Cardiovascular risk factors

Arterial hypertension.

Smoking.

High cholesterol.High LDL or low HDL cholesterol levels.

Diabetes.

Lack of exercise.

Obesity.

Family history of cardiovascular disease.

Ethnic background.

Diet.

Age.

Previous studies have analysed the epidemic characteristics of supernormal vascular aging (SUPERNOVA), and found that SUPERNOVA were significantly associated with lower risk of cardiovascular disease.

The population with Supernormal vascular aging was mostly women, nonsmokers, nondrinkers, and those with higher education. They had lower levels of cardiovascular disease risk factors and healthier lifestyles. The results of logistics regression showed that the influencing factors of SUPERNOVA include age, sex, hypertension, diabetes, resting heart rate, hypersensitive C-reactive protein, and uric acid. However, the effects of these factors were different across age groups. Tao et al. also observed that in addition to the unalterable factors (age and sex), only resting heart rate above 80 bpm (OR = 0.396, 95% CI: 0.231-0.681) and SBP (OR = 0.945, 95% CI: 0.932-0.958) were significantly associated with odds of SUPERNOVA in participants without cardiovascular risk factors.

This study investigated the characteristics of the population with SUPERNOVA and the factors influencing it, which provided a basis for different populations to take preventive measures to slow down the process of vascular aging [1].

Shao et al. retrospectively analyzed the effects of Somatostatin Analogs on lipid profiles and associated cardiovascular risk factors in a cohort of 120 newly diagnosed acromegaly patients. In this study, 69 females and 51 males were included. These patients were treated with either octreotide LAR (OCT) or lanreotide SR (LAN) for 3 months. After SSAs treatment, both GH and IGF-1 significantly decreased (p<0.001). Triglyceride (TG), total to high-density lipoprotein cholesterol (HDL-C) ratio, and lipoprotein (a) [Lp(a)] levels were significantly decreased, while HDL-C levels were increased (p<0.05). The reduction of mean serum GH (GHm) was positively associated with the decrease of TG (r=0.305, p=0.001) and Lp(a) (r=0.257, p=0.005), as well as the increase of HDL-C (r=-0.355,

p<0.001). The changes of lipid profiles were observed only in OCT group, but not in LAN group. In addition, systolic blood pressure (SBP) had significantly declined after SSAs treatment, with an average reduction of 4.4 mmHg (126.7±1.28 vs. 122.3±1.44 mmHg, p=0.003), while no change was observed regarding diastolic blood pressure (DBP) (p>0.05). Fasting insulin, fasting C-peptide, and HOMA-IR were significantly decreased after SSAs treatment. In conclusion, the study revealed that short-term SSAs treatment improves lipid profiles and other cardiovascular risk factors in patients with acromegaly [2].

[1]

Tao B, Li Y, Wang C, Luo X, Chen S, Wang G, Yang P, Hou L, Cui L, Wu S. Influencing factors of supernormal vascular aging in Chinese population. J Hypertens. 2021 Dec 7. doi: 10.1097/HJH.0000000000003023. Epub ahead of print. PMID: 34879388.

[2]

Shao XQ, Chen ZY, Wang M, Yang YP, Yu YF, Liu WJ, Wang Y, Zeng FF, Gong W, Ye HY, Wang YF, Zhao Y, Zhang L, Zhang ZY, He M, Li YM. Effects of Long-Acting Somatostatin Analogues on Lipid Metabolism in Patients with Newly Diagnosed Acromegaly: A Retrospective Study of 120 Cases. Horm Metab Res. 2022 Jan;54(1):25-32. doi: 10.1055/a-1717-9332. Epub 2022 Jan 5. PMID: 34986497.

From:
https://neurosurgerywiki.com/wiki/ - **Neurosurgery Wiki**

Permanent link:
https://neurosurgerywiki.com/wiki/doku.php?id=cardiovascular_risk_factor

Last update: **2024/06/07 02:57**