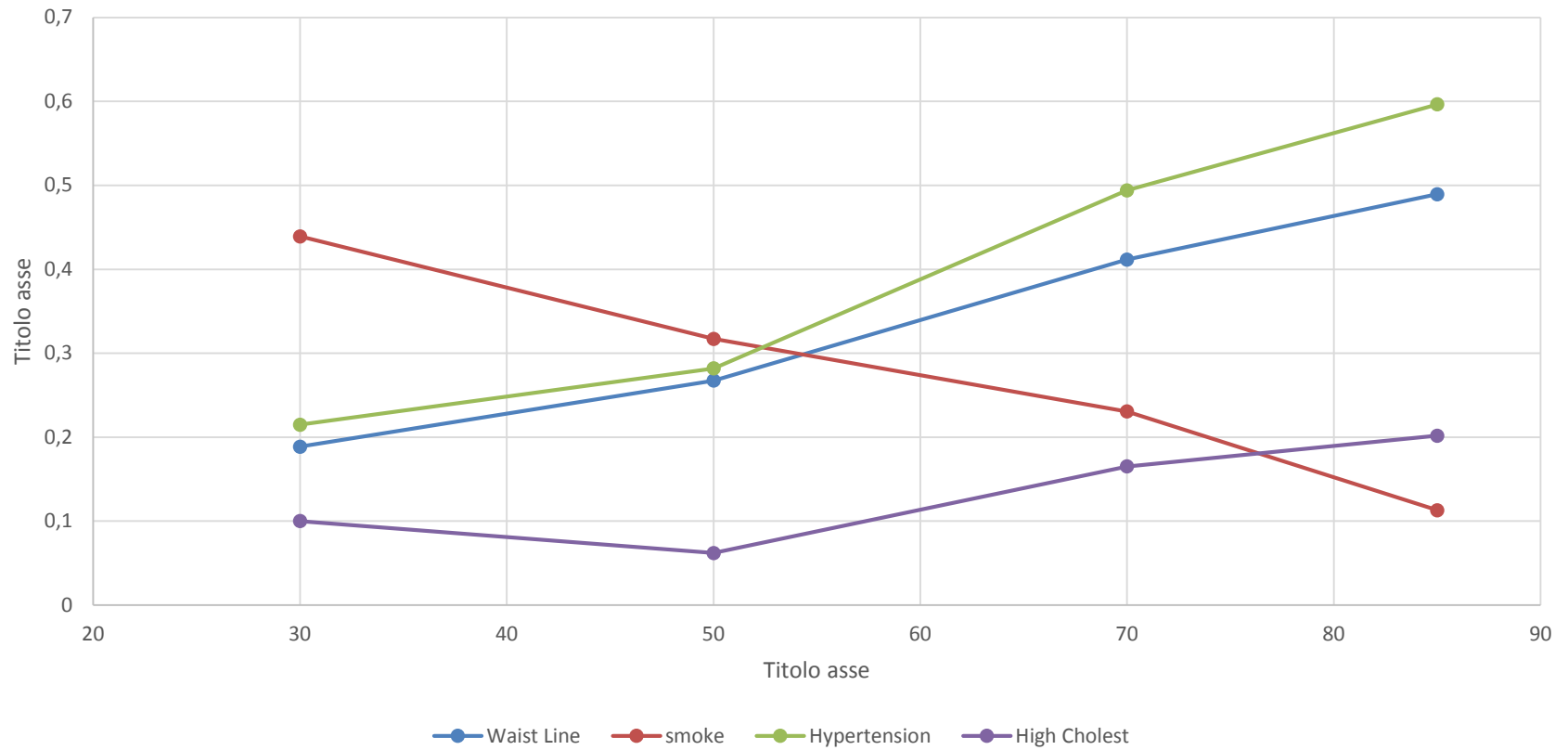
COMPOSIZIONE POPOLAZIONE MASCHILE



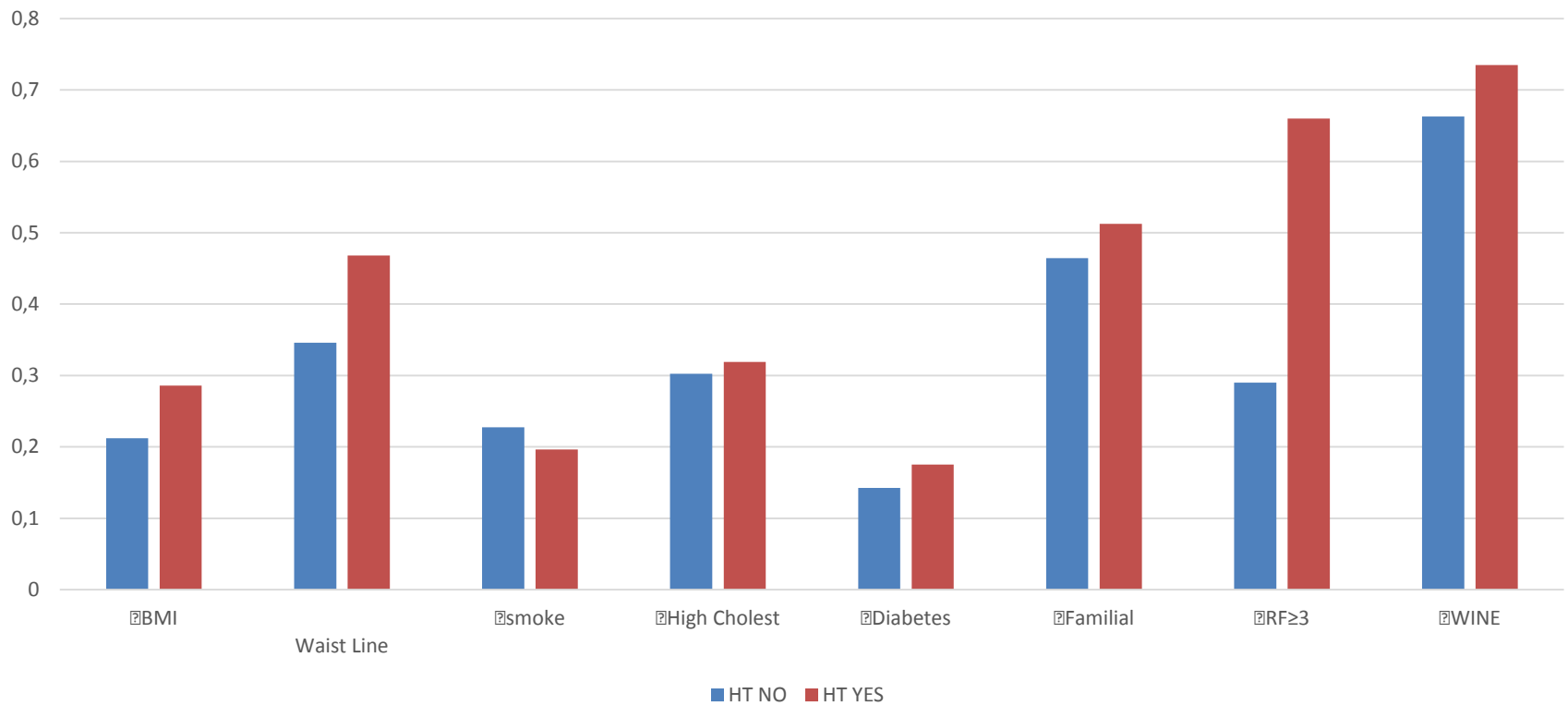
MEN: RISK FACTORS (STABLE OVER AGE)



MEN: RISK FACTORS (CHANGING WITH AGE)

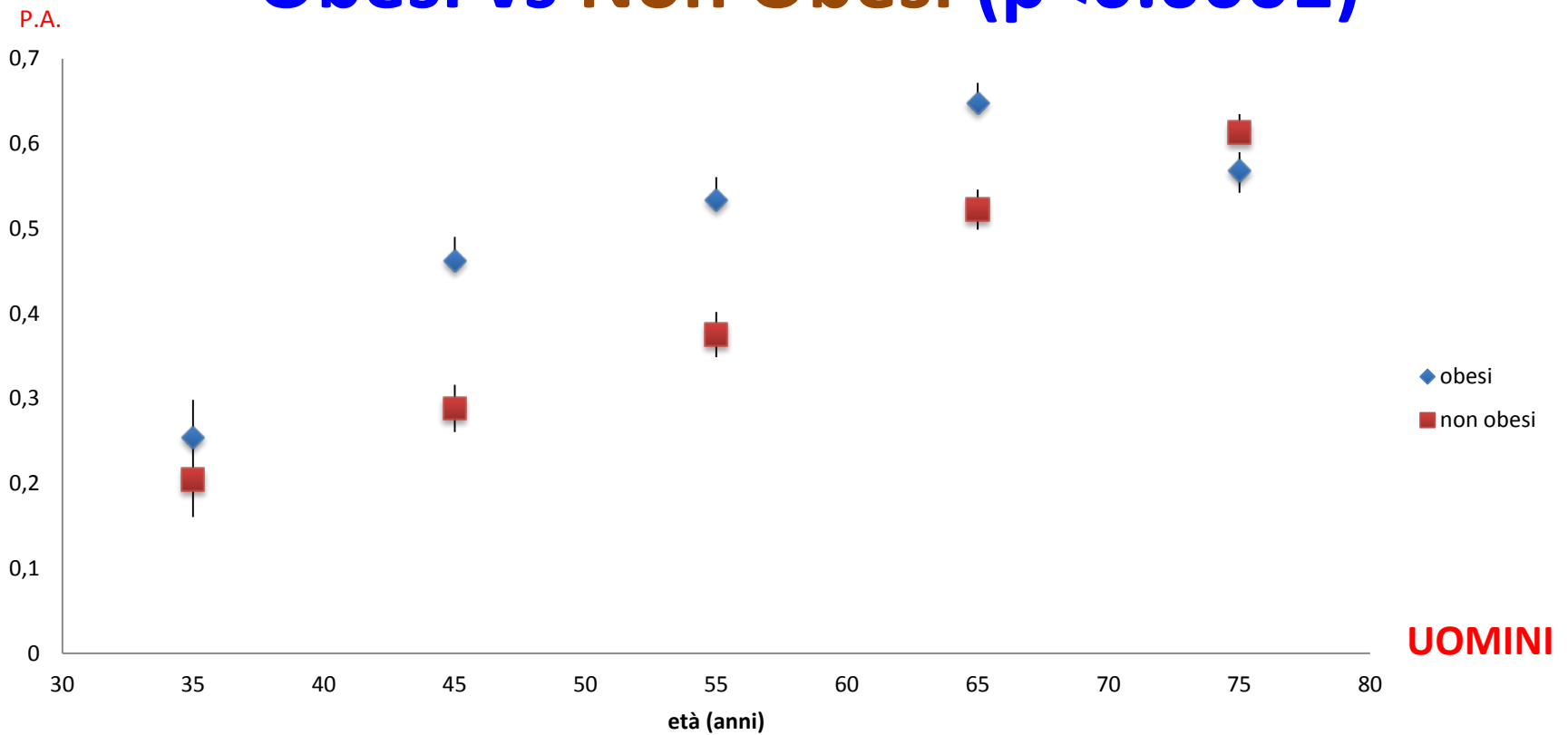


MEN: RF ASSOCIATED WITH HT



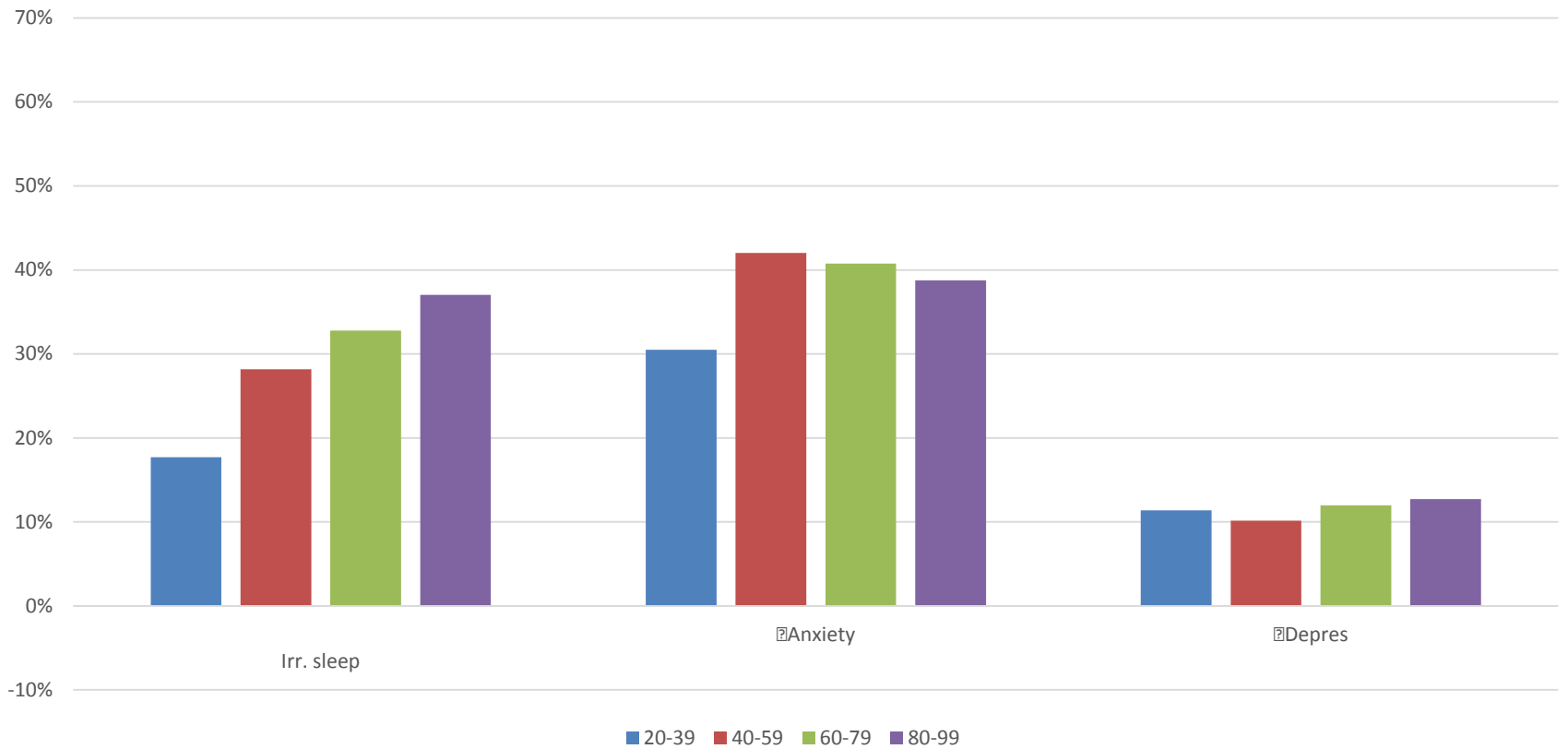
ARTERIAL HYPERTENSION

Obesi vs Non Obesi ($p < 0.0001$)



PSICHE

MEN: WELLBEING



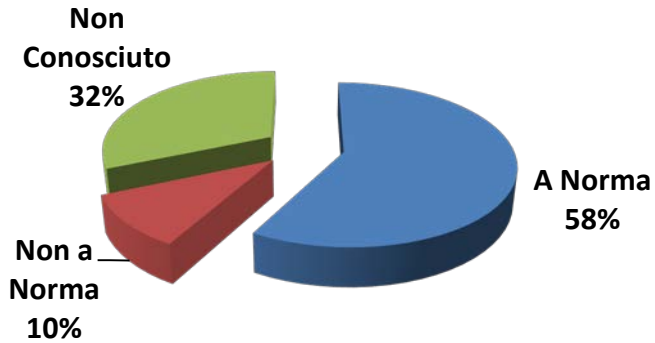
Un Fattore di Rischio
“non conosciuto”

è

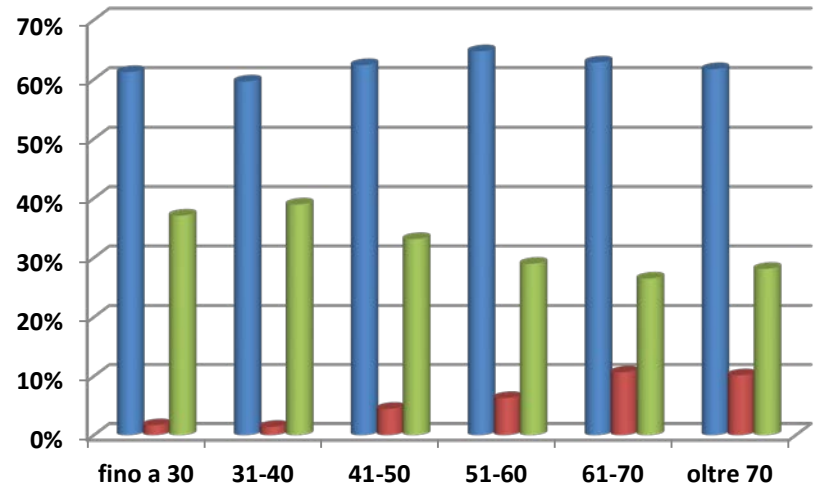
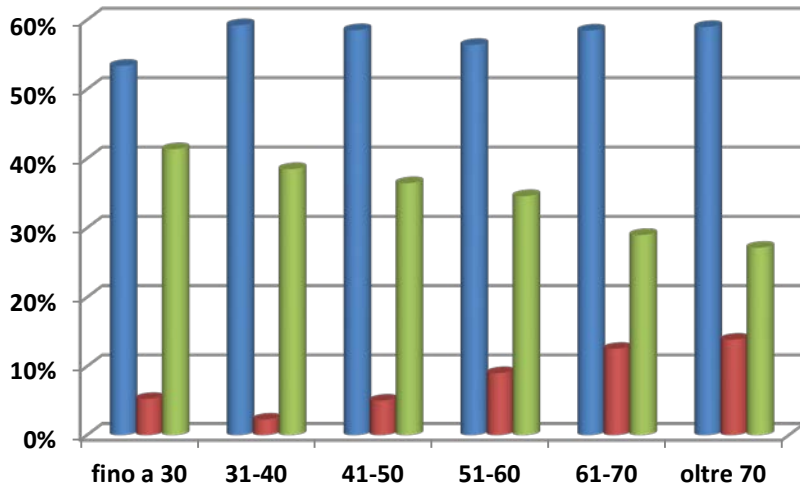
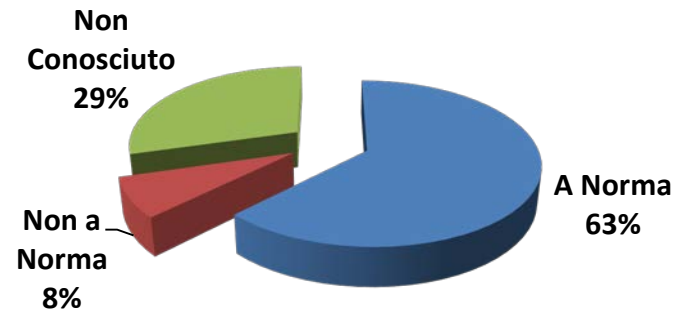
il Rischio più grande !!!

Rischio Diabete

Uomini

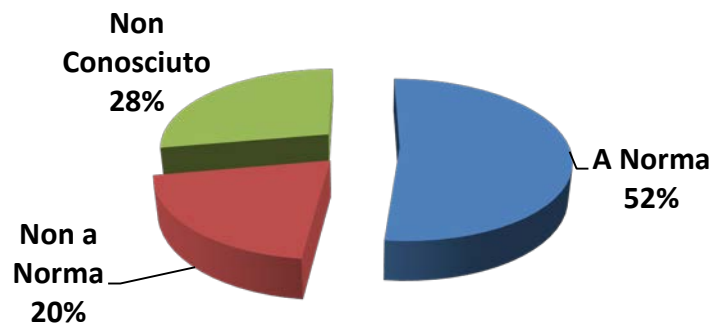


Donne

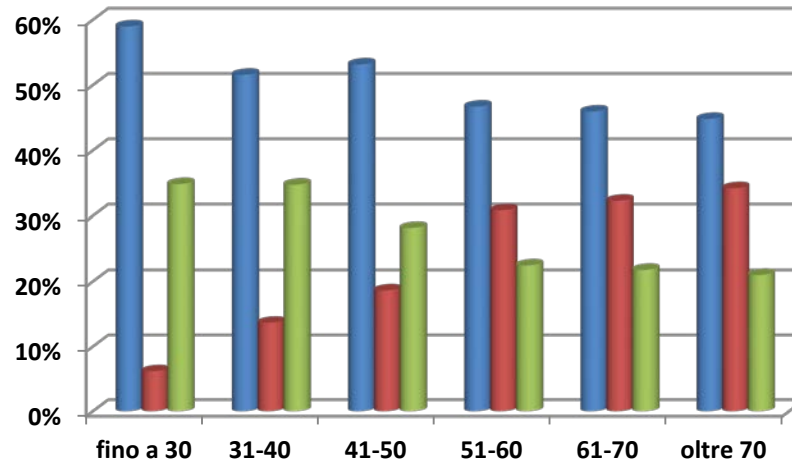
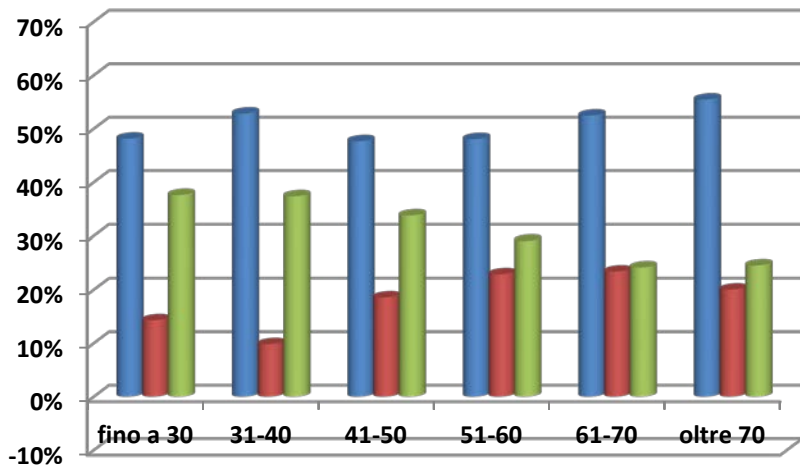
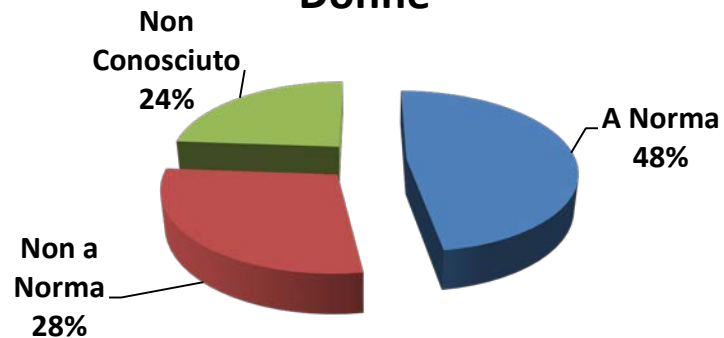


Rischio Colesterolo

Uomini



Donne



Quali Interventi & Quali Conclusioni

- Raccomandazioni basate su un approccio diretto a gruppi determinati di popolazioni.
- Fondamentale la conoscenza dei fattori di rischio.
- Interventi a livello di singoli individui.
- Raccomandazioni per programmi di prevenzioni specialistici.
- Monitoraggio dei programmi di prevenzione.
- ALIMENTAZIONE incide sul 50% dei fattori.
- ATTIVITA' FISICA condiziona molti altri fattori.

STATE OF THE ART : Optimal Medical Therapy – Competing with or Complementary to Revascularization in Patients with Coronary Artery Disease

J.Iqbal,R.Widmer,B.J.Gersh Eurointervention 2017 ; 13 : 751-759

LIFESTYLE MODIFICATIONS

Along with revascularisation and OMT, all cardiac patients should be encouraged to adopt a healthy lifestyle including healthy eating, regular physical activity and management of other cardiac risk factors. Patients who continue to smoke after revascularisation have poor long-term outcomes^{41,42}.

IN CONCLUSION.....

Bittner et al

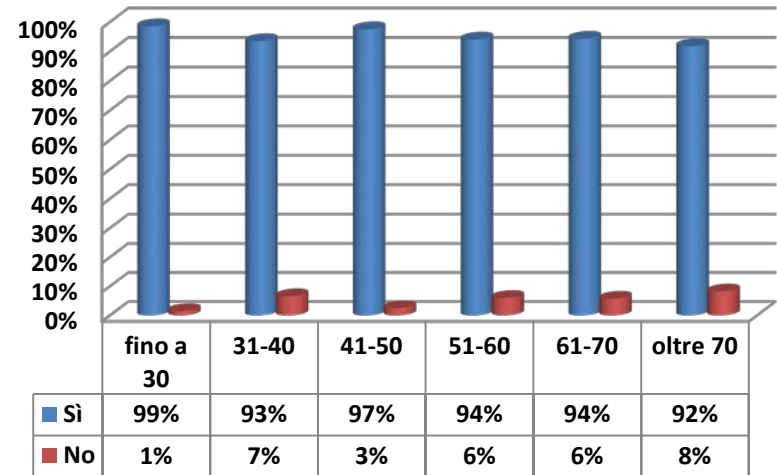
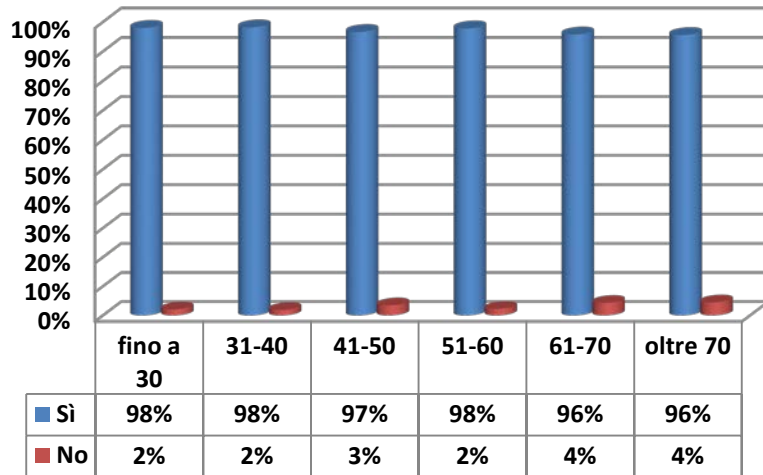
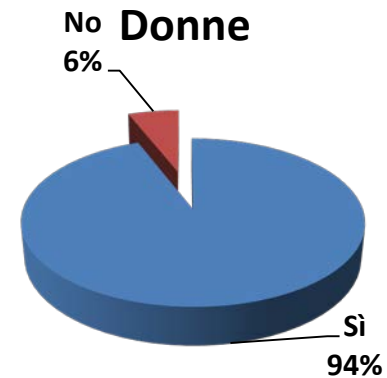
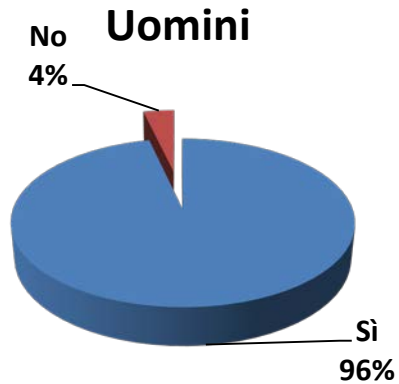
have also shown that simultaneous control of multiple cardiovascular risk factors improves outcomes⁴⁰. There is definite room for improvement in patient education about lifestyle modifications and it should be an integral part of medical management⁴⁵.



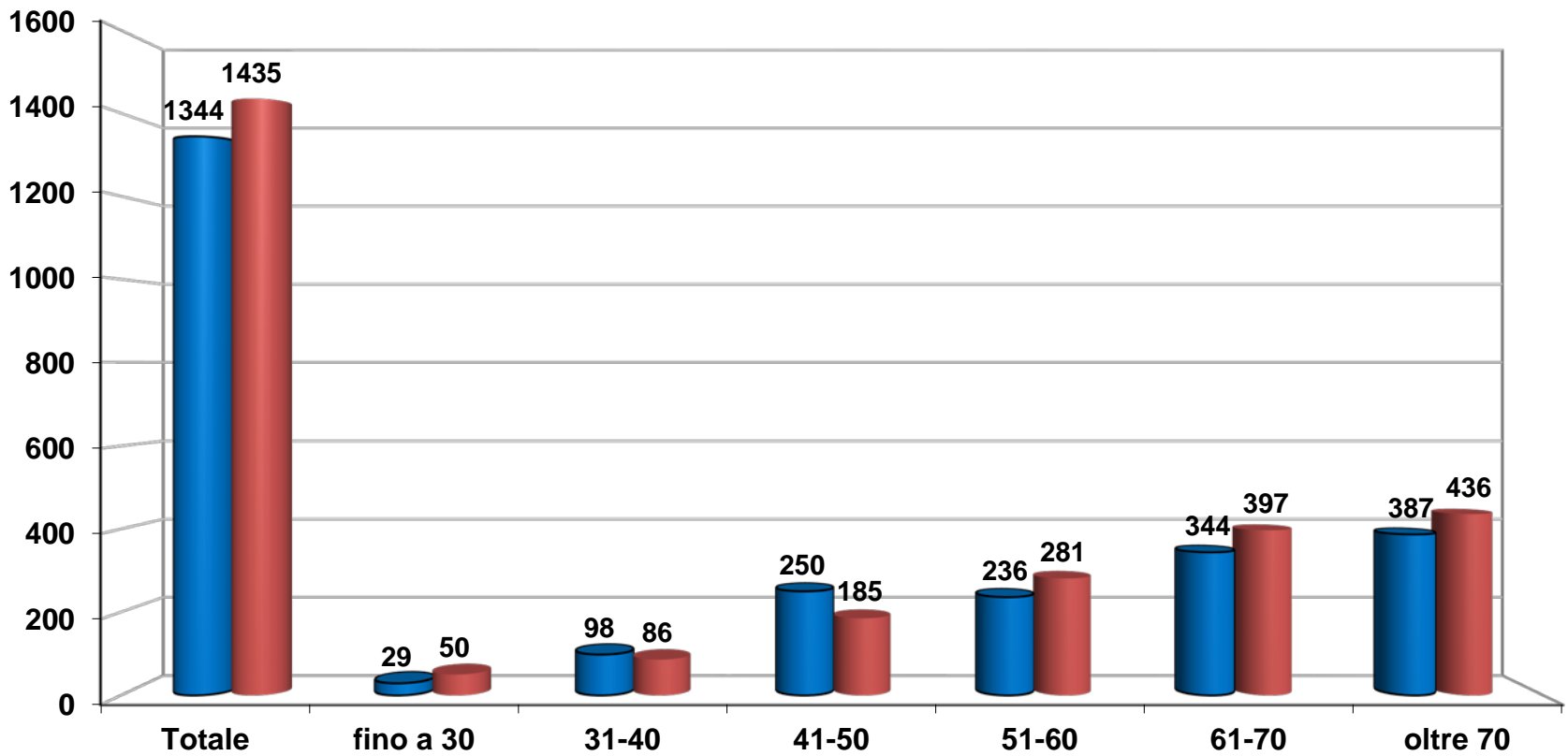
Grazie per la vostra attenzione



DICHIARA DI STARE BENE

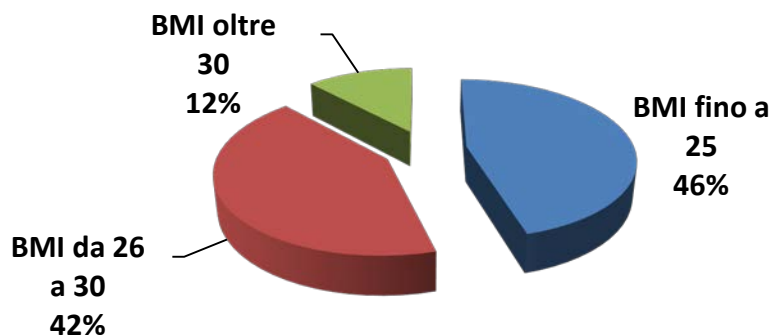


N° Visite Mediche

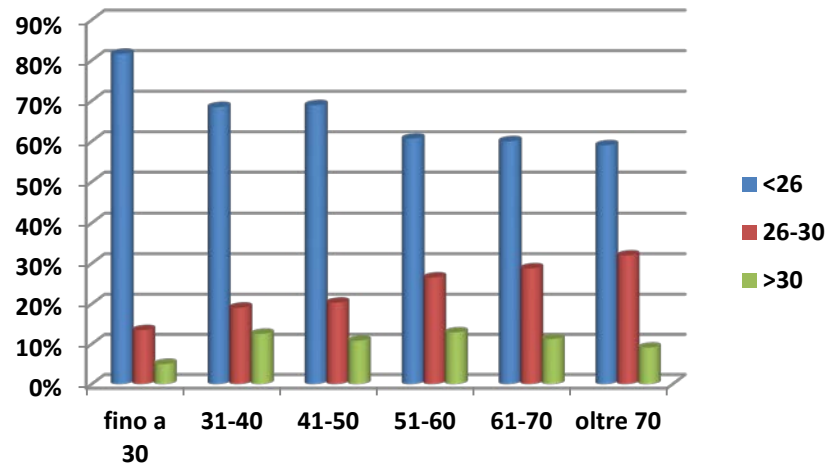
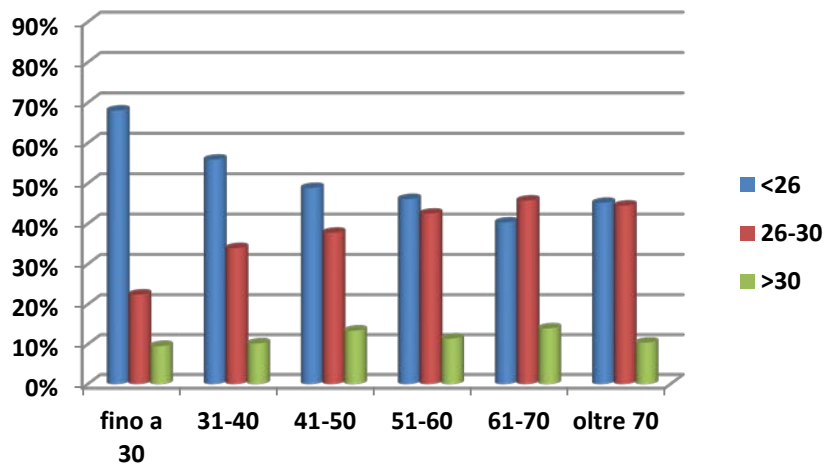
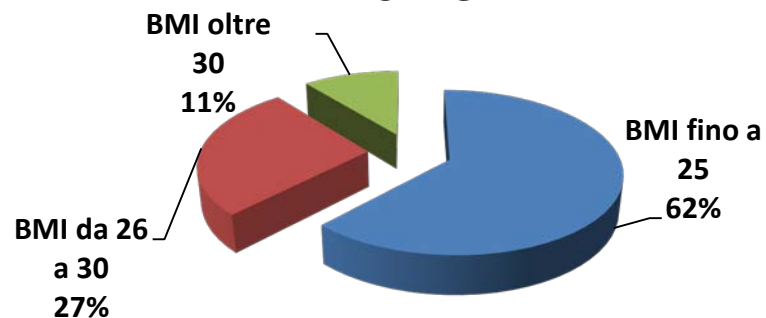


INDICE MASSA CORPOREA (BMI)

Uomini

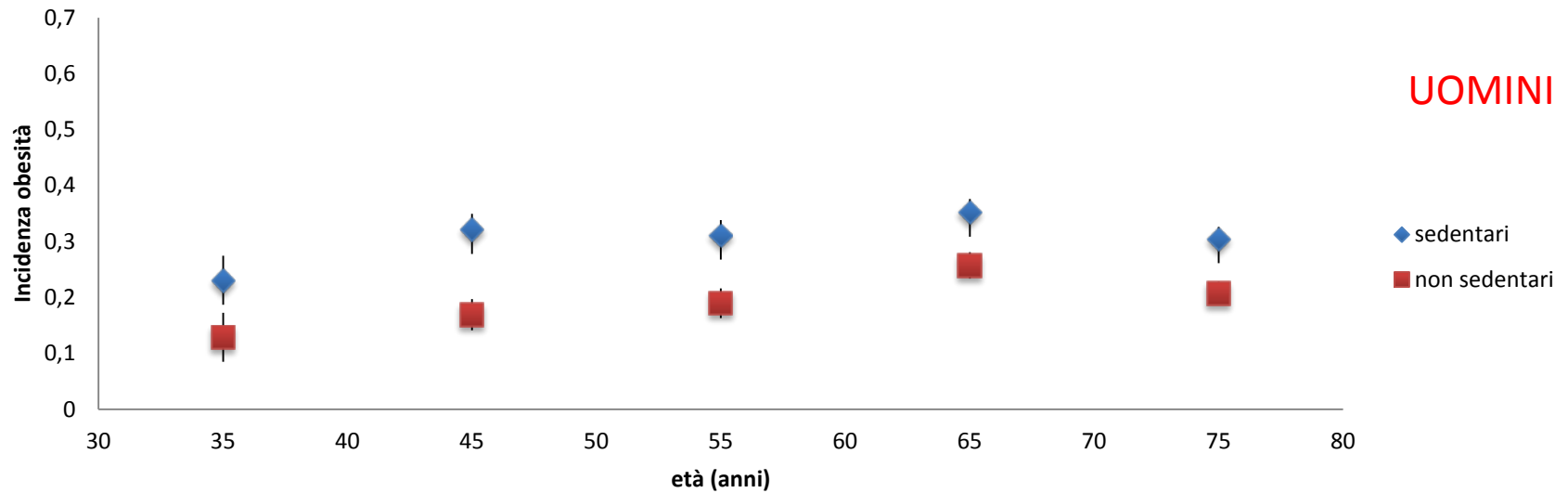


Donne



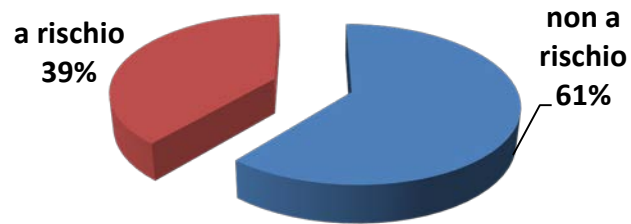
OBESITA'

sedentari vs non sedentari
($p < 0.0001$)

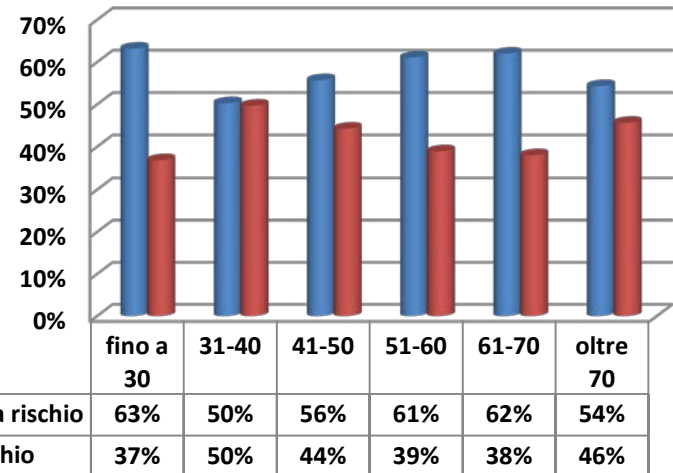
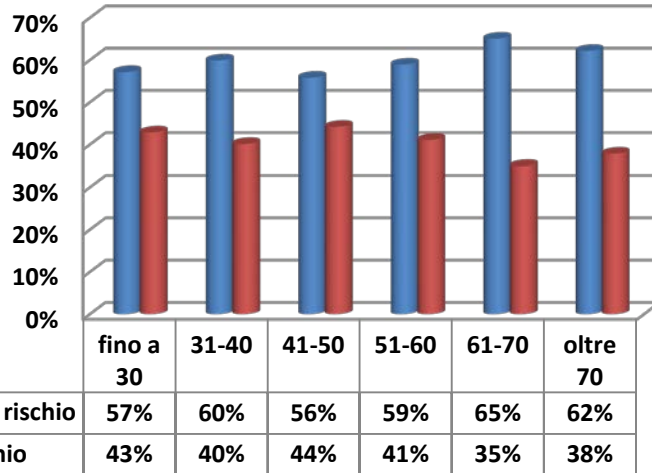
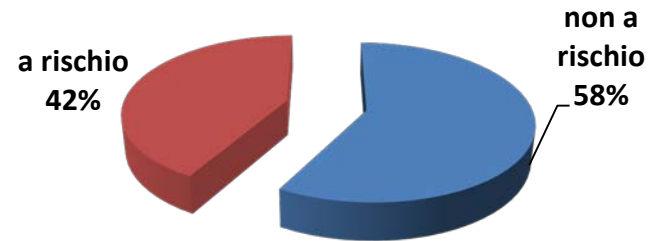


RISCHIO SEDENTARIETA'

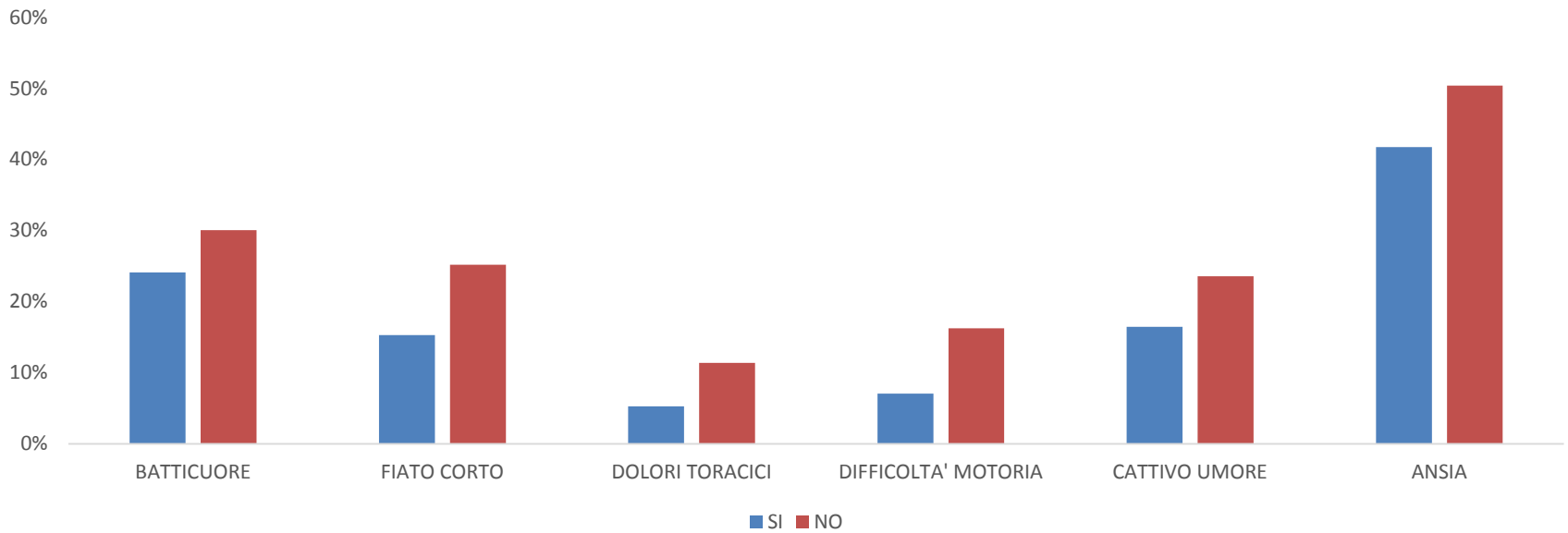
Uomini



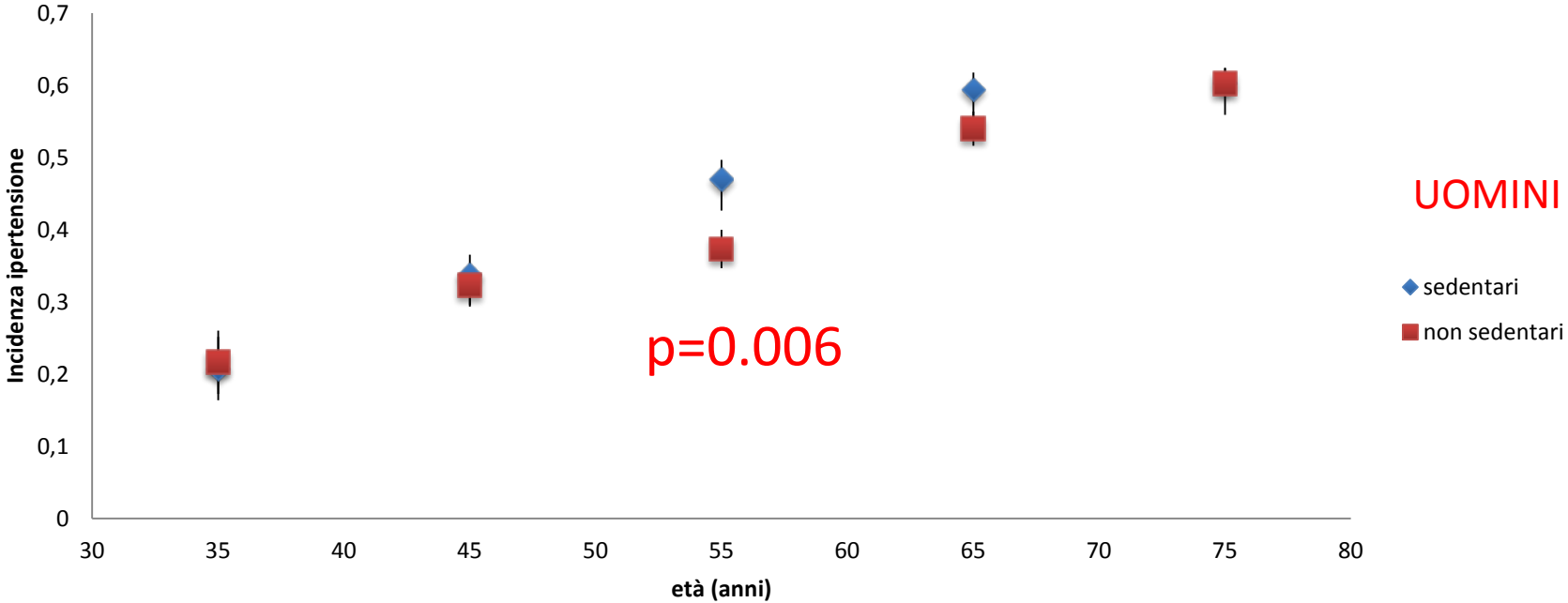
Donne



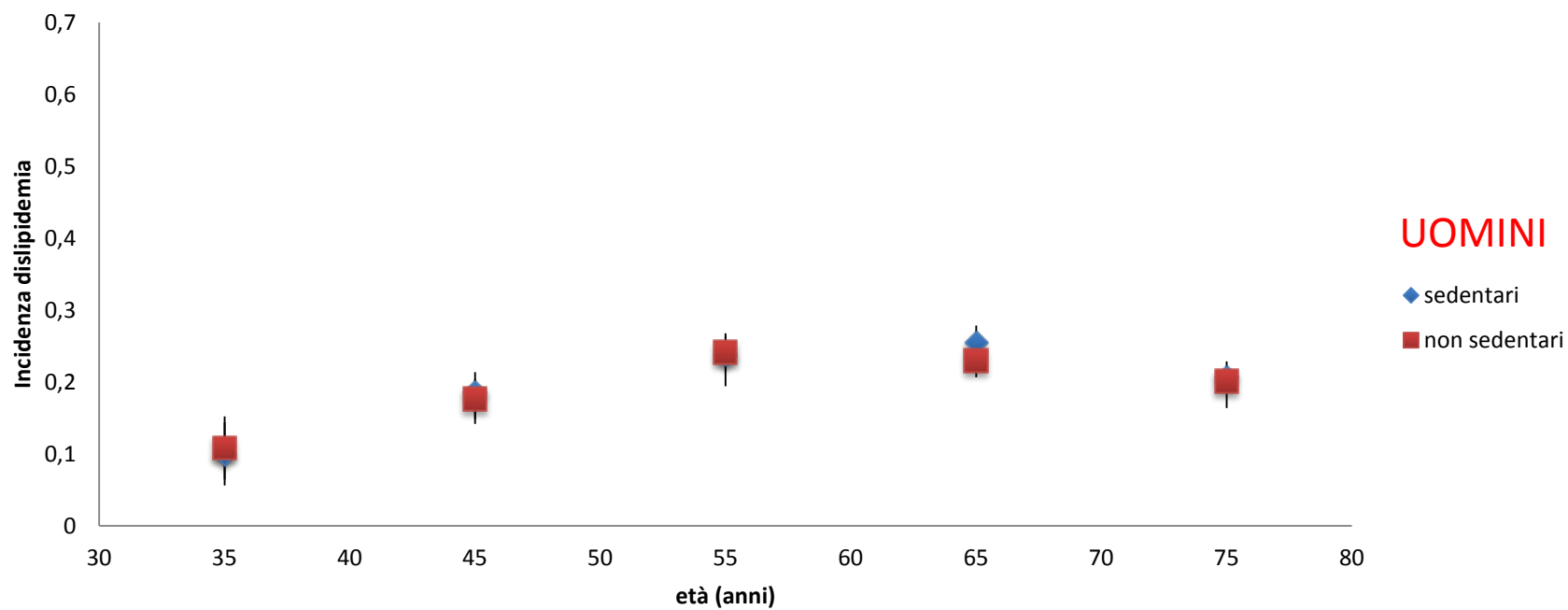
ATTIVITA' FISICA REGOLARE e SINTOMI Donne \geq 65 anni



Ipertensione Arteriosa sedentari vs non sedentari

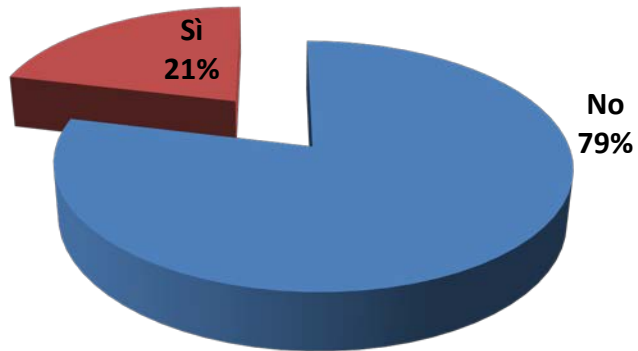


Dislipidemia sedentari vs non sedentari

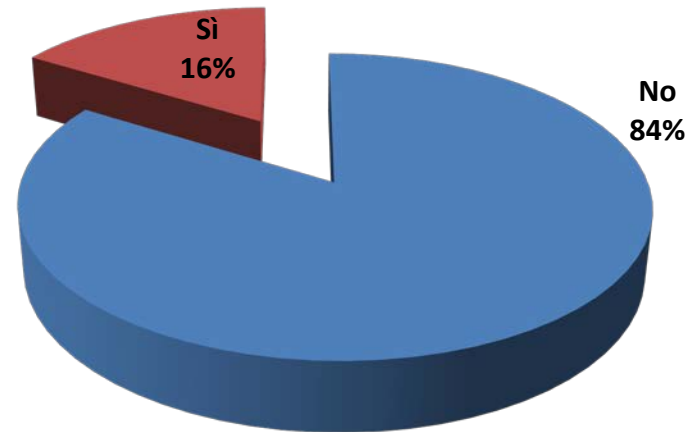


FUMATORI

Uomini

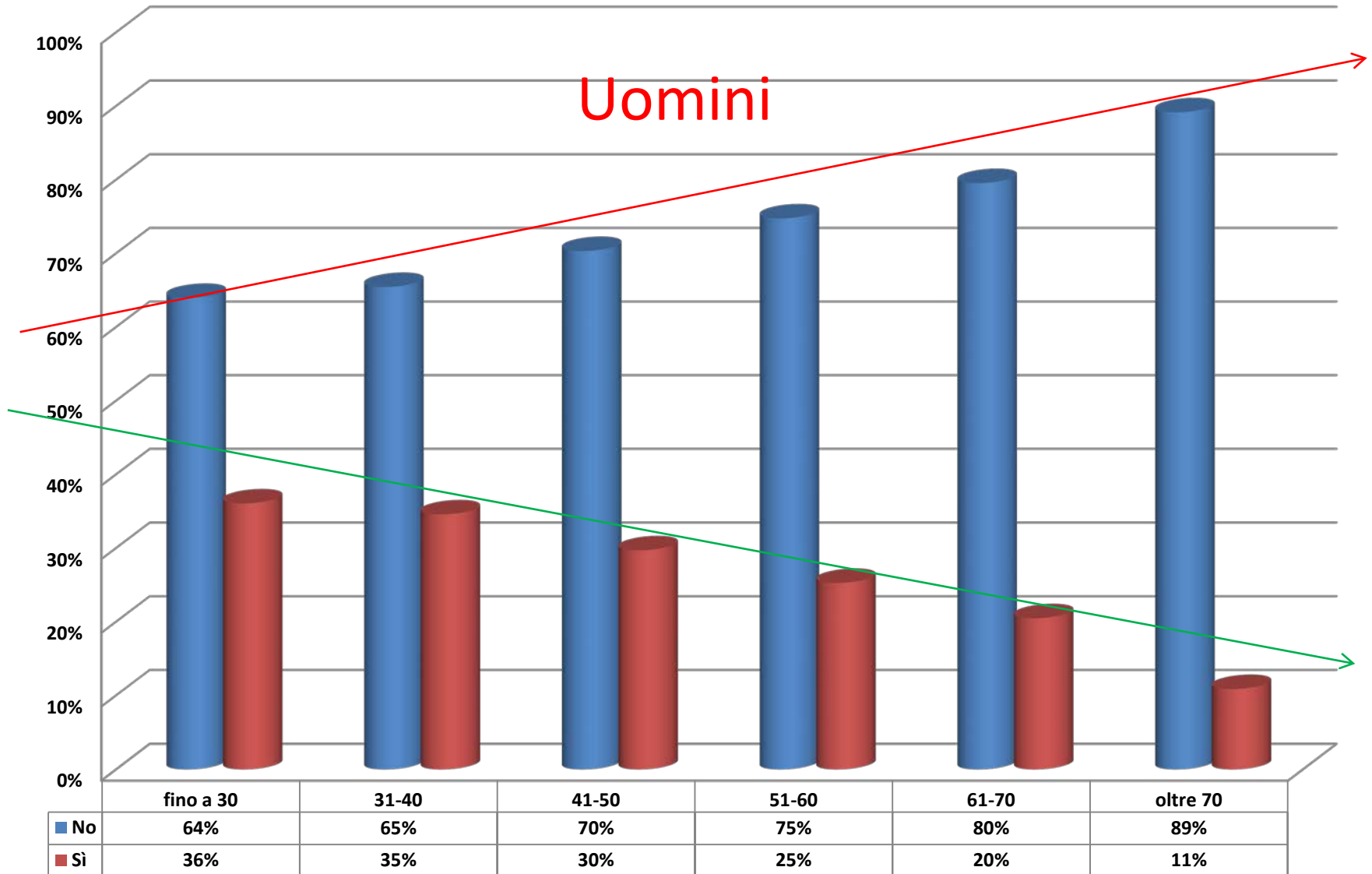


Donne



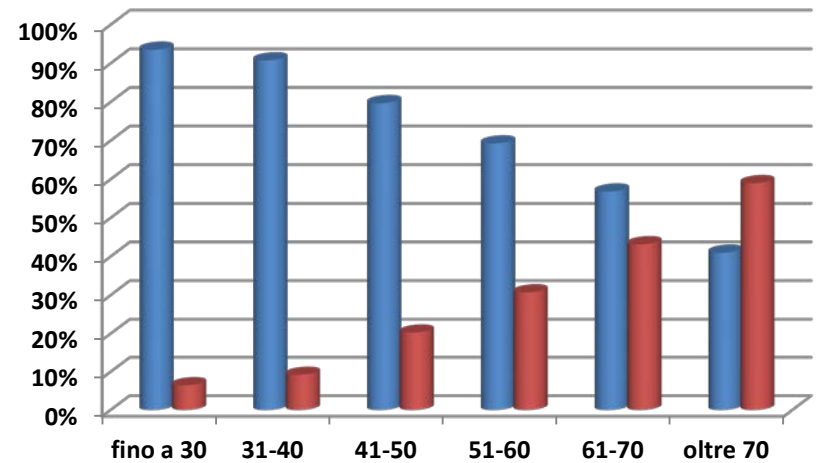
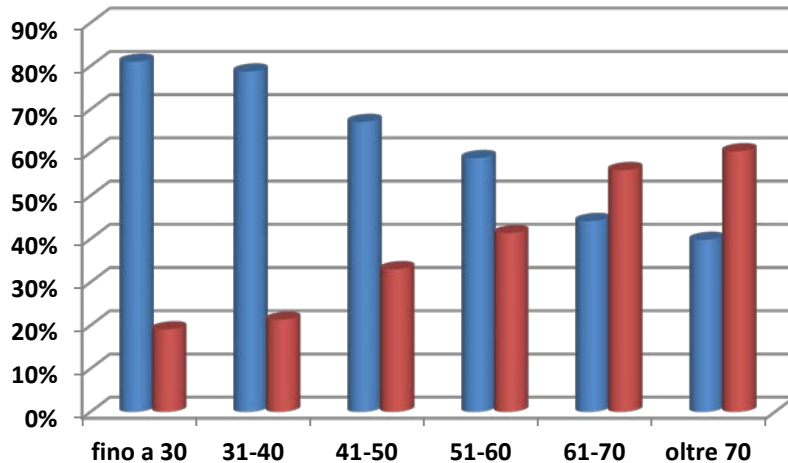
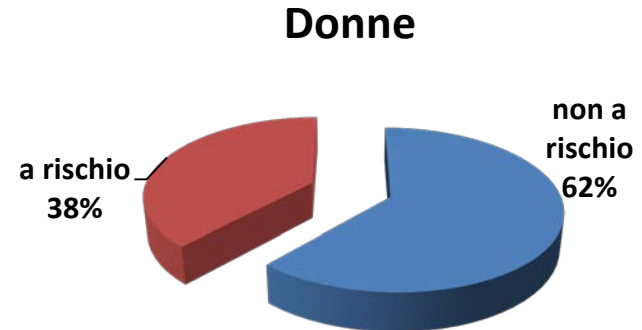
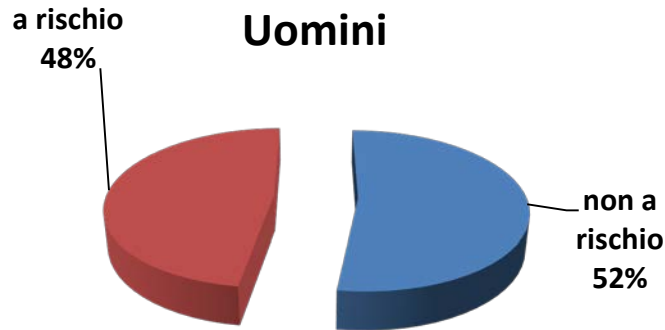
FUMATORI in PIEMONTE

Uomini

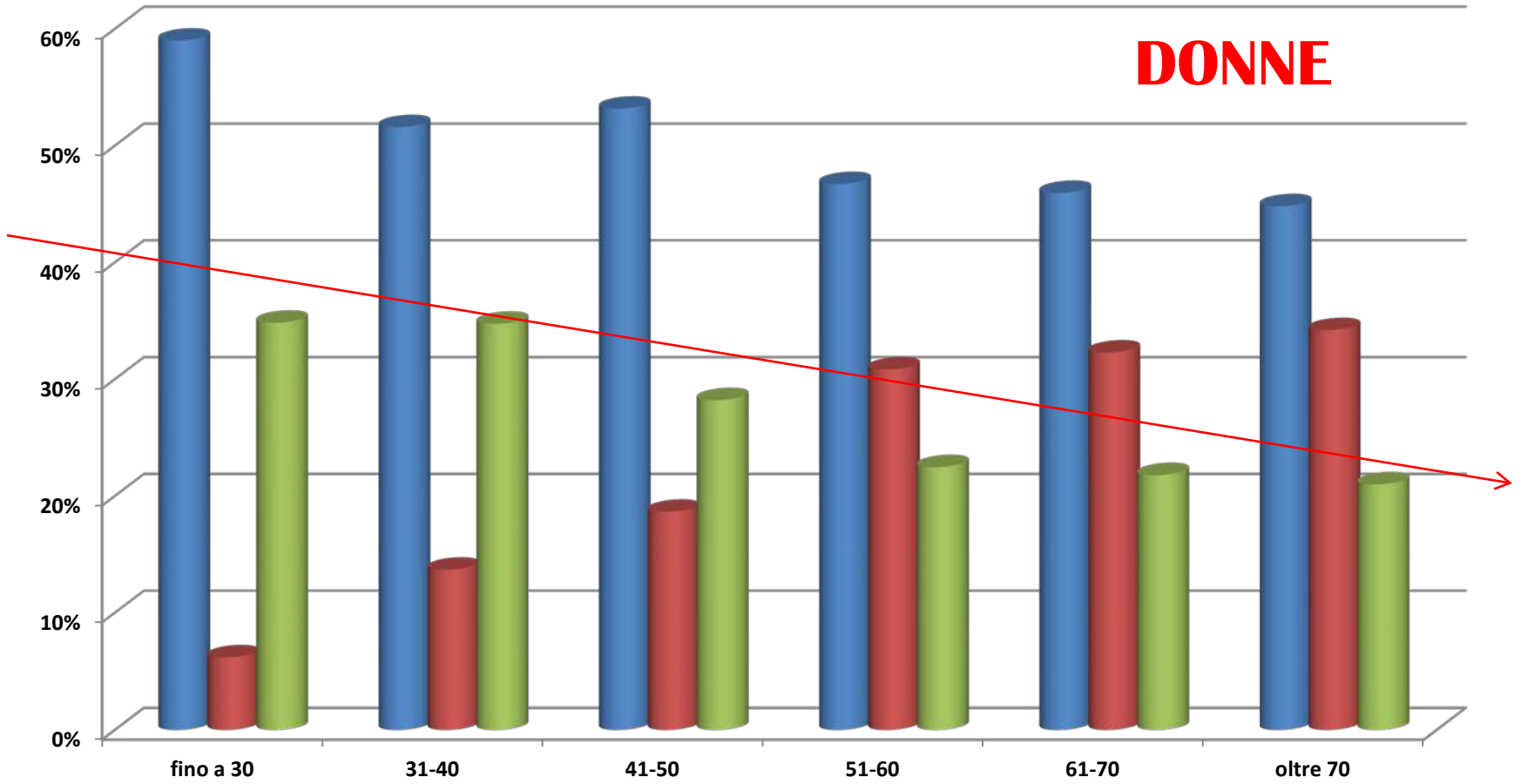


Rischio Pressione Arteriosa

(minima > 90 e/o massima > 140)

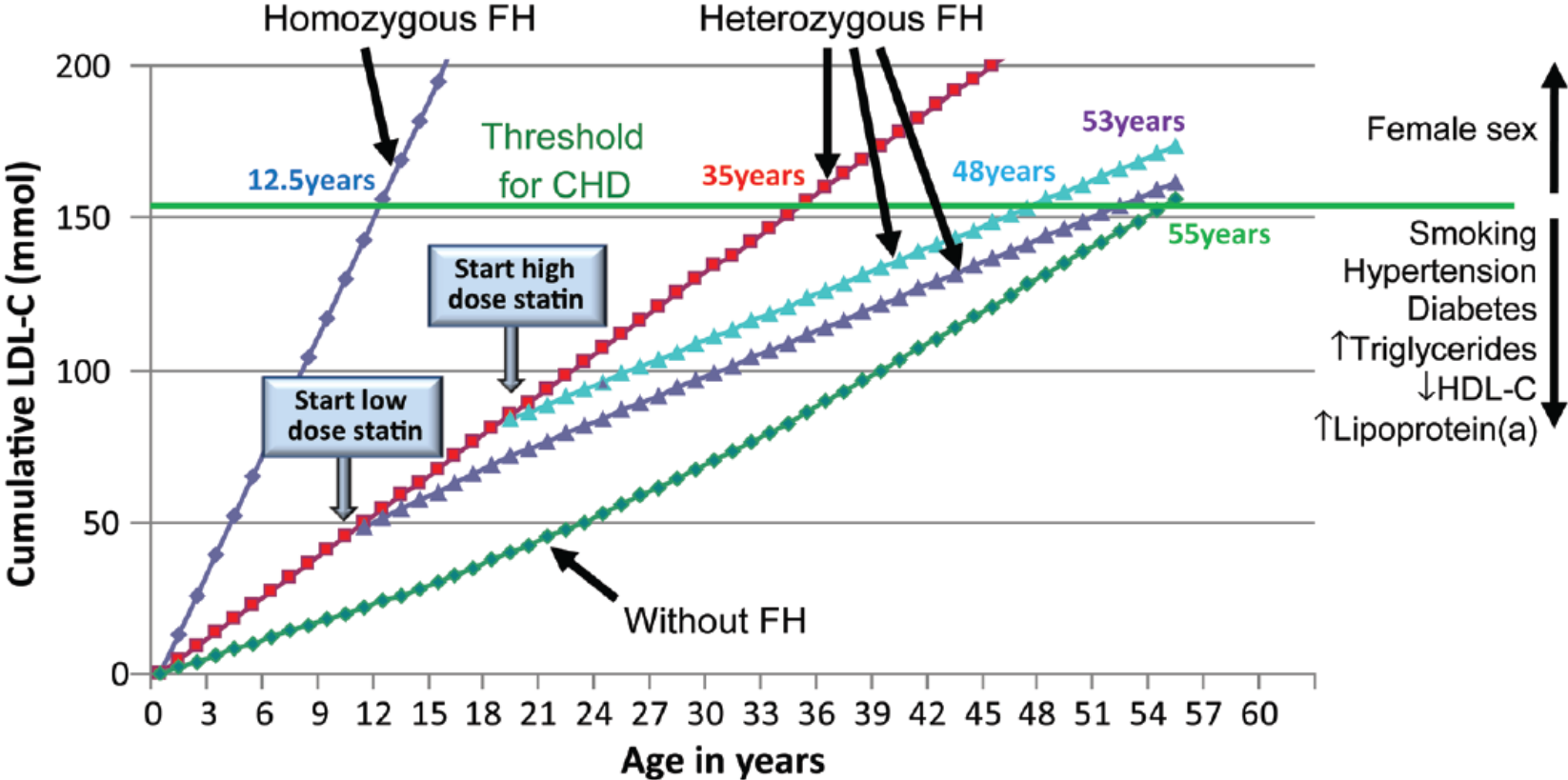


RISCHIO "NON CONOSCIUTO"



The risk effect of LDL-C is cumulative over time

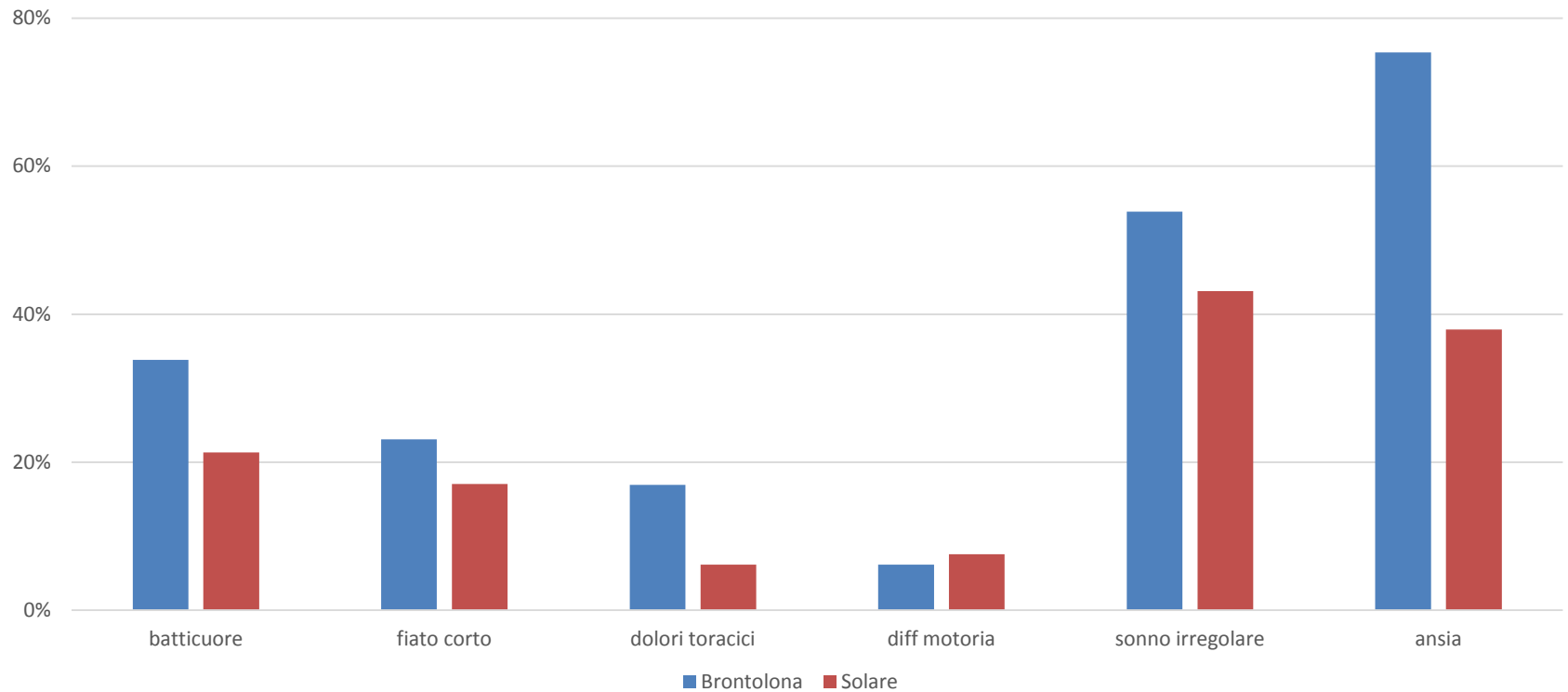
Cumulative LDL-C burden in individuals with or without FH as a function of their age at initiation of statin therapy



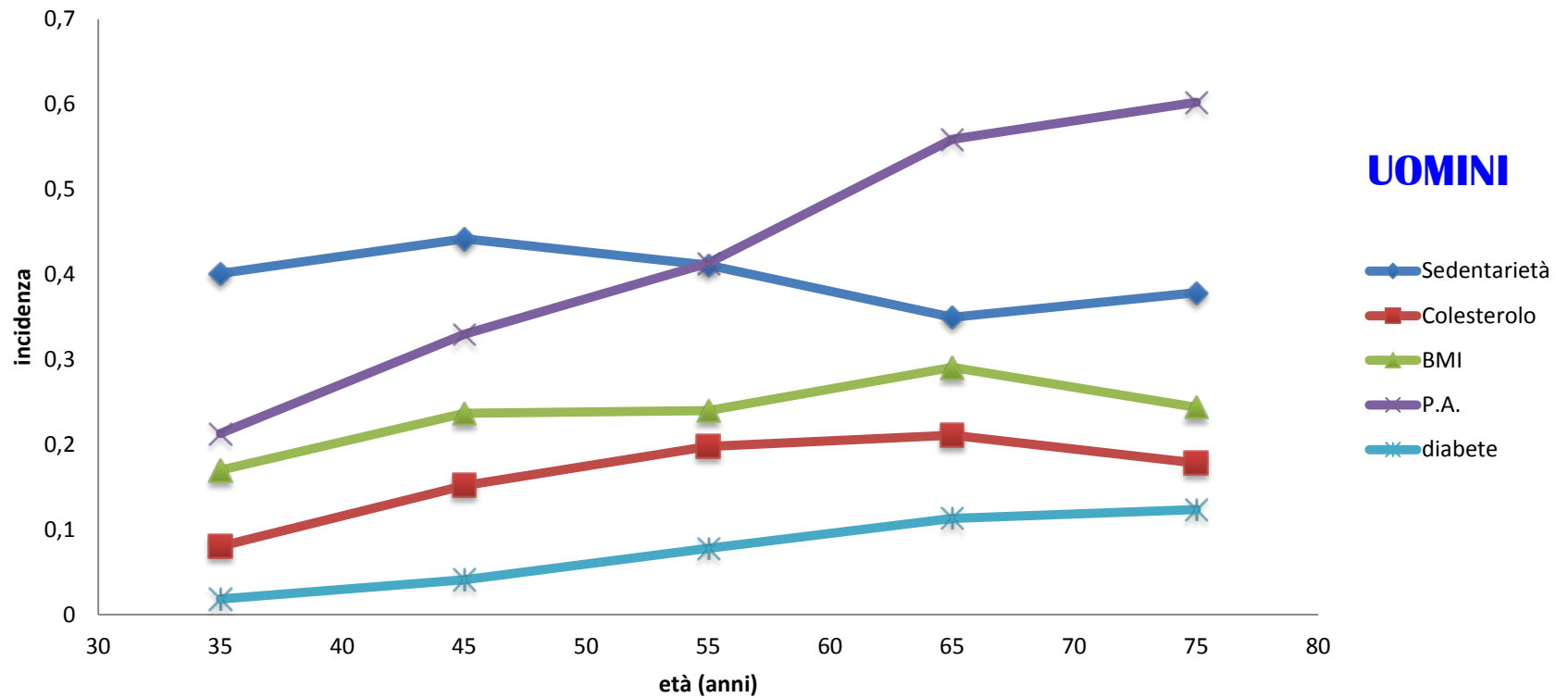
This figure uses modelled data.
 CHD, coronary heart disease; CV, cardiovascular; FH, familial hypercholesterolemia; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol.
 Nordestgaard BG, et al. Eur Heart J 2013;34:3478–90.

“UMORE CATTIVO” e SINTOMI

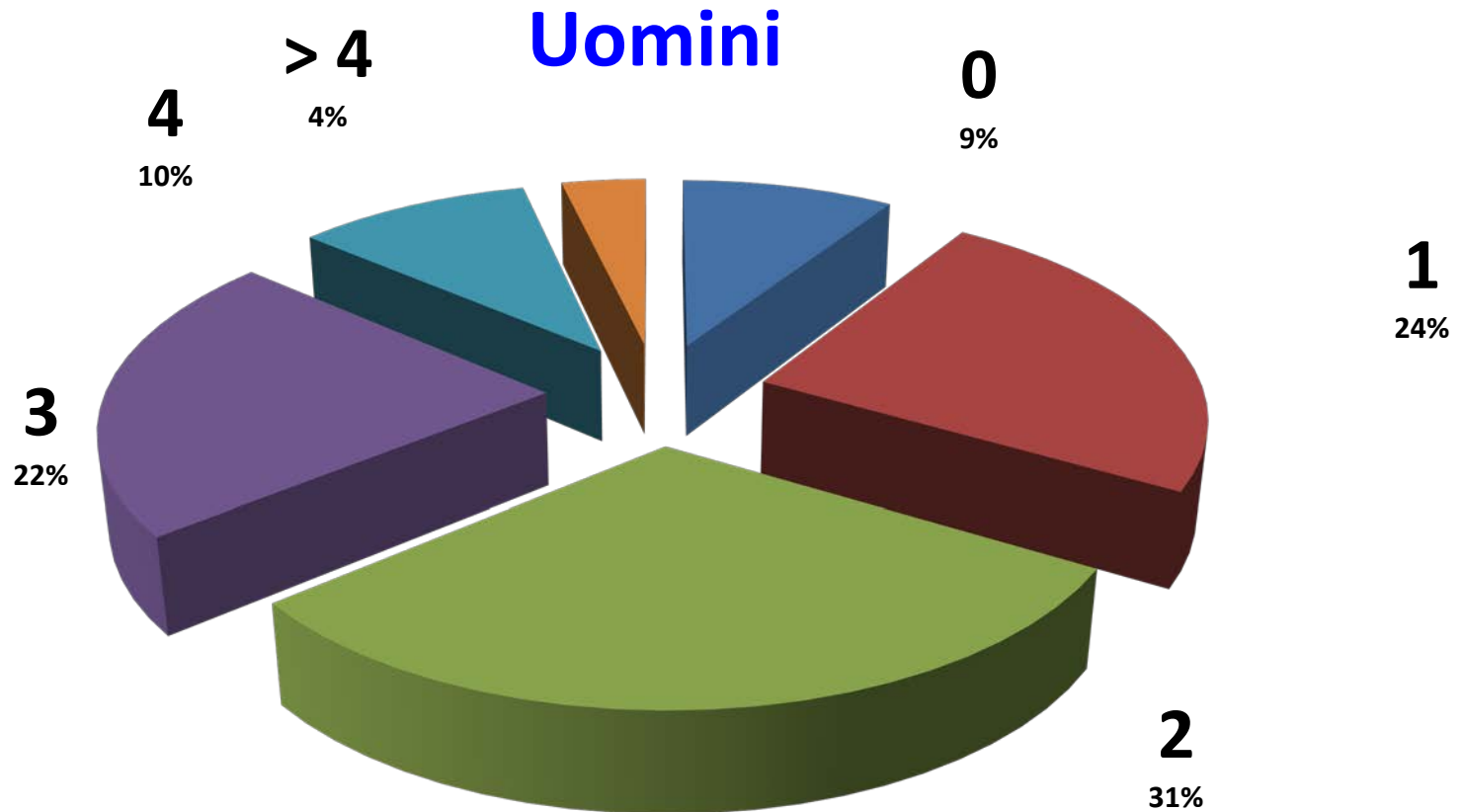
Donne <65 years



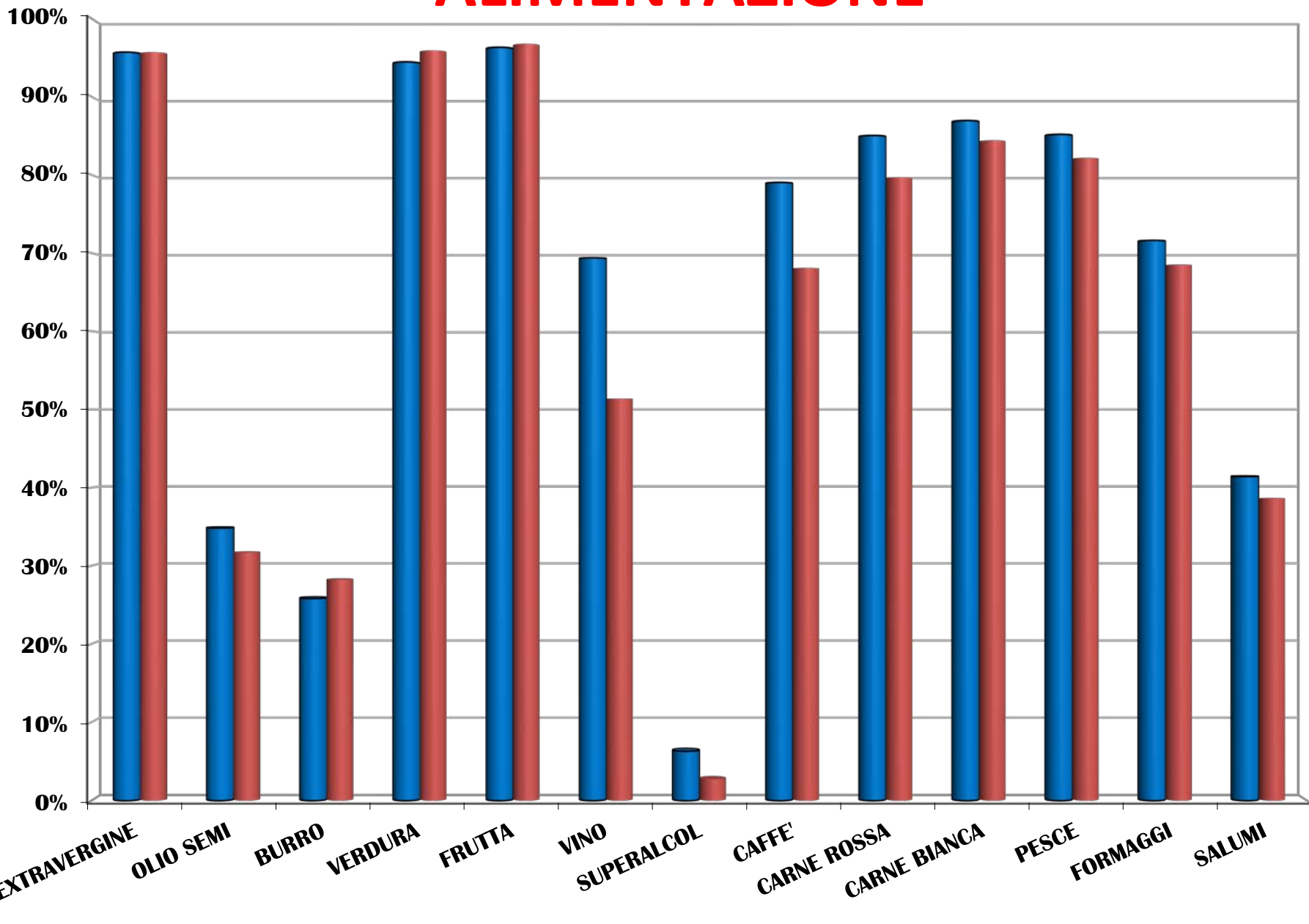
Fattori di Rischio vs Età



DISTRIBUZIONE NUMERO FATTORI DI RISCHIO



ALIMENTAZIONE

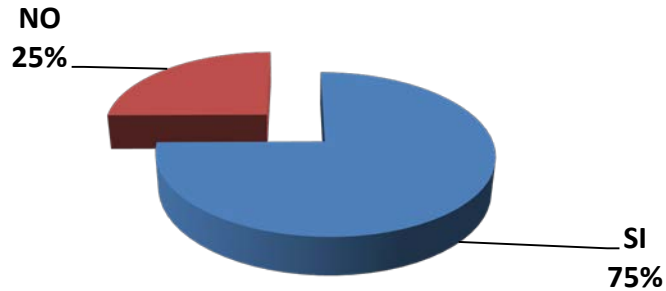




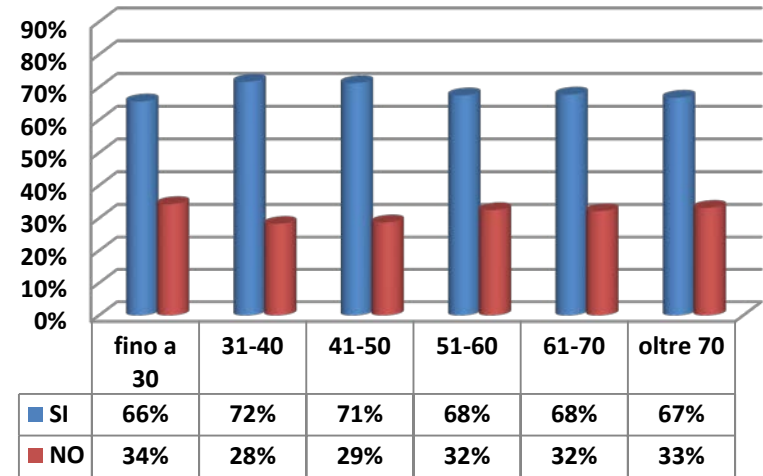
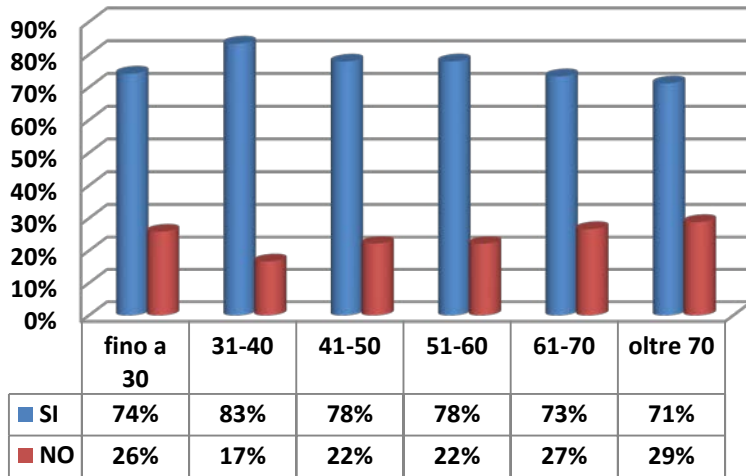
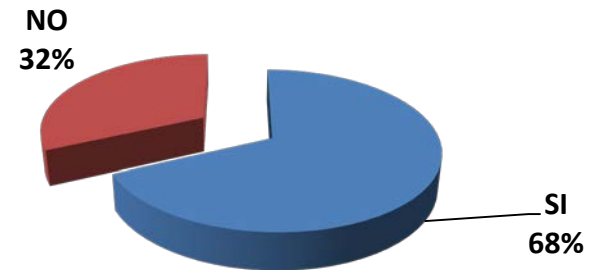
CAFFÈ

Consumo di Caffè

Uomini

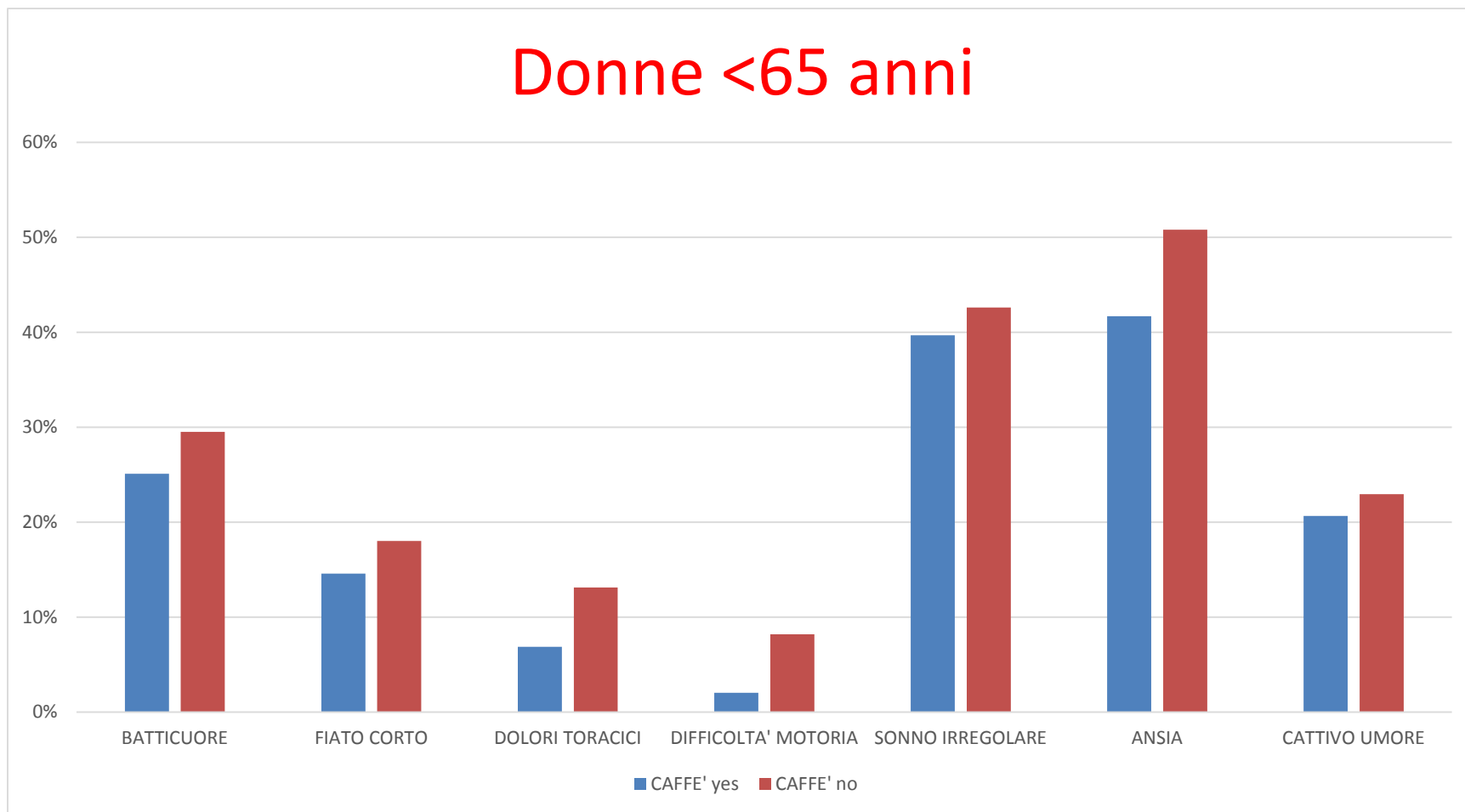


Donne



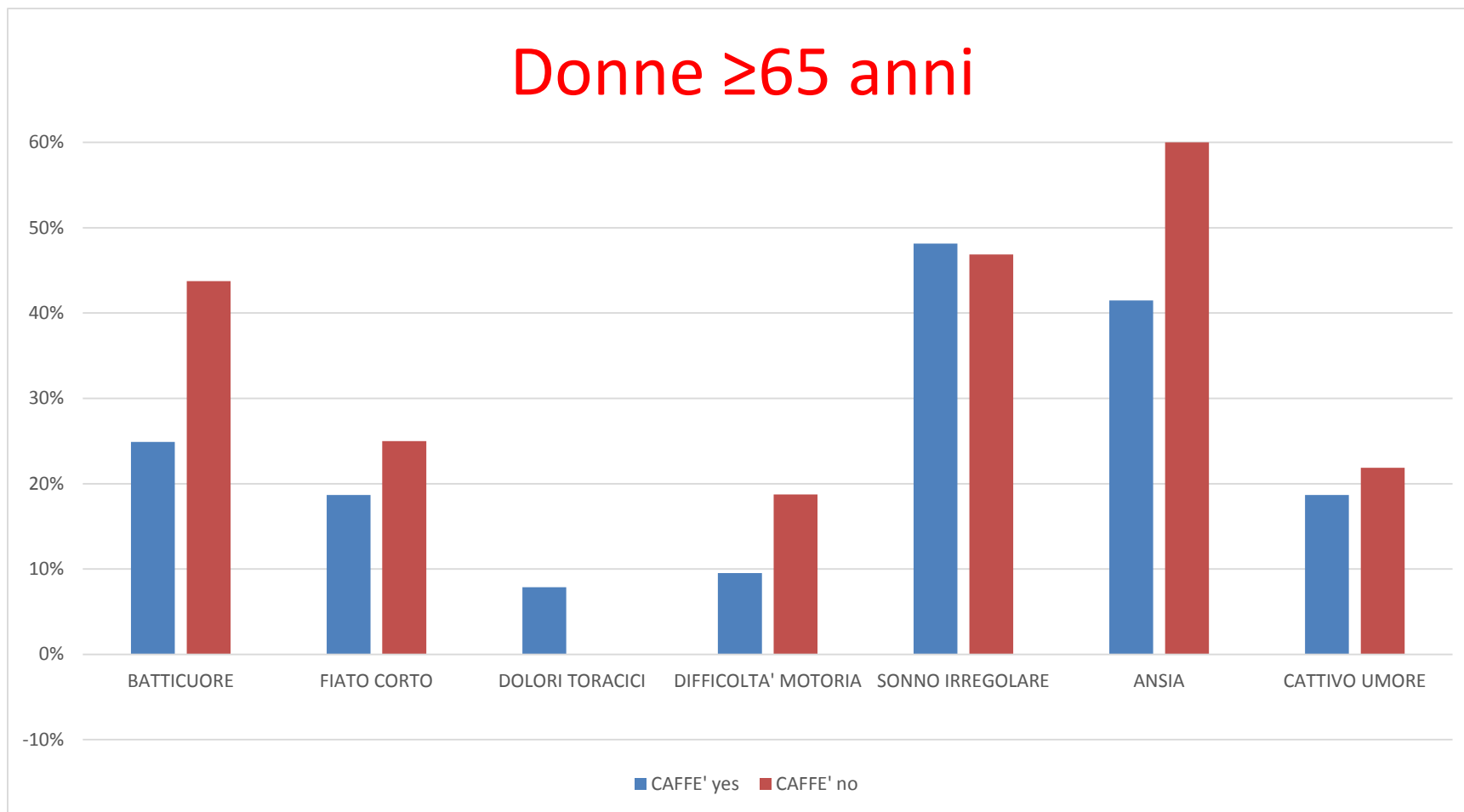
Caffe' e Sintomi

Donne <65 anni

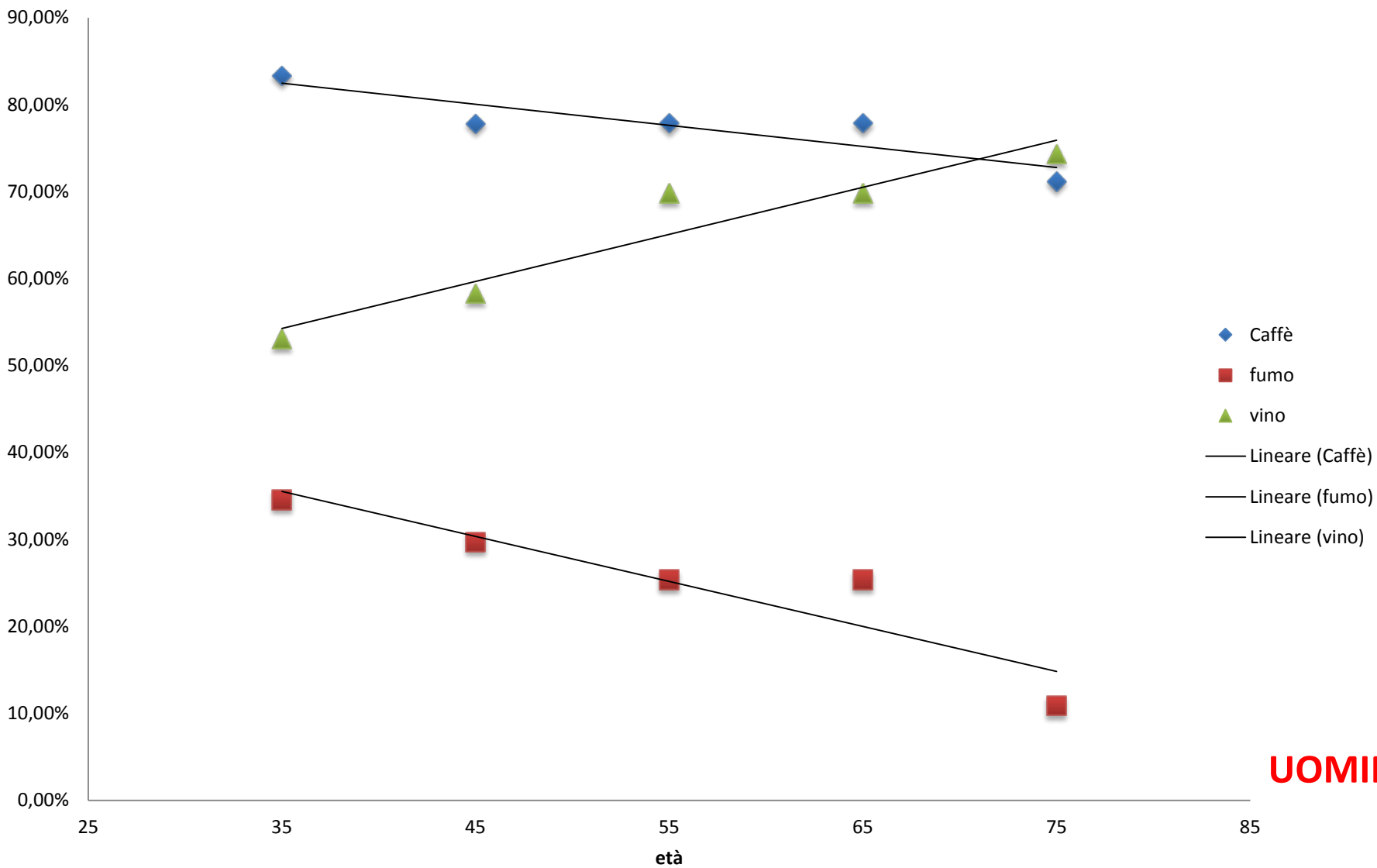


Caffè e Sintomi

Donne ≥ 65 anni



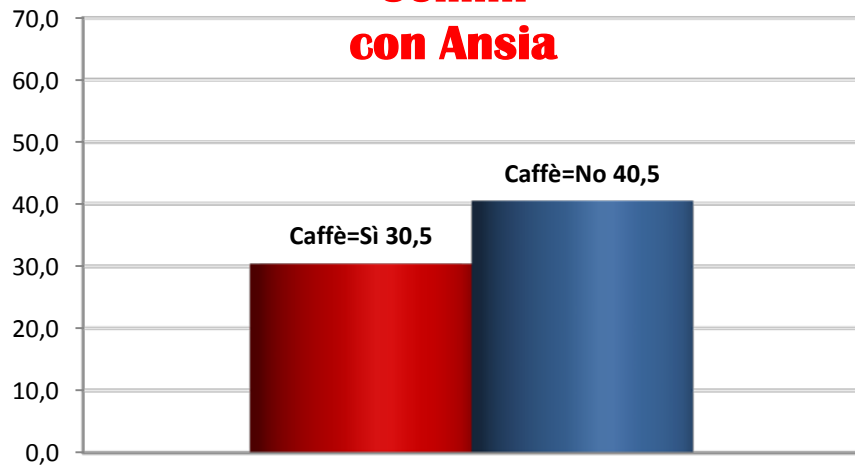
Impatto età: caffè, fumo, vino (correlazione significativa)



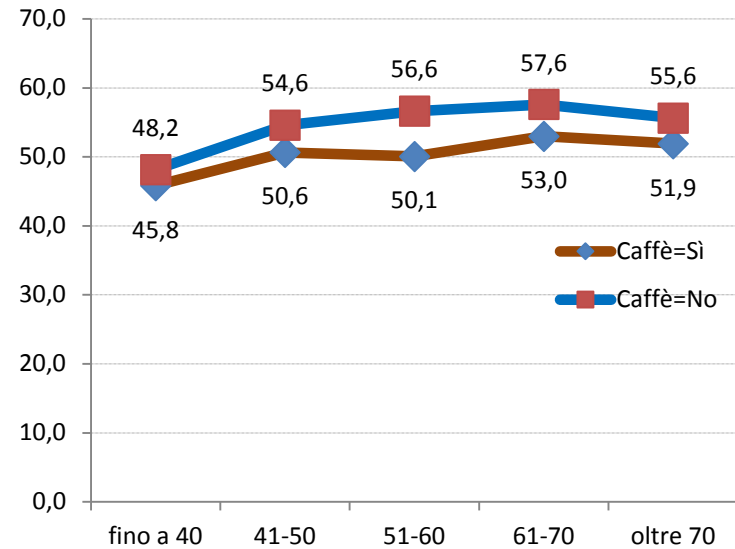
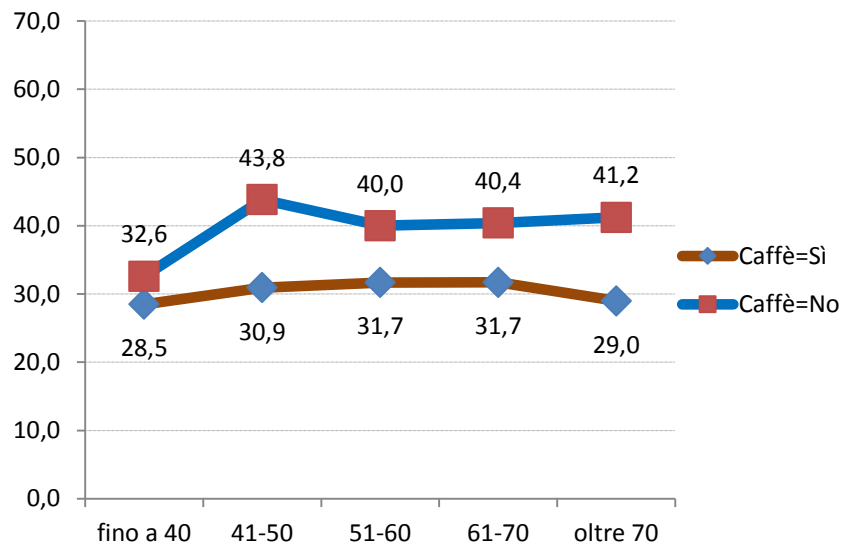
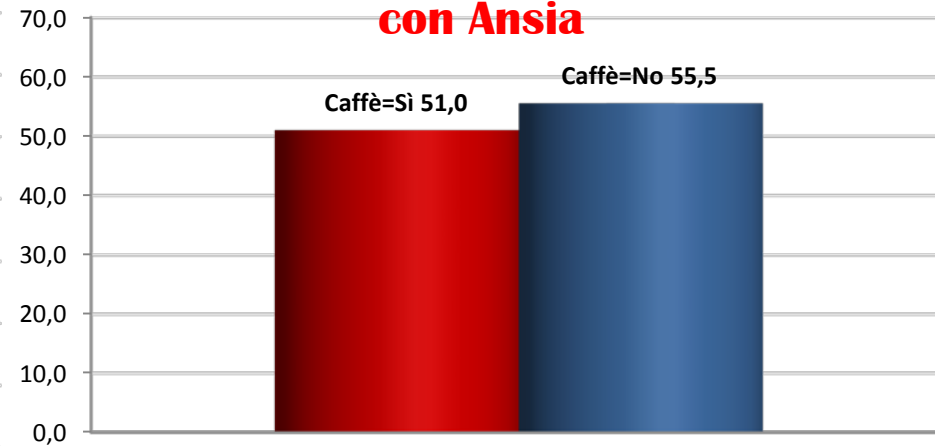
UOMINI

Consumo di caffè e Ansia

Uomini con Ansia

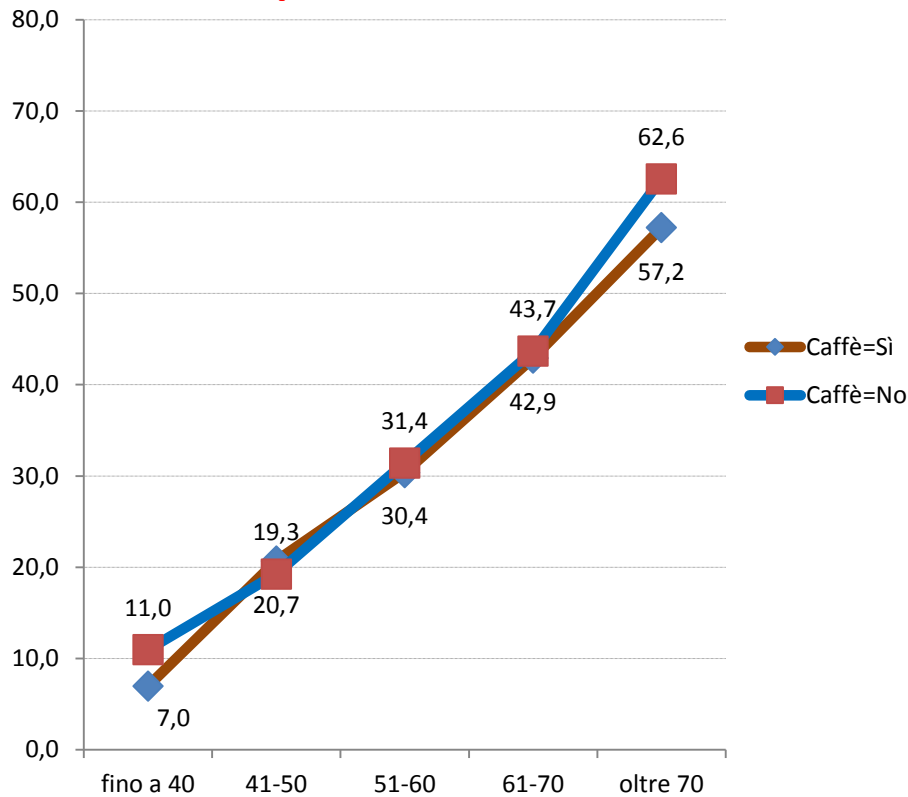


Donne con Ansia

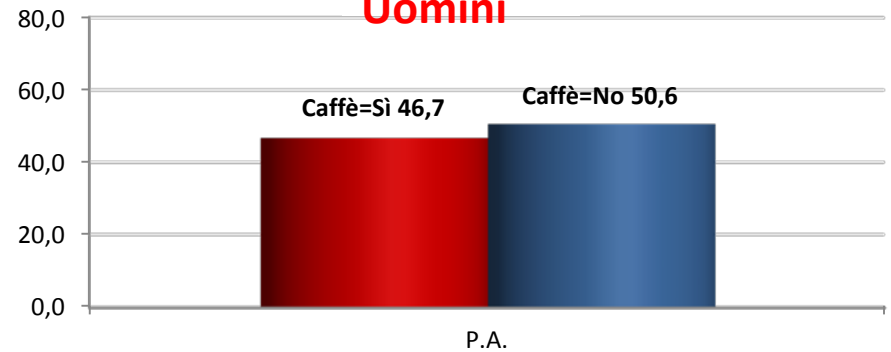


Consumo di Caffè' e Ipertensione Arteriosa

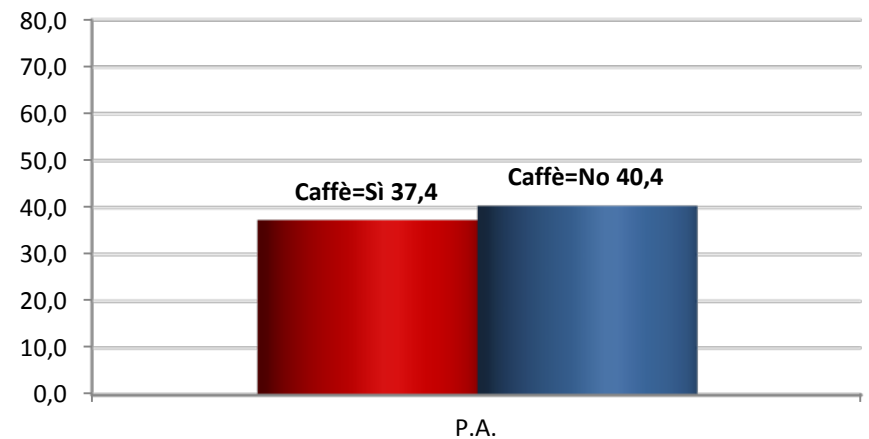
TUTTA la POPOLAZIONE con Ipertensione Arteriosa



Uomini



Donne



**GRAZIE PER
L'ATTENZIONE**



DE QUO ILLVS ET INESIT LUMILEXIODILI TRAVIVS

GALIENVS

IPEDAS



MVNDIPRE
SENTIS SE
ES MANT
XLEMENTIS



EXHIS FOR
NANTROVE
NTI QV
IV QVIBREAN



ATYV SVAGNIS DAN I DOGM

WHO MONICA Project

Monitored

10 year CHD trends from mid 1980s - mid 1990s
across 37 populations in 21 countries

166,000 events registered during 371 population-years

10 year Fall in CHD mortality rates: -
27%

Event rates -21% (3/4)

(incidence \cong risk factors)

Case fatality -6% (1/4)

(\cong treatments)

1985

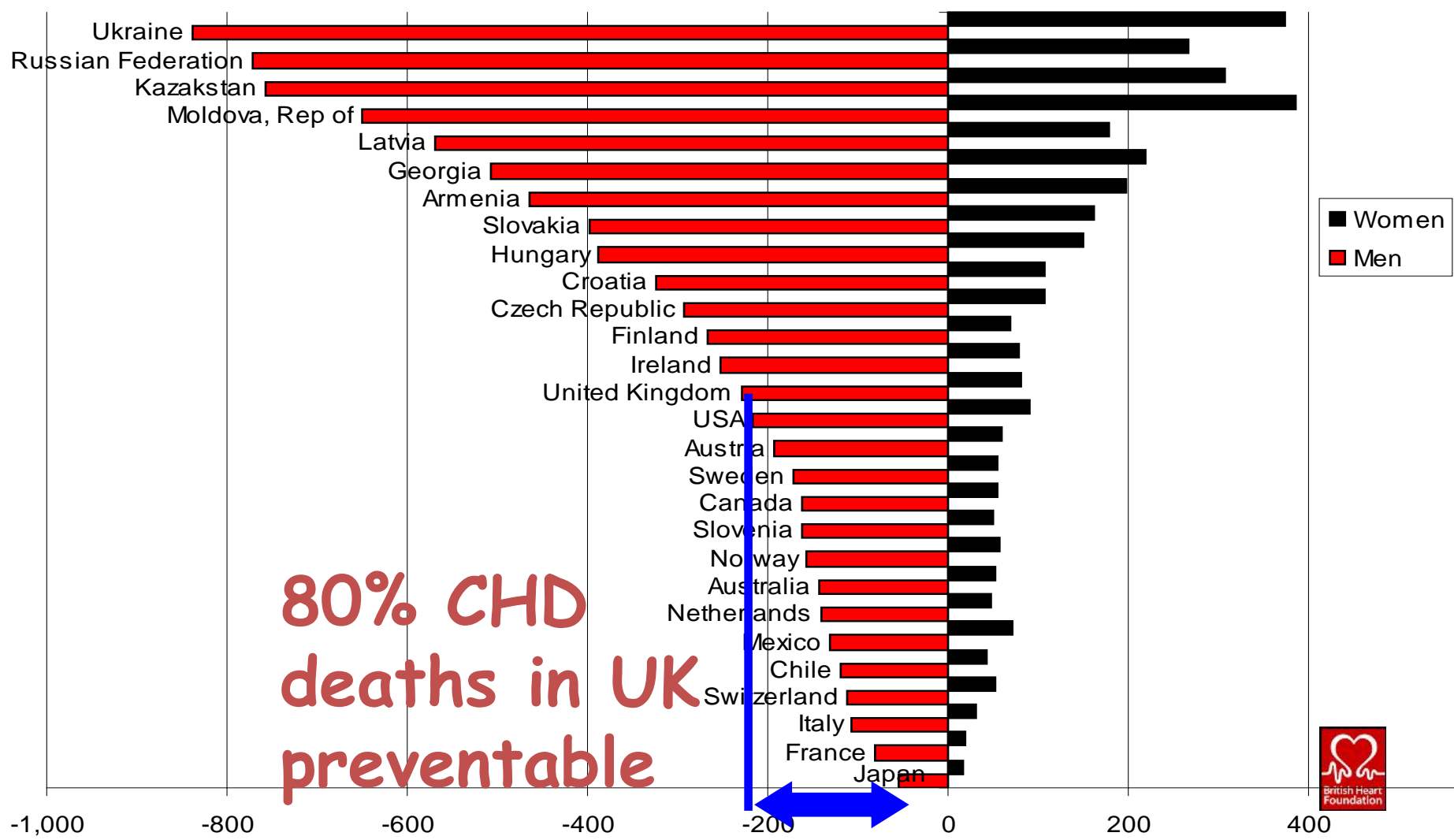
1995

Tunstall-Pedoe et al. Contribution of trends in survival & coronary-event rates to changes in CHD mortality

Lancet 1999 353 1547

International comparisons

CHD death rates in 2004, men & women aged 35-74



80% CHD deaths in UK preventable

Women
Men



LA PREVENZIONE

UN PROBLEMA INDIVIDUALE ?

UN PROBLEMA SOCIALE ?

Amici del **uore**

PIEMONTE ONLUS

Associazione di volontariato per la
prevenzione delle malattie cardiovascolari

La Prevenzione C.V. nel Mondo, in Italia ,in Piemonte

Sebastiano Marra Md,Fesc



Accademia di Medicina
di Torino

4 ottobre 2016



What is modelling?

...a simplification of reality !

CARDIOLUCCA 2017

DISCLOSURE INFORMATION

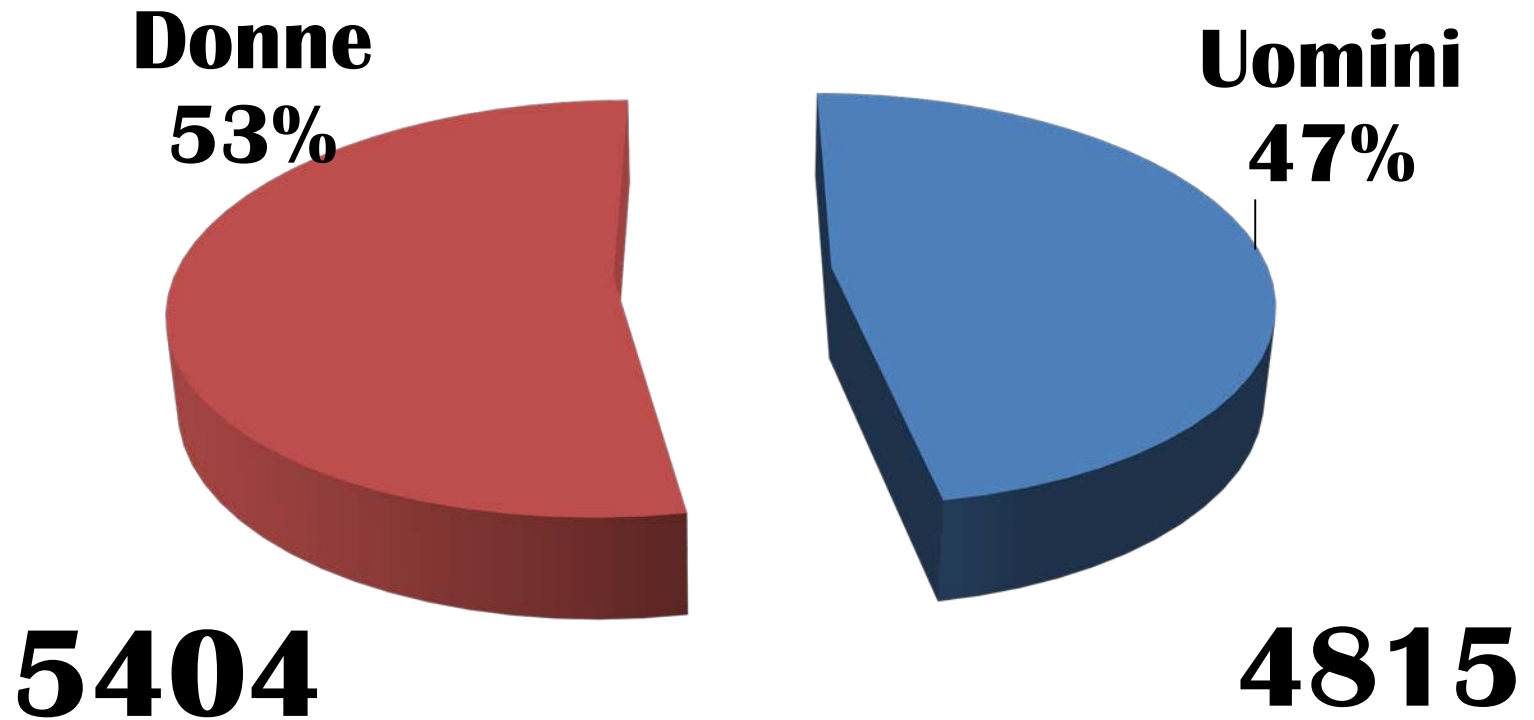
Sebastiano MARRA

negli ultimi due anni ho avuto i seguenti rapporti anche di finanziamento con soggetti portatori di interessi commerciali in campo sanitario:

Fee for Lectures:

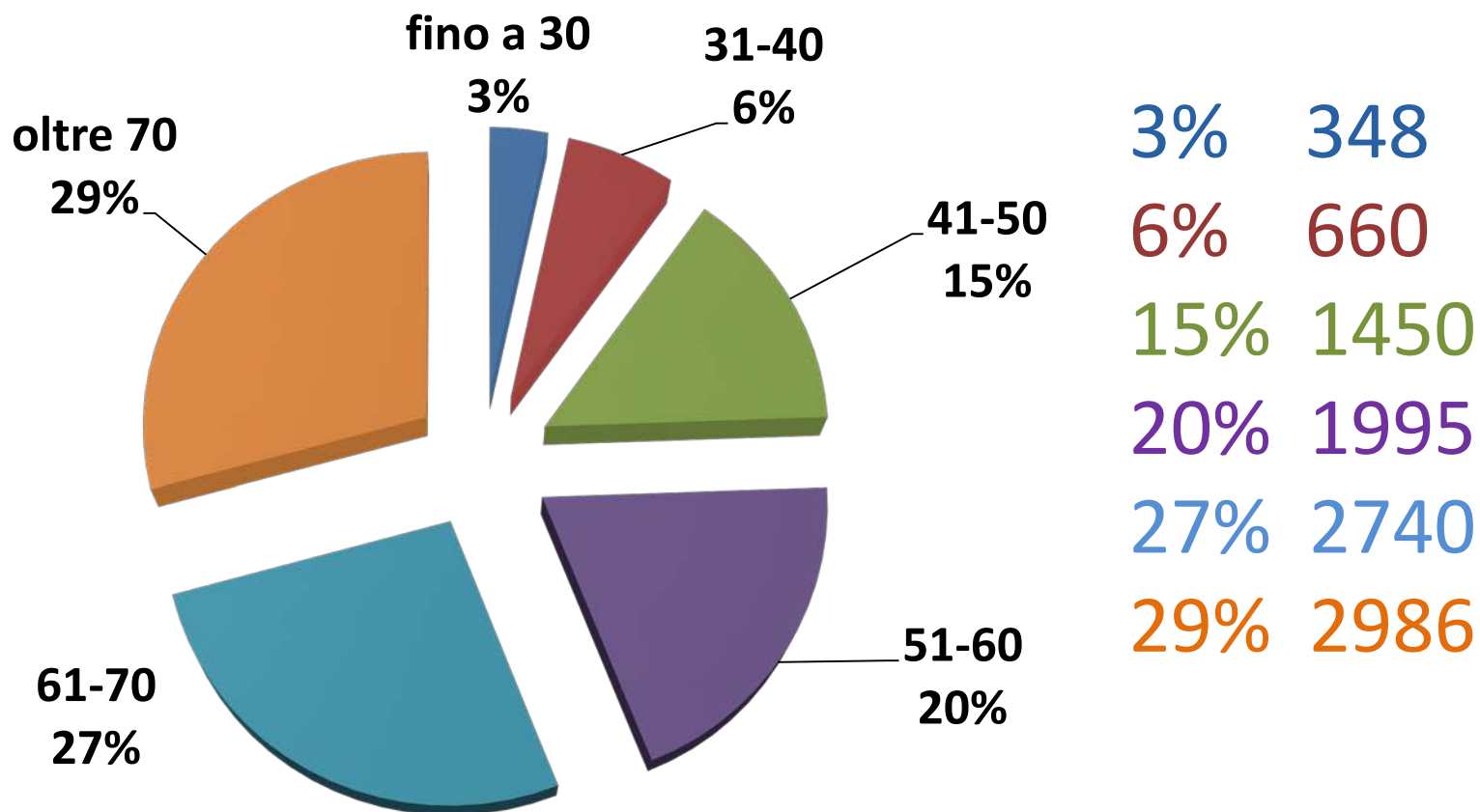
Pfizer, Sanofy, BMS, Boeringher,

Composizione Campione per Genere



POPOLAZIONE : 10219 cittadini

COMPOSIZIONE CAMPIONE PER ETA'



TORINO 28 Ottobre 2017

**PREVENZIONE DEL RISCHIO
CARDIOVASCOLARE :
RICERCA,
CULTURA,
ECONOMIA
E SOCIETA'**

SEBASTIANO MARRA , FESC

PRESIDENTE

ASSOCIAZIONE AMICI DEL CUORE PIEMONTE ONLUS

ADVANCES IN CARDIAC ARRHYTHMIAS *and* GREAT INNOVATIONS IN CARDIOLOGY

XXIX GIORNATE CARDIOLOGICHE TORINESI

Directors

Fiorenzo Gaita
Sebastiano Marra

Scientific Committee

Malcolm R. Bell, Usa
Martin Borggrefe, Germany
Leonardo Calò, Italy
Jean-François Leclercq, France
Amir Lerman, Usa
Dopen S. Rafi, Switzerland

Organization Committee

Matteo Anselmino, Italy
Carlo Budano, Italy
Davide Castagna, Italy



TURIN
27-28
OCTOBER
2017

Centro Congressi
Unione Industriale
di Torino

SCHEDA DELLA SALUTEA cura degli Amici del Cuore Piemonte onlus - Tel. 011 6335564 - Cell. 346 1314392 - amicidelcuore-to@hotmail.it**DATI ANAGRAFICI**

COGNOME	NOME	TEL.	<input type="checkbox"/> CITTAD. ITALIANA <input type="checkbox"/> CITTAD. STRANIERA
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RILEVAZIONE DI BASE

ETA'	SESSO	PESO	ALTEZZA	CIRCONFERENZA	BMI
PRESSIONE ARTERIOSA		FREQUENZA CARDIACA		PREGRESSA STORIA CARDIACA	<input type="checkbox"/> NO <input type="checkbox"/> SI

CONDIZIONE FISICA

SINTOMI:	<input type="checkbox"/> NESSUNO	<input type="checkbox"/> FIATO CORTO	<input type="checkbox"/> DIFFICOLTA' MOTORIA	<input type="checkbox"/> ANSIA
	<input type="checkbox"/> BATTICUORE	<input type="checkbox"/> DOLORI TORACICI	<input type="checkbox"/> SONNO IRREGOLARE	<input type="checkbox"/> CATTIVO UMORE

STORIA CARDIOLOGICA (ULTIMI 2 ANNI)

ECG	<input type="checkbox"/> NO <input type="checkbox"/> SI _____	<input type="checkbox"/> RICOVERI/INTERVENTI _____
TERAPIA IN CORSO:	NOTE _____	

FATTORI DI RISCHIO PERSONALI

COLESTEROLO VAL. _____	GLICEMIA VAL. _____	TRIGLICERIDI VAL. _____
<input type="checkbox"/> NON NOTO	<input type="checkbox"/> NON NOTO	<input type="checkbox"/> NON NOTO
FUMO: <input type="checkbox"/> NO <input type="checkbox"/> SI N. _____	EX FUMATORI: ETA' INIZIO _____	ETA' CESSAZIONE _____

FATTORI DI RISCHIO FAMILIARI

<input type="checkbox"/> NON CONOSCIUTI	<input type="checkbox"/> INFARTO _____	<input type="checkbox"/> IPERTENSIONE _____
	<input type="checkbox"/> ICTUS _____	<input type="checkbox"/> DIABETE _____

ALIMENTAZIONE

CONDIMENTO:	OLIO DI OLIVA <input type="checkbox"/> NO <input type="checkbox"/> SI	OLIO DI SEMI <input type="checkbox"/> NO <input type="checkbox"/> SI	BURRO <input type="checkbox"/> NO <input type="checkbox"/> SI
CONSUMO GIORNALIERO DI:	VERDURA: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> TANTO <input type="checkbox"/> POCO		
	FRUTTA: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> TANTO <input type="checkbox"/> POCO		
	VINO: <input type="checkbox"/> NO <input type="checkbox"/> SI (BICCHIERI) <input type="checkbox"/> 1 <input type="checkbox"/> PIU' DI 1		
	BIRRA <input type="checkbox"/> NO <input type="checkbox"/> SI SUPER. ALCOLICI <input type="checkbox"/> NO <input type="checkbox"/> SI		
	CAFFÈ: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> NORMALE <input type="checkbox"/> DECAFFEINATO		
	TAZZINE AL GIORNO: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> ≥ 5		
	TIPOLOGIA DI PREPARAZIONE: <input type="checkbox"/> MOKA <input type="checkbox"/> CIALDA <input type="checkbox"/> ESPRESSO <input type="checkbox"/> ALTRO (SPECIFICARE) _____		
	CON AGGIUNTA DI: <input type="checkbox"/> NIENTE <input type="checkbox"/> ZUCCHERO <input type="checkbox"/> DOLCIFICANTI <input type="checkbox"/> ALTRO (SPECIFICARE) _____		
	TE' <input type="checkbox"/> NO <input type="checkbox"/> SI INFUSI, TISANE <input type="checkbox"/> NO <input type="checkbox"/> SI TAZZE <input type="checkbox"/> 1 <input type="checkbox"/> PIU' DI 1		
	ZUCCHERO <input type="checkbox"/> NO <input type="checkbox"/> SI MIELE <input type="checkbox"/> NO <input type="checkbox"/> SI		
CONSUMO SETTIMANALE DI:	CARNE: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> ROSSA PASTI N. _____		
	PESCE: <input type="checkbox"/> NO <input type="checkbox"/> SI PASTI N. _____		
	FORMAGGI: <input type="checkbox"/> NO <input type="checkbox"/> SI		
	SALUMI: <input type="checkbox"/> NO <input type="checkbox"/> SI		

ATTIVITÀ FISICA**TIPO DI ATTIVITÀ**

<input type="checkbox"/> NO	<input type="checkbox"/> SALTUARIA	<input type="checkbox"/> REGOLARE	<input type="checkbox"/> CAMMINATA	<input type="checkbox"/> BICICLETTA	<input type="checkbox"/> PALESTRA	<input type="checkbox"/> NUOTO	<input type="checkbox"/> GIARDINAGGIO
-----------------------------	------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	-----------------------------------	--------------------------------	---------------------------------------

SUGGERIMENTI DA CONSEGNARE AL MEDICO DI BASE PER UN APPROFONDIMENTO DI QUANTO E' EMERSO NEL CORSO DELLA VISITA:

Ai sensi della Legge 196/03 ART. 13 autorizzo i destinatari della presente scheda al trattamento dei miei dati personali nei soli limiti delle finalità sociali dell'associazione onlus ed autorizzo analogamente l'inserimento in forma anonima nella vostra banca dati elettronica.

DATA _____ ORA _____ FIRMA _____

SCHEDA DELLA SALUTE

80

DOMANDE

SCHEDA DELLA SALUTEA cura degli Amici del Cuore Piemonte onlus - Tel. 011 6335564 - Cell. 346 1314392 - amicidelcuore-to@hotmail.it**DATI ANAGRAFICI**

COGNOME	NOME	TEL.	<input type="checkbox"/> CITTAD. ITALIANA
			<input type="checkbox"/> CITTAD. STRANIERA

RILEVAZIONE DI BASE

ETA'	SESSO	PESO	ALTEZZA	CIRCONFERENZA	BMI
PRESSIONE ARTERIOSA		FREQUENZA CARDIACA		PREGRESSA STORIA CARDIACA	<input type="checkbox"/> NO <input type="checkbox"/> SI

CONDIZIONE FISICA

SINTOMI:

<input type="checkbox"/> NESSUNO	<input type="checkbox"/> FIATO CORTO	<input type="checkbox"/> DIFFICOLTA' MOTORIA	<input type="checkbox"/> ANSIA
<input type="checkbox"/> BATTICUORE	<input type="checkbox"/> DOLORI TORACICI	<input type="checkbox"/> SONNO IRREGOLARE	<input type="checkbox"/> CATTIVO UMORE

STORIA CARDIOLOGICA (ULTIMI 2 ANNI)

ECG NO SI _____ RICOVERI/INTERVENTI _____

TERAPIA IN CORSO: _____ NOTE _____

FATTORI DI RISCHIO PERSONALI

COLESTEROLO VAL. _____ GLICEMIA VAL. _____ TRIGLICERIDI VAL. _____
 NON NOTO NON NOTO NON NOTO

FUMO: NO SI N. _____ EX FUMATORI: ETA' INIZIO _____ ETA' CESSAZIONE _____

FATTORI DI RISCHIO FAMILIARI

NON CONOSCIUTI INFARTO _____ IPERTENSIONE _____
 ICTUS _____ DIABETE _____

ALIMENTAZIONE

CONDIMENTO: OLIO DI OLIVA NO SI OLIO DI SEMI NO SI BURRO NO SI

CONSUMO GIORNALIERO DI:

VERDURA: NO SI TANTO POCO FRUTTA: NO SI TANTO POCO

VINO: NO SI (BICCHIERI) 1 PIU' DI 1 BIRRA NO SI SUPER. ALCOLICI NO SI

CAFFÈ: NO SI NORMALE DECAFFEINATO TAZZINE AL GIORNO: 1-2 3-4 ≥ 5

TIPOLOGIA DI PREPARAZIONE: MOKA CIALDA ESPRESSO ALTRO (SPECIFICARE) _____

CON AGGIUNTA DI: NIENTE ZUCCHERO DOLCIFICANTI ALTRO (SPECIFICARE) _____

TE' NO SI INFUSI, TISANE NO SI TAZZE 1 PIU' DI 1 ZUCCHERO NO SI MIELE NO SI

CONSUMO SETTIMANALE DI:

CARNE: NO SI ROSSA PASTI N. _____ PESCE: NO FORMAGGI: NO SI
 BIANCA PASTI N. _____ SI PASTI N. _____ SALUMI: NO SI

ATTIVITÀ FISICA**TIPO DI ATTIVITÀ**

NO SALTUARIA REGOLARE CAMMINATA BICICLETTA PALESTRA NUOTO GIARDINAGGIO

SUGGERIMENTI DA CONSEGNARE AL MEDICO DI BASE PER UN APPROFONDIMENTO DI QUANTO E' EMERSO NEL CORSO DELLA VISITA:

SCHEDA DELLA SALUTE

80

DOMANDE...

...6...PUNTI