
Poster Session II**Abstract 614: Premenopausal Women May Not Be Protected Against Early Vascular Disease In The Presence Of Diabetes.**Nestor H Garcia¹; Hernan A Perez²; J. David Spence³; Luis J Armando⁴¹ CONICET, Cordoba, Argentina² BLOSSOM DMO, Cordoba, Argentina³ Robarts Rsch Institute, Western Univ, London, Canada⁴ Blossom DMO, Cordoba, Argentina

Coronary heart disease (CHD) is the leading cause of death among women. Currently, global risk assessment derived by a Framingham risk equation is used to identify women at increased risk, but still we do not detect them early enough to decrease the rate of cardiovascular events. Perhaps we overestimate their protection during the premenopausal and early postmenopausal years, and overestimate the sensitivity of risk scores.

Methods: A descriptive cross-sectional study in primary prevention in 1256 women (age 19–84) from Argentina. FRS with body mass index (FRSbmi) and PTP-TPA were used for the evaluation. TPA by ultrasound was determined as previously described by Spence et al (Stroke 2002;33:2916–2922). Patients were divided into DMII (n=293) and control groups (n=963) and then each group was divided according to age, <40, 40–50, 50–60 and older than 60.

Results: No difference was observed between the incidence of smoking, Hypertension or presence of early family cardiovascular event in DM II and control group. DM II patients had higher TPA vs. control group at all ages. FRSbmi was higher in the DM II group at all age groups. PTP-TPA score for DM II <40, 40–50, 50–60, >60 groups were 10±3, 27±4, 48±3, 73±1 respectively while in control group were 3±1, 9±1, 23±1, and 50±1 respectively. These data indicate that DM II women in premenopausal or first years of menopausal age (40–50 years) are at intermediate or high risk to develop a cardiovascular event while non-diabetic women reach this PTP-TPA risk after age 50.

CONCLUSION: In our population, diabetic women after age 40 should be considered at possibly high risk of cardiovascular events compared with a non-diabetic group. Direct assessment of atherosclerotic burden, such as TPA, should be used early in this population, even in the presence of menstrual cycles, instead of relying on traditional risk scores.

Author Disclosures: N.H. Garcia: None. H.A. Perez: None. J. Spence: None. L.J. Armando: None.

Key Words: Atherosclerosis · Diabetes mellitus · Prevention