

3rd World Congress on Cardiology

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16th International Conference on Nutrition and Fitness

October 29-30, 2018 | London, UK

Acute myocardial infarction, Incidence, risk factors

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Introduction: Acute Myocardial infarction is the main component for cardiovascular disease. The main triggers for cardiovascular risk with specific character for coronary arteries disease are: Systemic Arterial Hypertension, Hyperlipidaemia, Smoking, Diabetes and Obesity. The Purpose of research: based on the data on the incidence of myocardial infarction and risk factors of these diseased persons and based on findings of the research we make planning for further actions to prevent these diseases.

Patients and Methods: The research included data from the hospital information systems respectively in the emergency department and the one-year period of 2016, leading into account cases deaths, sick people by municipality and risk factors in the percentage.

Results: During 2016, from 01.01.2016 to 31.12.2016, there were 207 patients affected by cardiovascular disease, of whom male 126 or 61%, and women 81 or 39%. In men, the age group 60-70 years was 25 patients or 12%, women were 70-80 years-27 patients or 13%. The youngest patient was 19 years male and oldest was 102 years old female. The number of patient sent to Universital Clinic Center was 67 or 82%, treated in emergency center was 36 patients or 17 % and 33 patients who passed

away or 16 %.The most common pathology that arrived to emergency center was with Acute Myocardial Infarction with 41 patients or 20 % and with Acute Coronary syndrome 54 patients or 26 %.

Number of patients that arrived in emergency center by months was April 29 patients or 14 % and May 23 patients or 11% and moths mars was with only 9 patients or 4 % and December 11 patients or 5 %.

Risk factors: Cardiovascular disease which have dominated were systemic arterial hypertension with 178 or 86 %, hyperlipidaemia with 111 or 54%, smoking with 55 or 27%, diabetes with 62 or 39%, and 41 or 20% adiposity.

Conclusion: It is to be concluded that the incidence is more common in middle age groups whereby the higher incidence of the disease in to be found within male population. Therefore, we may conclude that the leading risk factors in investigated periods are the same. The obtained data can be used as a guideline for planning prevention program for high-risk groups of people especially middle –aged groups in which the increasing incidence of AMI is present.

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