



RESULTS

Two hundred and sixty-one patients were included. Visceral fat (RR 1.12 [95% CI 1.03-1.21], $p=0.005$) and waist circumference (RR 1.05 [95% CI 1.02-1.08], $p=0.11$) were associated with poor outcomes. Neither body percentage (RR 0.99 [95% CI 0.96-1.02], $p=0.72$) nor BMI (RR 1.05 [95% CI 0.99-1.12], $p=0.11$) were associated with poor outcomes. Based on multivariate logistic regression, WC was statistically significant as an independent risk factor influencing poor outcomes in COVID-19 patients (RR 1.04 [95% CI 1.01-1.08], $p=0.003$), which can be interpreted that each 1 cm increase in waist circumference was associated with a 4% increased risk of composite poor outcomes.

CONCLUSION

Visceral obesity parameters were significantly associated with poor outcomes in mild to moderate COVID-19 cases.

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UNDERDIAGNOSIS OF CHRONIC METABOLIC DISEASES IN PATIENTS WITH NEWLY DIAGNOSED ISCHAEMIC HEART DISEASE

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OBJECTIVE

Despite community screening efforts for common modifiable risk factors, we observed that chronic diseases such as type 2 diabetes (T2DM) were often only detected at the point of ischaemic heart disease (IHD) diagnosis. We aim to investigate the prevalence of underdiagnosed modifiable risk factors in patients with IHD.

METHODOLOGY

We assessed the prevalence of previously undiagnosed cardiovascular risk factors among hospitalized patients with IHD ($n=555$) and compared the differences between patients with newly diagnosed IHD (IHD-N, 46.5%) and patients with known IHD (IHD-K, 53.5%).

RESULTS

The patients recruited were mostly males (82.5%) of Chinese ethnicity (49.1%). Overall, there was a high prevalence of newly diagnosed hypertension (13.3%), hyperlipidaemia (13.2%) and T2DM (4.9%). Compared with the IHD-K group, prevalence of previously undiagnosed hyperlipidaemia (26.0% vs 2.0%, $p<0.001$), hypertension (24.8% vs 3.4%, $p<0.001$) and T2DM (7.0% vs 3.0%, $p<0.001$) was higher in the IHD-N group. Prevalence of active smoking was high at $\approx 50\%$ in both groups. The median concentration of total cholesterol and LDL-C were higher in the IHD-N group compared with the IHD-K group ($p<0.001$). Dietary habits of $>50\%$ of patients in both subgroups did not meet national recommendations for fruits, vegetables, whole grain and oily fish intake, although the IHD-K group had more regular omega-3 supplements intake (23.4% vs 10.4%, $p=0.026$) compared with the IHD-N group.

CONCLUSION

The high prevalence of previously undiagnosed chronic metabolic diseases among patients with newly diagnosed IHD underscores the importance of increased detection efforts as well as emphasis of a heart healthy diet and smoking cessation.