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CARDIOMETABOLIC PROFILE OF THE ELDERLY IN THE 2013 PHILIPPINE NATIONAL NUTRITION AND HEALTH SURVEY

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INTRODUCTION

The objective is to determine the prevalence of cardiovascular and metabolic diseases and risk factors among elderly seen in the 2013 NNHeS.

METHODOLOGY

This study utilized a cross-sectional analytic design. Data were taken from the results of the 8th Philippine NNS in 2013 through FNRI's Public Use Files. Elderly participants from different regions who consented to participate in the interview, anthropometrics, and clinical data collection were included.

RESULTS

There were 1,835 elderly participants included. 44.4% of the elderly had hypertension (BP>140/90 mm Hg). The most common dyslipidemia among the elderly is LDL>100 mg/dL (84%), HDL<40 mg/dL (63%), total cholesterol>200 mg/dL (56%), triglyceride>200 mg/dL (39%). 52.6% of the elderly have Metabolic Syndrome. Among its components, HDL<40 mg/dL in men and <50 in women is most common (90.8%), followed by BP >130/85 mmHg (59.2%), triglycerides >150 mg/dL (39%), waist circumference >90 cm in men and >80 cm in women (33.5%), and fasting blood sugar (FBS) >100 mg/dL (30.1%). Among elderly, 20% have impaired fasting glucose (FBS>100 mg/dL), and 10% have diabetes (FBS>126 mg/dL), with decreasing prevalence as age increases. 22.9% are overweight or obese based on the WHO BMI classification, 33.5% have elevated waist circumference, but 21% are undernourished, showing double burden of over- and undernourishment. Regarding risk factors: 31% are current alcohol drinkers; 21.7% current smokers; 53.7% have physical inactivity; 82% have unhealthy diet.

CONCLUSION

Filipino elderly have high prevalence of cardiometabolic diseases and risk factors. Given this, future research regarding the implication of these to quality of life, longevity, general health, management of these conditions is recommended.

KEY WORDS

metabolic syndrome, diabetes, hypertension, obesity, dyslipidemia

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PLASMA ADIPONECTIN LEVEL AND CORRECTED QT INTERVAL IN SMOKER AND NON-SMOKER ADULT MALE SUBJECTS

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INTRODUCTION

Animal studies reported that adiponectin plays a role in expression of potassium channel and duration of action potential in ventricular muscles. Only few studies are available focusing on role of adiponectin in QTc interval in human study. This study aimed to investigate the plasma adiponectin level and corrected QT interval (QTc) in smokers and non-smokers.

METHODOLOGY

This cross-sectional analytical study was undertaken in 30 smokers (age: 26.5±4.1 years, body mass index (BMI): 21.67±1.66 kg/m²) and 30 non-smokers (age: 25.4±3.52 years, BMI: 20.95±2.1 kg/m²). Plasma adiponectin level was determined by enzyme-linked immunosorbent assay (ELISA). The QT interval was measured by routine 12-lead ECG with Lead II rhythm and QTc was calculated.

RESULTS

Plasma adiponectin level was significantly lower in smokers (27.89±15 µg/ml) than that of non-smokers (52.13±21.57 µg/ml) ($p<0.001$). A significant increase in QTc interval was seen in smokers (415.37±29.90 vs 395.63±26.13 ms, $p<0.01$). A significant negative correlation between plasma adiponectin level and QTc interval was observed in the whole study group ($n=60$, $r=-0.407$, $p=0.001$). The risk of low adiponectin levels in smokers was 8.1 times higher than non-smokers (odds ratio (OR)=8.1, 95% confidence interval (CI)=1.61-40.77) whereas the risk of QTc prolongation in smokers was 6 times higher than non-smokers (OR=6, 95% CI=1.17-30.73). Risk of QTc interval prolongation was 4.3 times increased in low adiponectin group than normal adiponectin group (OR=4.27, 95% CI=1.05-17.46).