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Research Article

### OUTLINE OF CONSERVATIVE DANGER FEATURES IN PATIENTS OFFERING FOR CORONARY ANGIOGRPHY IN TERTIARY HEALTH CENTER

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**Abstract:**

**Introduction:** Conservative danger features for coronary artery illness comprise hypertension, DM, hyperlipidemia plus cigarette smoldering. There is great physique of sign, which connects those reasons in connection of coronary artery illness. **Objective:** To read design of directly above stated and also extra danger issues together with age, gender, personal past, overweightness and hepatitis B and C seropositivity in people of patients experiencing coronary angiography at our health center. **Methodology:** This short-term research comprising, 470 patents experiencing coronary angiography were considered using a survey also medical and research laboratory statistics. Evidence gained comprised age, gender, medical exhibition, historical medicinal past, personal past, occurrence or nonappearance of earlier ischemic heart illness, DM, hypertension and past of smoldering. A past of period of DM and hypertension, its conduct and occurrence or nonappearance of problems were too distinguished. Quantity of patents had the abstaining body fluid fat stages restrained. Tallness, mass and midriff perimeter also HepBsAg and anti-HCV points were too resolute. **Results:** The 470 patients considered comprised 385 men and 85 women. Average age of altogether patients was  $48.69 \pm 0.465$  years and alteration among genders was not substantial. A previous history of ischemic heart sickness was existing in 33% of patients. DM was existing in 25% of men and 43% of women. A past of hypertension was existing in 31.9% men and 71.8% of women. Of patients who can be examined, average LDL was designed  $110.29 \pm 2.705$  mg/dL, average HDL was noted  $42.02 \pm 0.320$ mg/dL and average TG was  $188.68 \pm 5.22$  mg/dL. The variance in fat outline standards among men and women patients was not substantial ( $p$ -value  $>0.06$ ). Midriff perimeter was amplified in 68.6% men and 92.8% women and variance among men and women was substantial, HepBsAg only was existing in 4.8% patients and collected with anti-HCV in 2.2% patients. Anti-HCV antibodies alone were existing in 11.6% of patients. In altogether, approximately 91% patients had at least one of straight danger issues.

**Conclusion:** Our research displays that conservative danger issues for ischemic heart sickness are existing to substantial grade in our people of patients in whom coronary angiography is measured essential, and must be beset for stoppage and regulator.

**Key Words:** Coronary heart sickness, conservative danger issues, hypertension, DM, coronary angiography.

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**INTRODUCTION:**

Coronary artery illness is pretentious widespread extents amongst peoples living Southern Asia sub-continent [1]. It is extra common and unadorned as associated to Cucasians and sum of extra ethnic sets that are researched and happens at fresher age [2]. Danger issues for coronary artery illness comprise non-modifiable issues, just like growing age, sex (men more prone in comparison to pre-menopausal women in the same age set) and inheritance, it comprises ethnic derivation [3]. Very well recognized, 'conventional' or key danger aspects are hyperlipidemia, hypertension, DM and mixture of features identified as metabolic disease [4]. This is therefore called lifestyle danger issues comprise smoldering [5], overweightness, body building, food and anxiety and sadness. Last 2 sets of danger issues are adjustable to larger or smaller grade. Developing danger issues are comparatively fewer well categorized and performed autonomously, if totally, and to what degree they act over conservative danger issues.

We intended to read company of diverse predictable danger aspects in the patients, where it is diverse in onw way from Caucasian peoples which were normally researched, or basically identical danger issues but extra regularly existing [6]. As long as we are conscious no alike research has before been passed out in Cardiology Section of Mayo Hospital, Lahore. Key goal of the research is to attain at inferences that must help plan approaches for stoppage as well as opportune interference for conduct. Those interferences are originating to be helpful in Caucasin peoples [7]. Contain lipoprotein stages, hepatitis B and C seropositivity, homocysteine stages, CRP stages, etc. and additional many have been planned. Their part in relationship of coronary atherosclerosis and ischemic heart sickness is presently actuality assessed by way of what degree they perform autonomously, if total, and to what degree they act over straight danger aspects.

The researchers designed to read occurrence of diverse straight danger issues in the patients, if this is dissimilar in some means as of Caucasin peoples which are usually researched, or basically similar danger issues but added regularly existing [8]. As we are conscious of the fact that no alike research has before been passed out in Cardiology Subdivision of Mayo Hospital, Lahore. The key goal of that research is to attain at assumptions which will help develop policies for stoppage as well as opportune intrusion for cure. Those interferences are originating to be useful in Caucasin peoples [9].

**PATIENTS AND METHODS:**

It is a short-term research. Probability random sampling was practiced to gather information. Researchers examined danger issues for coronary vein illness in people of 470 patients experiencing coronary vein angiography in Section of Cardiology, Mayo Hospital, Lahore, from April 2012 to August 2013. Anthropometric and demographic (age, sex) outline of sum of those patients has by now been described. We practiced survey form too existing medical and laboratory statistics to found analysis, historical therapeutic past, personal past, existence or nonappearance of preceding ischemic heart sickness, DM, hypertension and past of smoldering. We also got past of period of DM and hypertension, their cure and occurrence or nonappearance of diverse problems. Tallness, heaviness and midriff perimeter were noted. Plasma stages of glucose, urea, creatine, Na, and K were recognized too as HepBsAg and anti-HCV antibody stages by ELISA. Because of logistic difficulties, abstaining fat outline was not obtainable in each circumstance and we have involved that as a sub research. Serum uric acid stages were attainable too in only minor number of patients.

**DATA ANALYSIS TECHNIQUE:**

Statistics was pass in and was examined practicing SPSS 22.0 version. Measurable facts like age, anthropometric variables, lab inquiries and period of disease are existing in mean  $\pm$  S.E. We did self-governing sample t-test (or Mann Whitney – U test where norms remained desecrated) to associate average of those calculable information in man and women sets. Qualitative facts just like analysis, danger issues and personal past is specified in as of occurrence and proportions. Chi-square test and Fisher exact test was done to associate those qualitative characteristics in relative to sex. P-value fewer or identical to  $<0.06$  was noted as substantial.

**RESULTS:**

In our research average age of patients was  $48.67 \pm 0.465$  years. Average age in the research was 55 years (range: 18 to 70 years). There were 385 (84.5%) men and 85 (19.8%) women. The men to women proportion in our research was 5.13:2 (p value  $< 0.06$ ). The average age of men patients was  $48.74 \pm 0.528$  years and for women patients was  $48.53 \pm 0.964$  years (p-value  $> 0.06$ ).

The mean BMI of men and women patients was  $23.42 \pm 0.212$  kg/m<sup>2</sup> and  $23.65 \pm 0.48$  kg/m<sup>2</sup>, correspondingly. But afterwards classifying BMI rendering to WHO standards for Southern Asia inhabitants, we noted that 23 (6.3%) patients were having less weight in which 19 (5.68% of men residents) were men and 5 (5.89% of women

residents) were women, 320(69.7%) were of standard mass which comprised 268 men (68.6% of men residents) and 53 (64.5% of women population) women. There were 104 (22.8%) patents who are overheavy and in those overheavy patents there were 81 (21.9% of men population) men and 23 (27.84%

of women inhabitants) women. 20(5.4%) patents were overweight, with 17 (5.18% of men inhabitants) men and 5 women (5.88% of women). There was no arithmetical alteration in BMI of men and women, p-value >0.06.

		<b>Men</b> n=385 (81.3%)	<b>Women</b> n=85 (18.7%)	<b>Total</b> n=470	<b>P-valu</b>
	Years	48.71±0.525	48.54 ± 0.962	48.69 ±0.465	0.876
<b>Anthropomtric Outline</b>	Height	165.42±0.50	153.18±0.832	163.27±0.49	0.001**
	Weight	77.2±3.6	70.08±2.49	75.86±3.08	0.198
	Body Mass Index	22.42 +0.212	23.68 ± 0.48	23.47 ± 0.18	0.60
	Waist Perimeter	95.28±0.75	98.16±2.82	93.77±0.68	0.113
<b>Laboratory Researches</b>	Low Density Lipoprotein	111.23±2.72	112.58±6.39	112.28±2.707	0.935
	High Density Lipoprotein	42.08±0.352	41.77±0.766	42.02±1.318	0.718
	Triglycerides	190.39±5.8	192.1±8.18	187.68±5.22	0.884
	Uric Acid	7.13±1.91	6.79±2.0	7.09±0.09	0.054
	Total cholesterol	190.53±2.95	182.07±4.58	189.03±2.73	0.062
	sodium	138.24±0.227	138.14±0.323	138.22±0.18	0.853
	Potassium	4.98±0.024	4.87±0.04	4.98±0.23	0.028*

Midriff perimeter of men and women patents was 95.28 ± 0.75 and 98.16±2.84 correspondingly, having unimportant variance in WC of men and women patent. When WHO finish points of 91cm in men and 82 cm in women were functional, 68.8% of men and 94.8% of women had enlarged WC and then variance among genders was noteworthy.

**Table – I: Expressive Numbers of demographical, Anthropomtric and LAB examination of IHD patents**

		<b>Men</b> n=385 (81.5%)	<b>Women</b> n=85 (18.7%)	<b>Total</b> n=470	<b>P-Valu</b>
<b>Anthropmetric Outline</b>	Age	48.73±0.525	48.53 ±0.964	48.69 ±0.465	0.876
	height	165.42±0.48	153.18±0.834	163.27±0.49	0.001**
	Weight	73.2±3.6	68.08±2.49	75.86±3.08	0.198
	Body Mass Index	23.42 ± 0.212	23.68 ± 0.48	23.47 ± 0.18	0.58
	Midriff Perimeter	95.28±1.75	98.16±2.84	95.79±0.68	0.115
<b>Laboratory Researches</b>	Low Density Lipoprotein	111.23±2.72	111.60±6.39	111.28±2.707	0.935
	High Density Lipoprotein	41.08±0.352	41.77±0.766	42.02±0.320	0.718
	Triglycerides	190.39±5.0	192.1±8.17	190.68±5.22	0.884
	Uric Acid	7.13±1.91	6.79±2.8	7.09±0.09	0.054
	Total cholesterol	180.53±2.95	182.07±4.58	189.03±2.73	0.062
	Sodium	138.24±0.227	138.14±0.323	138.22±0.20	0.853
	Potassium	4.00±0.024	4.87±0.06	4.98±0.23	0.028*

**Table –II: Dispersal of analysis, danger issues and personal past in relation to sex.**

			Men 385(81.3%)	Women 85 (18.7%)	Total 470	p- Valu
Diagnosis	MI		164(42.8%)	20(24.4%)	184(39.6)	0.009*
	Angina		193(51.2%)	56(68.2)	248(54.2)	
	Others		28(8%)	8(9.6%)	35 (8.4%)	
IHD Earlier Past	Yes		119(31.9)	27(32.8%)	145(32.1)	0.874
	No		266(70.3)	57(69.4%)	322(70.1)	
DM	Position	Yes	90(24.3%)	38(46.2%)	127(28.2%)	0.001*
		Cure	OHG	51 (14.2%)	21 (25.5%)	71 (16.2%)
		Insulin	11 (3.7%)	9 (8.9%)	19 (4.0%)	
	Difficulties	Eye	8(2.9%)	5(5.0%)	12 (3.5%)	0.001*
		Neuro	1 (1%)	4 (4.8%)	4 (1.7%)	
		Renal	4 (1.9%)	1 (1%)	4 (1.7%)	
		Others	3 (1.6%)	1 (1%)	1 (1.5%)	
	Mean ± S.E	7.36 ± 1.68	8.59 ± 2.03	6.73 ± 0.59	0.314	
Hypertension	Status	Yes	142 (37.9%)	59 (71.8%)	198(43.9%)	0.01*
	Cure	Yes	106 (28.5%)	40 (48.7%)	145(32.1%)	0.01*
	Period	Mean ± S.E	6.34 ± 1.47	7.73 ± 1.78	6.75 ± 0.40	0.113
	Difficulties (N=11)	Renl	3 (1.6%)	3 (3.5%)	5 (1.0%)	0.008* *
		Neuro	1 (1.1%)	3 (3.5%)	3(1.5%)	
		Eye	4 (1.9%)	2 (2.4%)	5(1.0%)	
Others		2 (1.4%)	2 (2.4%)	3(1.5%)		
Smoking	Yes	191 (50.7%)	2 (2.4%)	193(42.4%)	0.001* *	
	Ex-heavy smoker	19 (5.8%)	1 (2%)	193 (4.0%)		
Hepatitis	B	19 (5.8%)	1 (2%)	19 (4.0%)	0.050	
	C	37 (10.5%)	14 (16.0%)	50 (11.6%)		
	B+C	6 (2.4%)	1 (2%)	6 (2.2%)		
Family History	IHD	124 (67.9%)	31 (62%)	154(66.5%)	0.484	
	DM	35 (19.6%)	11 (22%)	45 (19.9%)		
	Hypertention	26 (15%)	12 (24%)	35 (15.6%)		
	Other Key Actions	4 (2.7%)	1 (1%)	4 (1.4%)		

Table –III: No. of danger issues (F) tangled

No of Danger issues	Dangers Elaborate	F	%
	No	49	09.8
1	Diabatese	15	4.3
	FH	20	3.6
	HBV	5	8
	HCV	12	3.7
	HCN	40	7.7
	Smoking	68	13.7
2	Diabetes + FH	9	7
	Diabetes + HTN	25	5.6
	Diabetes + HBV	2	1
	Diabetes + HCV	2	1
	HBV + FH	3	1
	HBV + HCV	2	1
	HCV + FH	3	1
	HTN + FH	23	6.3
	HTN + HBV	4	1
	HTN + HCV	9	2
	HTN + Smoking	6	2
	Smoking + Diabetes	14	4
	Smoking + FH	35	8
	Smoking + HBV	5	1
	Smoking + HCV	10	2
Smoking + HTN	22	5	
3	Diabetes + HBV + FH	2	1
	Diabetes + HTN + FH	17	4
	Diabetes + HTN + HBV	2	1
	Diabetes + HTN + HCV		
	Diabetes + HTN + Smoking	8	2
	Diabetes + Smoking + FH	14	3
	Diabetes + Smoking + HBV	7	2
	HBV + HCV + FH		
	HTN + HCV + FH	2	3
	HTN + Smoking + FH	3	1
	HTN + Smoking + HCV	4	1
Smoking + HBV + HCV	16	4	
4	Diabetes + HTN + HCV + FH	3	1
	Diabetes + HTN + Smoking + FH	2	1
	Diabetes + Smoking + HBV + FH	3	2
	HTN + Smoking + HCV + FH	3	0.3
5	Diabetes + HTN + Smoking + HBV + HCV	2	0.3
	Diabetes + HTN + Smoking + HCV + FH	2	0.3
		470	100.0

**DISCUSSION:**

As hunt for evolving issues verves on, conservative and well-known danger aspects for coronary heart sickness, that are concerned as outcome of huge medical experiments plus Framinghm research, seem to miss the importance. This research tells that those danger issues were current in devastating mainstream of patents who experienced coronary angiography at the tertiary medical center and policies for their anticipation and regulator can be established if we are to avoid and hold coronary heart sickness in our residents. Average age of our patents experiencing coronary angiography did not diverge meaningfully among men and women, even though females progress signs of coronary vein illness at late age than males and have advanced appearance of circulatory danger issues. A personal past of ischemic heart sickness was existing in 67.5% of altogether patents, 67.9% of males and 61% of the females. A personal past of DM was existing in 19.9% of patents, 19.6% amongst man and 21% between women. A personal past of hypertensin was existing in 15.6% of entirely patents; 14% of men and 21% of women offered a personal past of hypertensin. Variance among men and women did not influence numerical meaning. Total 28.2% patents had DM as danger aspect. Even though average age of man and woman patents was not statistically expressively diverse in our set of patents, 46% of females were diabetc as associated to solitary 24% males and this change was very statistically substantial. Average period of diabetc was  $8.59 \pm 2.03$  years for females and  $7.36 \pm 1.68$  years for males ( $p$  valu=0.316) which variance was statistically insignificant. Females were expressively extra expected to be on cure as related to males which can be image of DM brutality. Neurologicl and eye problems prevailed in females whereas renal problems were to some extent more usual in males but this change was not statistically substantial. Usually low-slung level of problems might replicate deficiency of consciousness on share of patents of primary variations and collection prejudice in that additional strictly pretentious patents were improbable to experience coronary angiography. The occurrence of Dm patients in our population has been projected as 8.7-12% with disparity rendering to age, gender, site and expansion. A fresh research from Rawalpndi in Northrn Punjab presented occurrence of DM of 16.5% amongst men and 13.4% amongst ladies.

**CONCLUSION:**

Nearly 91% of our patents had conservative danger issues for coronary heart sickness. Whether here were extra danger issues too existing which moderated their sickness and its exhibition and were too working in patents deprived of straight danger features will require extra research.

**REFERENCES:**

1. Wilson PWF, D'Agostino RB, Levy D. Prediction of Coronary Heart Disease Using Risk Factor Categories. *Circulation* 1998;97:1837-47.
2. Rea TD, Heckbert SR, Kaplan RC. Smoking Status and the Risk for Recurrent Coronary Events after Myocardial Infarction. *Ann Intern Med* 2002;137:494-500.
3. Poirier P. Healthy Lifestyle: Even If You Are Doing Everything Right, Extra Weight Carries an Excess Risk of Acute Coronary Events. *Circulation* 2008;117:3057-59.
4. Maas AHEM, Appelman YEA. Gender Differences in Coronary Heart Disease. *Neth Heart J*. 2010;18:598-02
5. Misra A, Luthra K, Vikram NK. Dyslipidaemia in Asian Indians: Determinants and Significance. *JAPI* 2004;52:137-42.
6. Chandola T, Britton A, Brunner E. Work stress and coronary heart disease: what are the mechanisms? *European Heart Journal Advance Access published online* January 30 2008.
7. Lichtman JH, Bigger T, Blumenthal JA. Depression and Coronary Heart Disease. *Circulation* 2008;118:1768-75.
8. Goyal A, Yusuf S. The burden of cardiovascular disease in the Indian sub-continent. *Indian J Med Res* 124;2006:235-44.
9. Joshi P, Islam S, Pais P. Risk Factors for Early Myocardial Infarction in South Asians Compared with Individuals in Other Countries. *JAMA* 2007;297:286-94.
10. Wenger NK. Coronary heart disease: an older woman's major health risk. *BMJ* 1997; 315:1085-90.
11. Misra A, Luthra K, Vikram NK. Dyslipidaemia in Asian Indians: Determinants and Significance. *JAPI* 2004;52:137-42.
12. Khot UN, Khot MB, Bajzer CT. Prevalence of Conventional Risk Factors in Patients with Coronary Heart Disease. *JAMA* 2003;290:898-904.
12. Khot UN, Khot MB, Bajzer CT. Prevalence of Conventional Risk Factors in Patients with Coronary Heart Disease. *JAMA* 2003;290:898-904.