OBESITY

PP-O-01

EVALUATION OF STATIN AND OTHER LIPID-LOWERING THERAPIES AMONG PATIENTS WITH ISCHAEMIC HEART DISEASE ADMITTED TO THE HOSPITAL: TWO-YEAR FOLLOW-UP STUDY

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INTRODUCTION

American and European cardiovascular guidelines recommend high-intensity statin therapy in patients with ischemic heart disease (IHD) in the absence of statin intolerance. Combination therapy with ezetimibe and/or proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors should be considered in patients with suboptimal low-density lipoprotein-cholesterol (LDL-C). It remains unclear whether the current prescription of lipid-lowering therapies (LLT) in the real-world setting adheres to these recommendations. Hence, we sought to assess the prescription pattern of LLT in patients with IHD and their LDL-C goal attainment rates.

METHODOLOGY

Five hundred fifty-five patients with IHD who were admitted to the hospital were recruited. Their LLT prescriptions and corresponding LDL-C levels at baseline, and at 6, 12 and 24 months were assessed.

RESULTS

Our study participants were mostly males (82.3%), of Chinese ethnicity (48.5%) and newly diagnosed with IHD (47%). High-intensity statin prescription increased from 45.4% at hospital admission to 87.5% at discharge and remained similarly high at 80-84% at 6, 12 and 24 months. Other LLTs were concomitantly prescribed to 19.3% of patients at discharge and increased to 44.5% at 24 months. Ezetimibe was the most common second-line LLT prescribed (40.8%, n=187) followed by inclisiran (n = 5) and anti-PCSK9 monoclonal antibodies (n = 4). However, the LDL-C goal of <1.8 mmol/L was achieved in only 44% of patients at 6 and 12 months, and 47.2% at 24 months. When LDC-goal of <1.4 mmol/L was adopted, only 21-22% of patients achieved goal LDL-C targets at 6, 12 and 24 months. The highest percentage of patients achieving LDL-C <1.4 mmol/L was at 24 months (22%).

CONCLUSION

LDL-C goals were not achieved in more than half of our study cohort despite high prescription rates of high-intensity statin. The second and third line LLT are under-prescribed. More efforts should be made to improve LDL-C control in these high-risk cohorts of patients.

KEYWORDS

statin, lipid-lowering therapy, cardiovascular disease, low-density lipoprotein

PP-O-02

ASSOCIATION OF FOOD INTAKE WITH METABOLIC SYNDROME AMONG FILIPINO ADULTS IN THE 8TH PHILIPPINE NATIONAL NUTRITION AND HEALTH SURVEY (NNHeS)

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INTRODUCTION

The prevalence of metabolic syndrome among Filipino adults was found to be 12-15%. Diet has been one of the identified modifiable risk factors targeted to prevent disease or complications. The association of each macronutrient component with metabolic syndrome remains unclear. There is no Philippine data on macronutrient intake and metabolic syndrome. The primary objective of this study is to determine the association of food intake with metabolic syndrome among Filipino adults.

METHODOLOGY

This study utilized a cross-sectional analytic design. Data was obtained from the results of the 8th Philippine NNHeS done in 2013 from the Public Use Files of the Food and Nutrition Research Institute. Filipino adults from different regions of the Philippines who consented to participate in the interview, anthropometrics, blood collection for clinical data, and other measurements were included in this study.

RESULTS

There were 8,056 adults included in the 8th NNHeS. The prevalence of metabolic syndrome was 32%. Multivariate analysis showed that increased total protein intake (OR 1.391), and daily consumption of meat and poultry (OR 1.397), and condiments and spices (OR 1.329) were associated with increased risks for metabolic syndrome. Decreased vegetable intake was also associated with an increased risk for metabolic syndrome, as well as higher socioeconomic status, female sex, and old age.