



POSTER PRESENTATIONS

OBESITY / LIPIDS

PP-OL-01

HETEROZYGOTE FAMILIAL HYPERCHOLESTEROLEMIA – A NEW CHALLENGE FOR ENDOCRINOLOGISTS (PART 2)

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Ingvars Rasa,¹ Ksenija Jenbajeva,² Alina Anufrijeva²

¹Riga East Clinical University Hospital, Riga, Latvia

²Riga Stradiņš University, Riga, Latvia

OBJECTIVE

Heterozygote familial hypercholesterolemia (HeFH) is a common genetic condition that causes high levels of low-density lipoprotein-cholesterol (LDL-C). This study aimed to determine the incidence of HeFH in a single-centre endocrinologist's clinical practice in Riga East Clinical University Hospital (RECUH) Outpatient Clinic.

METHODOLOGY

We collected data from medical records with HeFH (E78.01) from 2019 to 2021. Based on LDL-C, Apo-B, Apolipoprotein index (Apo Index), Lipoprotein(a)-Lp(a), Homocysteine, and DLCN score points, points were divided into 2 groups: the 1st group-definitive FH; the 2nd group-probable FH.

RESULTS

From a total of 3720 patients, 136 (3.7%) patients were included, 93 (68.4%) were females. The mean age was 49.96 ± 12.09 years old. 62 patients (45.6%) were included in the first group, 74 patients (54.4%) were in the second group. Only 20 patients (14.7%) received lipid-lowering therapy initially. The pretreatment laboratory findings in the 1st group were: LDL-C 4.48 ± 1.26 mmol/L; Apo-B 116.03 ± 26.14 mg/dL; Apo Index 0.77 ± 0.21; Lp(a) 78.66 ± 61.36 mg/dL. The laboratory findings in 2nd group were: LDL-C 4.09 ± 0.91 mmol/L; Apo-B 97.96 ± 16.47 mg/dL; Apo Index 0.64 ± 0.11; Lp(a) 17.61 ± 23.36. In the 1st group, 40 (64.5%) patients received statins, 11 (17.7%) patients received statins and ezetimibe. In the 2nd group, 45 (60.8%) patients received statins, 10 (13.5%) patients received fibrates. In both groups, LDL-C, Apo-B, Apo Index, and homocysteine decreased at the end of the study (p<0.001). Lp(a) in both groups did not decrease (p=0.552;p=0.889). DLCN in the 1st group was 2.25 ± 0.2 points and 1.29 ± 1.4 points in the 2nd group.

CONCLUSION

HeFH is far more frequent than previously considered and its diagnosis and therapy must be improved.

PP-OL-02

CORRELATING THE CAROTID INTIMA-MEDIA THICKNESS WITH CARDIO-METABOLIC RISK FACTORS IS USEFUL IN ASSESSING SUBCLINICAL ATHEROSCLEROSIS PROGRESSION IN OBESE CHILDREN

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Monica Simina Mihuta,¹ Corina Paul,² Andreea Borlea,³ Cristina Mihaela Cepeha,¹ Dana Stoian⁴

¹Department of Doctoral Studies, Victor Babes University of Medicine and Pharmacy, Timisoara, Romania

²Department of Pediatrics, Victor Babes University of Medicine and Pharmacy, Timisoara, Romania

³2nd Department of Internal Medicine, Victor Babes University of Medicine and Pharmacy, Timisoara, Romania

⁴Center of Molecular Research in Nephrology and Vascular Disease, Victor Babes University of Medicine and Pharmacy, Timisoara, Romania

OBJECTIVE

Multiple risk factors can act as precipitant causes for atherosclerosis and analyzing them can offer a better understanding of the cardio-metabolic status of obese children and provide a better prediction of overall cardio-metabolic risk in adulthood. Our aim is to evaluate how the carotid intima-media thickness (CIMT) correlates to identifiable risk factors.

METHODOLOGY

We analyzed 85 patients aged 6–18 years old by measuring their CIMT using the Aixplorer MACH 30 echography machine - automatic measurement software. Three study groups were defined: obese, overweight and normal weight. The clinical examination included: BMI, waist circumference, puberty development, blood pressure measurements. Risk factors analyzed were: artificial postnatal nutrition, birth weight <2500 g or >3500 g, pregnancy-associated risk factors (>20 kg weight gain, gestational diabetes, gestational hypertension, autoimmune thyroiditis, smoking during pregnancy), family history (obesity, dyslipidemia, type 2 diabetes, coronary disease, stroke, autoimmune thyroiditis), smoking, sedentary life-style and abnormal sleeping habits.

