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BIOGRAPHY

William E Feeman Jr is a family physician who trained at the Ohio State University College of Medicine and has spent his professional career investigating the primary and secondary prevention of Athero Thrombotic Disease (ATD). His database includes 870 patients who developed some form of clinical ATD in the 1978-2018 timeframe. He has published his results in major medical journals and has done multiple poster presentations in regional/national/international symposia.

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PREDICTION OF THE POPULATION AT RISK OF ATHEROTHROMBOTIC DISEASE-2018 UPDATE (BACK TO FRAMINGHAM)

The Framingham Study has shown that the population at risk of Athero Thrombotic Disease (ATD) differs from those not at risk by a number of conditions termed risk factors and differs not in kind but in severity of those risk factors. The chief risk factors are cigarette smoking, dyslipidemia, and hypertension. Dyslipidemia is measured by the Cholesterol Retention Fraction (CRF, defined as $[\text{LDL-HDL}]/\text{LDL}$). Hypertension is determined by systolic blood pressure (SBP). CRF-SBP plot positions are known for 870 people who developed some form of clinical ATD during the 1978-2018 timeframe. When the CRF-SBP plots of these 870 patients are plotted on a graph, a threshold line can be drawn with CRF-SBP plot loci of (0.74,100) and (0.49,140) when the precipitation method of HDL-cholesterol measurement is used. Above this threshold line lie the plots of 85% of all ATD patients of any age. If cigarette smoking status is accounted for, then only 6% of ATD patients can not be predicted by CRF-SBP plot position above the threshold line and/or cigarette smoking status. These plots may be stratified into CRF-SBP cohorts and the average age of ATD onset calculated. Current cigarette smoking is associated with early onset ATD (aged 64 years or less) in virtually all cohorts; past cigarette smoking, with cohorts having CRF values of 0.70 or higher; never smoking, with cohorts having CRF values of 0.75 or higher. The population at risk of ATD can be identified and the average age of ATD onset predicted.