



REGIONE CAMPANIA
A.S.L. NAPOLI 1 CENTRO

DIPARTIMENTO DI ASSISTENZA PRIMARIA E CONTINUITÀ DELLE CURE

STRUTTURA SEMPLICE DIPARTIMENTALE PERCORSI DIAGNOSTICO-TERAPEUTICI/PATOLOGIA CARDIOVASCOLARE

cardio33@aslnapoli1centro.it

MODELLO ASSISTENZIALE PER IL PAZIENTE DISLIPIDEMICO IL RUOLO DELLE STATINE

Pisa 25 Maggio 2019

Giovanni Rosiello

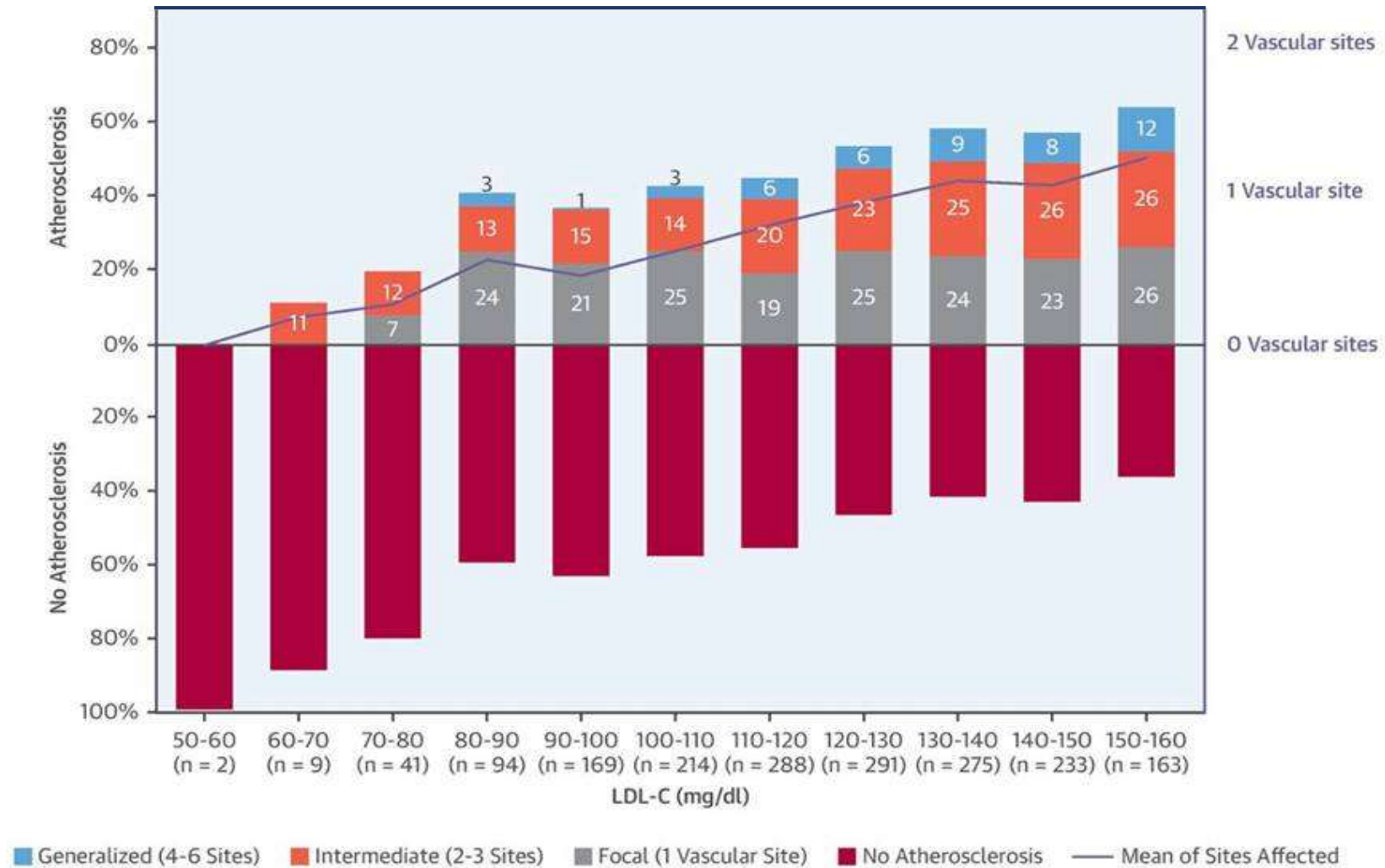
giovanni.rosiello@aslnapoli1centro.it



INFORMATION DISCLOSURE

Non è presente conflitto d'interessi

RELATION BETWEEN LDL-CHOLESTEROL LEVELS AND ATHEROSCLEROSIS



LE LINEE GUIDA

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease Executive Summary

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Geriatrics Society, the American Society of Preventive Cardiology, and the Preventive Cardiovascular Nurses Association

Michelle A. Albert, MD, MPH, FAHA*; Erin D. Michos, MD, MHS, FACC, FAHA*; Andrew B. Buroker, Esq†; Michael D. Miedema, MD, MPH*; Zachary D. Goldberger, MD, MS, FACC, FAHA‡; Daniel Muñoz, MD, MPA, FACC*; Ellen J. Hahn, PhD, RN*; Sidney C. Smith, Jr, MD, MACC, FAHA*; Cheryl D. Himmelfarb, PhD, RN, ANP, FAHA*; Salim S. Virani, MD, PhD, FACC, FAHA*; Amit Khera, MD, MSc, FACC, FAHA*; Kim A. Williams, Sr, MD, MACC, FAHA*; Donald Lloyd-Jones, MD, SCM, FACC, FAHA*; Joseph Yeboah, MD, MS, FACC, FAHA*; J. William McEvoy, MBBCh, MEd, MHS*; Boback Ziaeeian, MD, PhD, FACC, FAHA§

Journal of American College of Cardiology 2019



2018 ACC/AHA Multisociety Guideline on the Management of Blood Cholesterol Secondary Prevention

Scott M. Grundy, MD, PhD; Neil J. Stone, MD

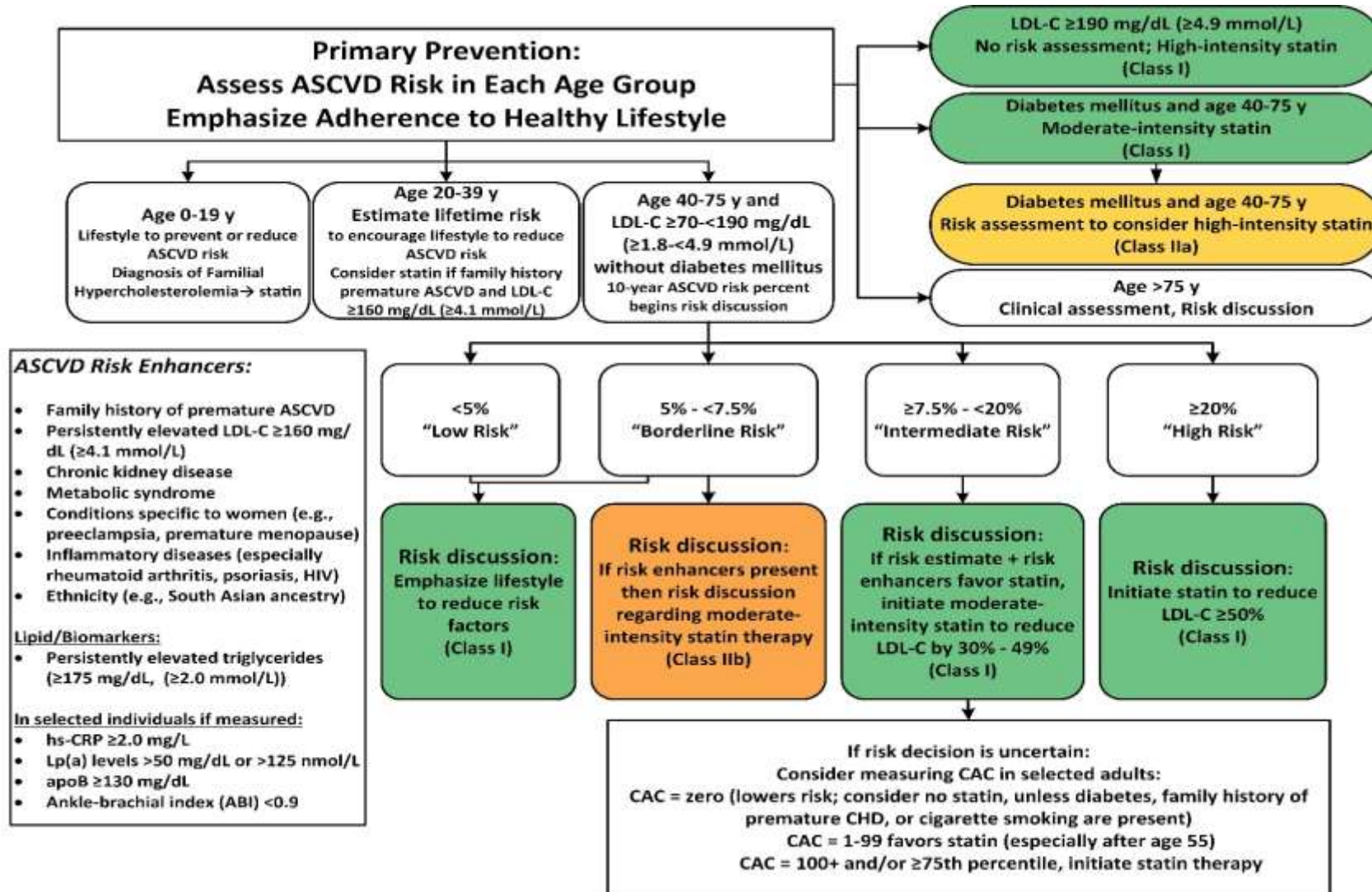
JAMA Cardiol. Published online April 17, 2019



TOP 10 TAKE HOME MESSAGES

7. All adults should be assessed at every healthcare visit for tobacco use, and those who use tobacco should be assisted and strongly advised to quit
8. Aspirin should be used infrequently in the routine primary prevention of ASCVD because of lack of net benefit
9. **Statin therapy is first-line treatment for primary prevention of ASCVD in patients with elevated low-density lipoprotein cholesterol levels** (≥ 190 mg/dL), those with diabetes mellitus, who are 40 to 75 years of age, and those determined to be at sufficient ASCVD risk after a clinician–patient risk discussion
10. Nonpharmacological interventions are recommended for all adults with elevated blood pressure or hypertension. For those requiring pharmacological therapy, the target blood pressure should generally be $<130/80$ mm Hg

PRIMARY PREVENTION



INFARTO DEL MIOCARDIO ED IPERCOLESTEROLEMIA FAMILIARE



JACC
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

Familial Hypercholesterolemia Among Young Adults With Myocardial Infarction

Avinander Singh, Ankur Gupta, Bradley L. Collins, Arman Qamar, Keri L. Monda, David Biery, J. Antonio G. Lopez, Sarah D. de Ferranti, Jorge Plutzky, Christopher P. Cannon, James L. Januzzi Jr., Marcelo F. Di Carli, Khurram Nasir, Deepak L. Bhatt and Ron Blankstein

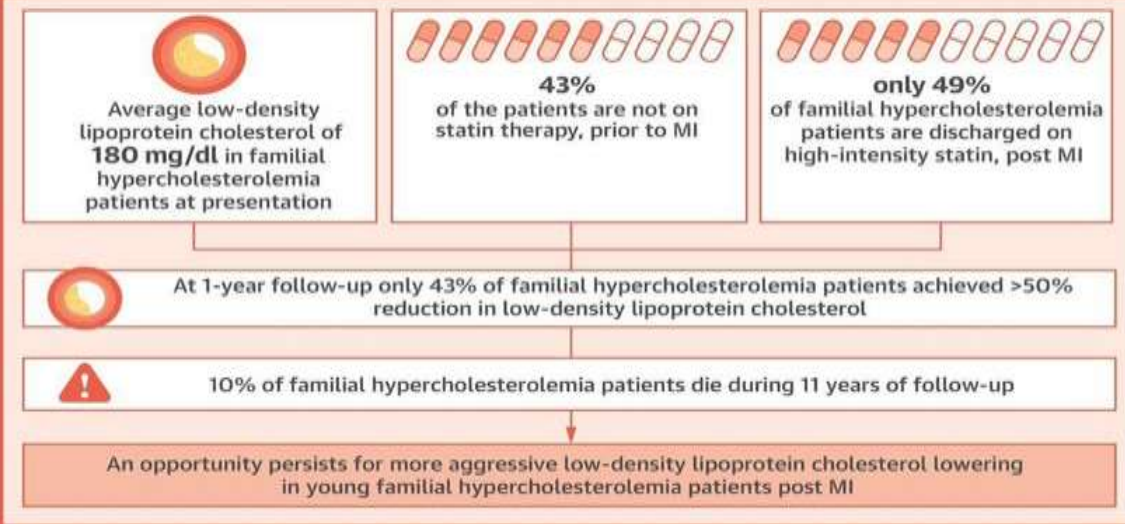
JACC Volume 73, Issue 19: May 2019

CENTRAL ILLUSTRATION: Prevalence of Familial Hypercholesterolemia Across Subgroups

Prevalence of Familial Hypercholesterolemia Among Young Adults with Myocardial Infarction (MI):



Treatment Opportunity for Young Adults with a Familial Hypercholesterolemia (FH) Diagnosis:



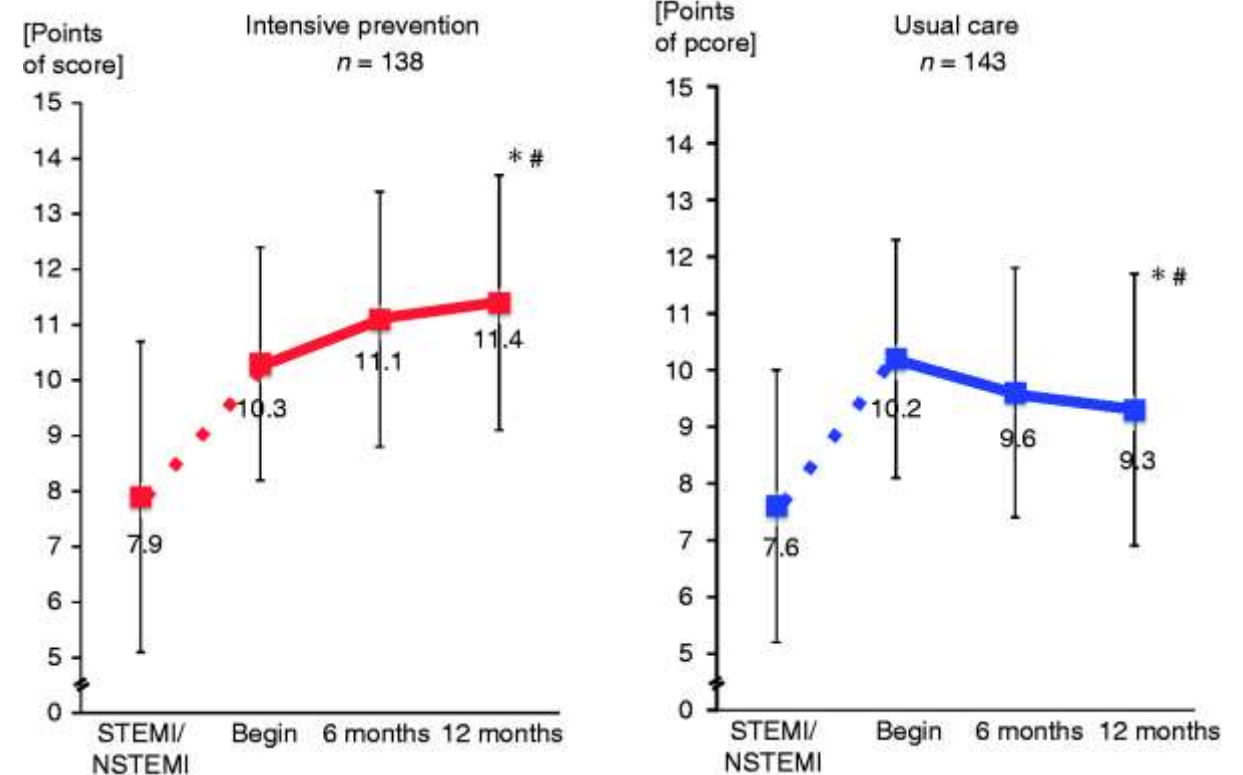
PREVENZIONE SECONDARIA

Effects of an intensive long-term prevention programme after myocardial infarction

A randomized trial

Harm Wienbergen¹, Andreas Fach¹, Sven Meyer², Jochen Meyer³, Janina Stehmeier¹, Tina Backhaus¹, Stephan Michel¹, Kirsten Kramer¹, Rico Osteresch¹, Johannes Schmucker¹, Henning Haase⁴, Tobias Harle², Albrecht Elsasser² and Rainer Hambrecht¹

Eur J Prev Cardiol, June 18; 2018



EFFICACY AND SAFETY OF STATIN THERAPY IN OLDER PEOPLE

THE LANCET

Efficacy and safety of statin therapy in older people: a meta-analysis of individual participant data from 28 randomised controlled trials

Cholesterol Treatment Trialist' Collaboration

The Lancet, Volume 393, 10170; P407-415, 2019

Number of participants in each study contributing to categories of age

Study	Median follow-up in survivors (years)*	Treatment comparison	Number of participants†	Age (years) at randomisation, n (%)					
				≤55	>55, ≤60	>60, ≤65	>65, ≤70	>70, ≤75	>75
Statin vs control									
SSSS	5.4	S20-40 vs. placebo	4,444	1,305 (29%)	1,095 (25%)	1,283 (29%)	760 (17%)	1 (0%)	0 (0%)
WOSCOPS	4.8	P40 vs. placebo	6,595	3,553 (54%)	1,800 (27%)	1,242 (19%)	0 (0%)	0 (0%)	0 (0%)
CARE	5.0	P40 vs. placebo	4,159	1,445 (35%)	747 (18%)	851 (20%)	740 (18%)	376 (9%)	0 (0%)
Post CABG	4.3	L40-80 vs. L2.5-5	1,351	315 (23%)	259 (19%)	362 (27%)	316 (23%)	97 (7%)	2 (0%)
AFCAPS/TexCaps	5.2	L20-40 vs. placebo	6,605	2,467 (37%)	1,610 (24%)	1,322 (20%)	898 (14%)	308 (5%)	0 (0%)
LIPID	6.0	P40 vs. placebo	9,014	2,349 (26%)	1,469 (16%)	2,128 (24%)	2,135 (24%)	933 (10%)	0 (0%)
GISSI-P	2.0	P20 vs. no treatment	4,271	1,515 (35%)	730 (17%)	767 (18%)	625 (15%)	410 (10%)	224 (5%)
LIPS	3.9	F80 vs. placebo	1,677	546 (33%)	269 (16%)	315 (19%)	277 (17%)	201 (12%)	69 (4%)
HPS	5.4	S40 vs. placebo	20,536	3,860 (19%)	2,994 (15%)	4,005 (20%)	4,898 (24%)	4,350 (21%)	429 (2%)
PROSPER	3.3	P40 vs. placebo	5,804	0 (0%)	0 (0%)	0 (0%)	501 (9%)	2,948 (51%)	2,355 (41%)
ALLHAT-LLT	4.9	P40 vs. usual care	10,355	494 (5%)	2,022 (20%)	2,511 (24%)	2,273 (22%)	1,635 (16%)	1,420 (14%)
ASCOT-LLA	3.3	A10 vs. placebo	10,305	1,604 (16%)	2,131 (21%)	2,125 (21%)	2,029 (20%)	1,520 (15%)	896 (9%)
ALERT	5.5	F40 vs. placebo	2,102	1,418 (67%)	254 (12%)	225 (11%)	150 (7%)	55 (3%)	0 (0%)
CARDS	4.1	A10 vs. placebo	2,838	634 (22%)	453 (16%)	622 (22%)	690 (24%)	397 (14%)	42 (1%)
ALLIANCE	4.7	A10-80 vs. usual care	2,442	662 (27%)	407 (17%)	481 (20%)	495 (20%)	377 (15%)	20 (1%)
4D	4.0	A20 vs. placebo	1,255	129 (10%)	177 (14%)	280 (22%)	273 (22%)	249 (20%)	147 (12%)
ASPEN	4.0	A10 vs. placebo	2,410	651 (27%)	436 (18%)	566 (23%)	500 (21%)	252 (10%)	5 (0%)
MEGA++	5.0	P10-20 vs. usual care	8,214	2,849 (35%)	1,870 (23%)	1,916 (23%)	1,496 (18%)	34 (0%)	0 (0%)
JUPITER	2.0	R20 vs. placebo	17,802	1461 (8%)	3,030 (17%)	4,050 (23%)	4,277 (24%)	2,808 (16%)	2,176 (12%)
GISSI-HF	4.2	R10 vs. placebo	4,574	680 (15%)	399 (9%)	695 (15%)	860 (19%)	885 (19%)	1,055 (23%)
AURORA	4.6	R10 vs. placebo	2,773	601 (22%)	468 (17%)	428 (15%)	480 (17%)	461 (17%)	335 (12%)
CORONA	3.0	R10 vs. placebo	5,011	0 (0%)	167 (3%)	760 (15%)	1,049 (21%)	1,197 (24%)	1,838 (37%)
HOPE-3	5.6	R10 vs. placebo	12,705	0 (0%)	2,289 (18%)	3,770 (30%)	3,560 (28%)	1,998 (16%)	1088 (9%)
Subtotal: All 23 trials	4.8		147,242	28,538 (19%)	25,076 (17%)	30,704 (21%)	29,282 (20%)	21,492 (15%)	12,101 (8%)
More vs less trials									
PROVE-IT	2.1	A80 vs. P40	4,162	1,797 (43%)	669 (16%)	585 (14%)	450 (11%)	355 (9%)	306 (7%)
A to Z	2.0	S40 then S80 vs. placebo then S20	4,497	1,547 (34%)	641 (14%)	652 (15%)	734 (16%)	643 (14%)	279 (6%)
TNT	5.0	A80 vs. A10	10,001	2,612 (26%)	1,711 (17%)	1,869 (19%)	2,033 (20%)	1,558 (16%)	218 (2%)
IDEAL	4.8	A40-80 vs. S20-40	8,888	2,419 (27%)	1,473 (17%)	1,564 (18%)	1,615 (18%)	1,242 (14%)	575 (6%)
SEARCH	7.0	S80 vs. S20	12,064	2,329 (19%)	1,864 (15%)	2,390 (20%)	2,453 (20%)	2,024 (17%)	1,004 (8%)
Subtotal: All 5 trials	5.1		39,612	10,704 (27%)	6,358 (16%)	7,060 (18%)	7,285 (18%)	5,822 (15%)	2,382 (6%)
Total: All 28 trials	4.9		186,854	39,242 (21%)	31,434 (17%)	37,764 (20%)	36,567 (20%)	27,314 (15%)	14,483 (8%)

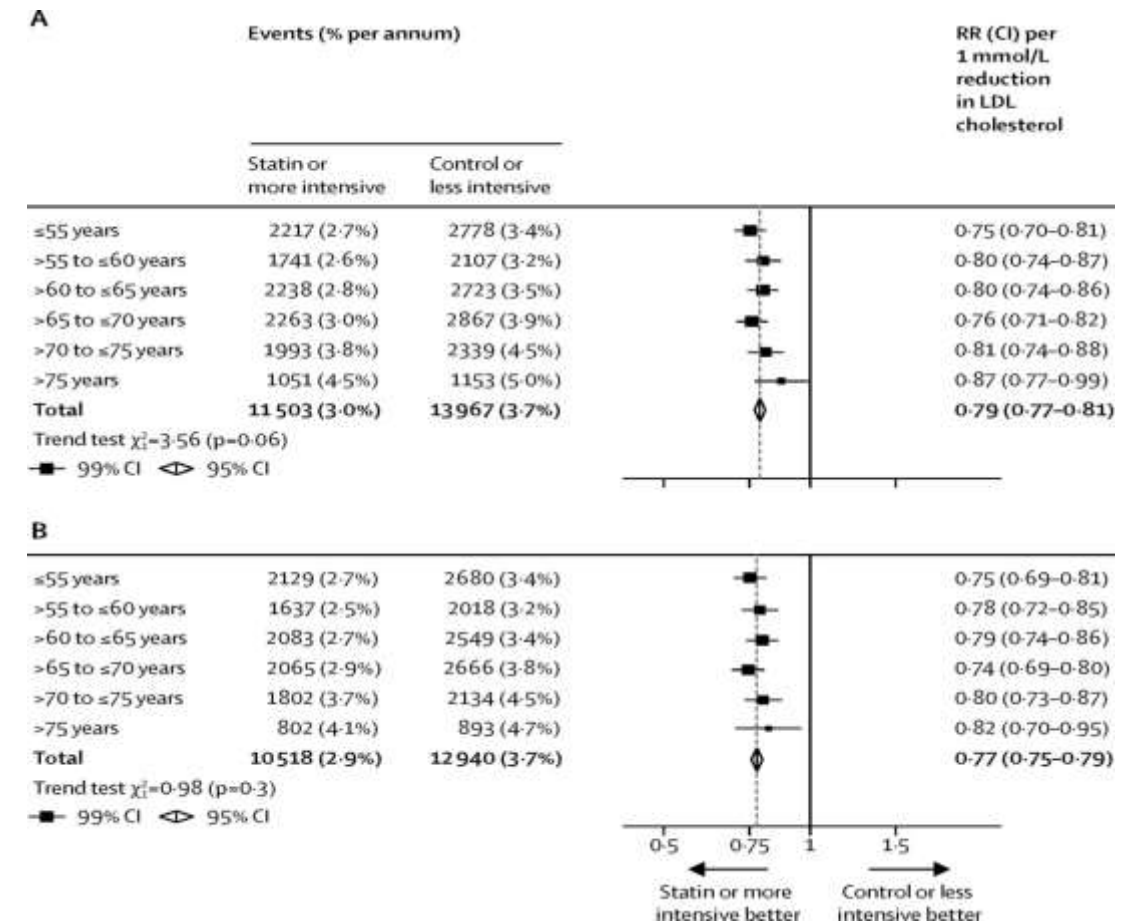
EFFICACY AND SAFETY OF STATIN THERAPY IN OLDER PEOPLE

Mean plasma lipid concentrations at baseline and mean difference in plasma lipid concentrations at 1 year in participants in all studies, by category of age

Age at randomisation	Mean plasma lipid concentrations at baseline				Mean difference in plasma lipid concentrations at 1 year			
	Total cholesterol (mmol/L)	LDL cholesterol (mmol/L)	HDL cholesterol (mmol/L)	Triglycerides (mmol/L)	Total cholesterol (mmol/L)	LDL cholesterol (mmol/L)	HDL cholesterol (mmol/L)	Triglycerides (mmol/L)
Statin vs. control								
≤55	5.9	3.8	1.1	2.0	-1.18	-1.06	0.02	-0.24
>55, ≤60	5.7	3.6	1.2	1.8	-1.24	-1.10	0.06	-0.27
>60, ≤65	5.6	3.6	1.2	1.8	-1.22	-1.09	0.03	-0.20
>65, ≤70	5.5	3.4	1.2	1.8	-1.27	-1.12	0.06	-0.38
>70, ≤75	5.5	3.4	1.2	1.7	-1.31	-1.10	0.01	-0.17
>75	5.3	3.3	1.3	1.6	-1.01	-0.97	0.07	-0.24
Subtotal (23 trials)	5.6	3.6	1.2	1.8	-1.21	-1.08	0.04	-0.26
More vs. Less statin								
≤55	4.5	2.6	1.1	2.0	-0.68	-0.56	-0.01	-0.26
>55, ≤60	4.4	2.5	1.1	1.9	-0.67	-0.55	-0.01	-0.29
>60, ≤65	4.4	2.5	1.1	1.8	-0.61	-0.51	-0.01	-0.22
>65, ≤70	4.3	2.5	1.2	1.7	-0.58	-0.48	-0.00	-0.21
>70, ≤75	4.3	2.4	1.2	1.6	-0.55	-0.47	0.00	-0.18
>75	4.3	2.4	1.2	1.6	-0.47	-0.38	0.00	-0.18
Subtotal (5 trials)	4.4	2.5	1.1	1.8	-0.61	-0.51	-0.01	-0.23

Lipid differences at 1 year for trial subgroups weighted by trial and age subgroup-specific variances of observed logrank (o-e) for major vascular events.

Effects on major vascular events per mmol/L reduction in LDL cholesterol by age at randomisation





LA NOSTRA STRUTTURA

Attività assistenziale

The image displays a medical software interface for patient management, overlaid on a photograph of a hospital room. The software window, titled "WENCARE - Gestione Eventi", shows a patient's medical history and current data. The interface includes a navigation bar with buttons for "Precedente", "Chiudi", "Salva", "Stampa", "E-Mail", "Strumenti", and "Mappa eventi".

Key sections of the software include:

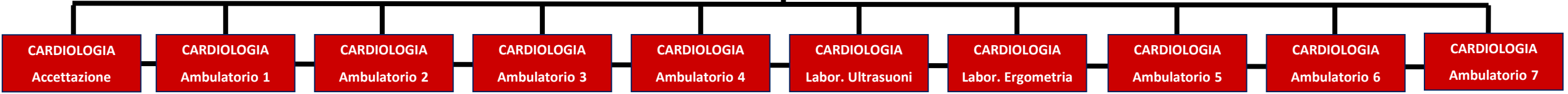
- Ha seguito regolarmente la terapia?** (dropdown menu)
- Effetti collaterali?** (dropdown menu)
- Quali ?** (text input)
- Valori di P.A. a domicilio:** P.A.S. (mmHg) and P.A.D. (mmHg) (input fields)
- Anamnesi Prossima:** (text input)
- Generale e Cardiovasc.:** (text input)
- Ricovero per patologia cardiovascolare:** (dropdown menu)
- Ricovero per patologia extracardiovascolare:** (dropdown menu)
- Calcolo Score di Rischio comune:** (button)
- Pressione arteriosa sistolica:** (input field)
- Diabete:** (dropdown menu)
- Rischio Cardiovascolare:** (input field)
- Calcola** and **Importa** (buttons)
- NYHA:** (dropdown menu)
- Stadio Scompenso:** (dropdown menu)
- Puls arteriosi:** (dropdown menu)
- ECG:** (dropdown menu)
- Consul. est.:** (dropdown menu)
- Att. Fisica:** (input field)
- Table of Blood Pressure Readings:**

P.A. (Cino)	P.A. (Orto)	P.A. (Sitting)	PASAISN	PASAIEX
150 / 90 mmHg	159 / 98 mmHg	148 / 90 mmHg	208 mmHg	130 mmHg
154 / 99 mmHg	166 / 99 mmHg	144 / 91 mmHg	ABISN	ABEDX
	151 / 94 mmHg	141 / 94 mmHg	.71	.72
152 / 93 mmHg	158 / 97 mmHg	144 / 91 mmHg	Calcola Valori Medi	
Frequenza Cardiaca	96 bpm	90 bpm		

The background photograph shows a hospital room with a patient bed, a stethoscope, and medical equipment. The software interface is displayed on a monitor in the room.

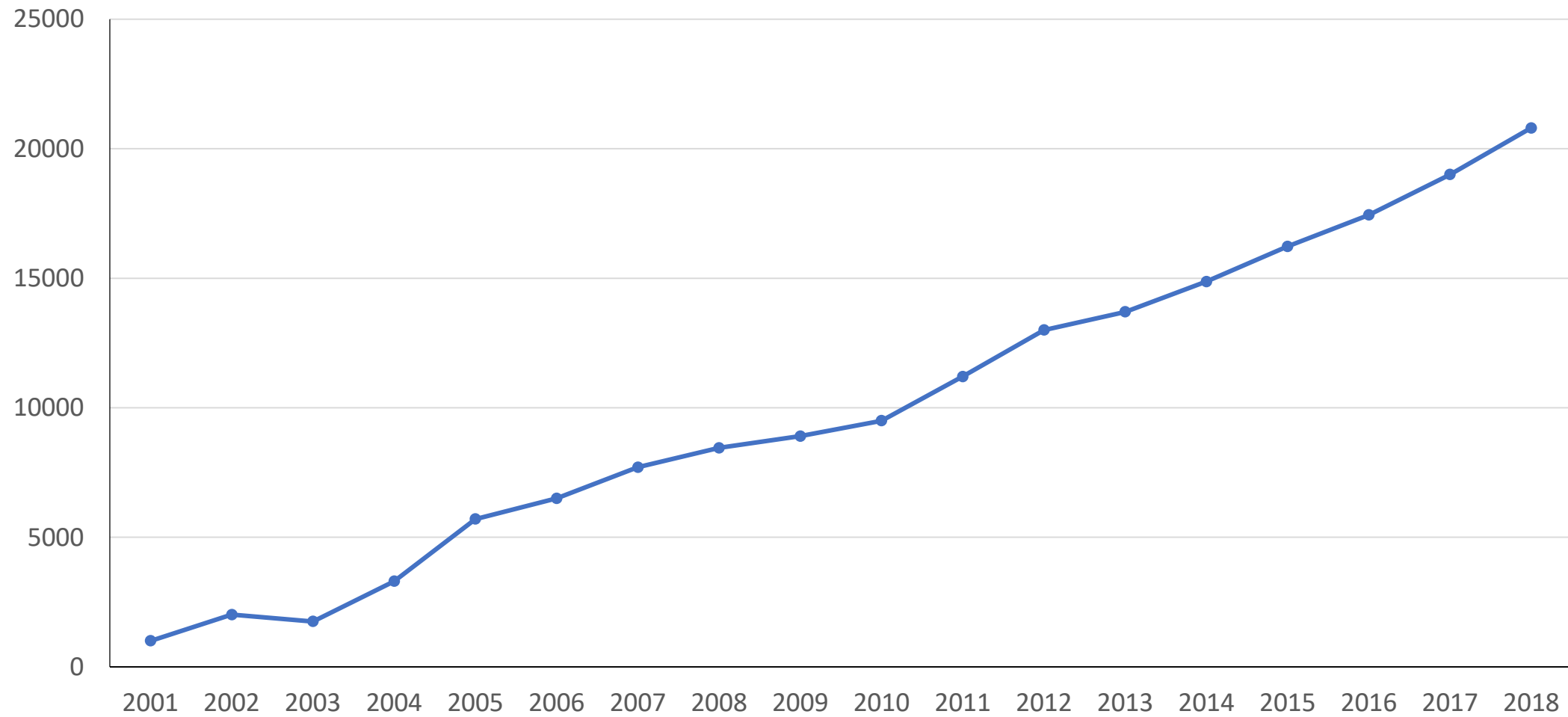
LA NOSTRA STRUTTURA

Architettura informatica



LA NOSTRA STRUTTURA

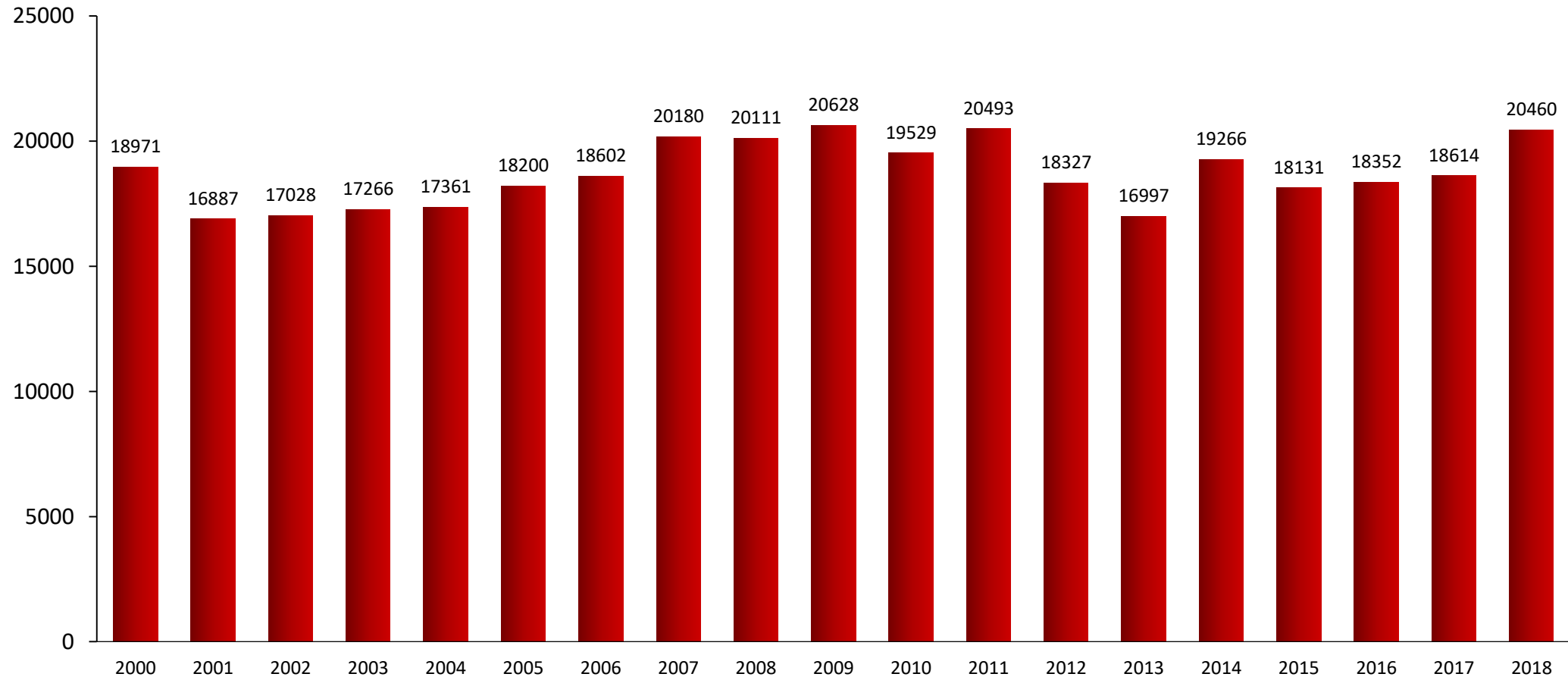
N pazienti



U.O.S.D PDTA/Patologia Cardiovascolare, data on file 2019

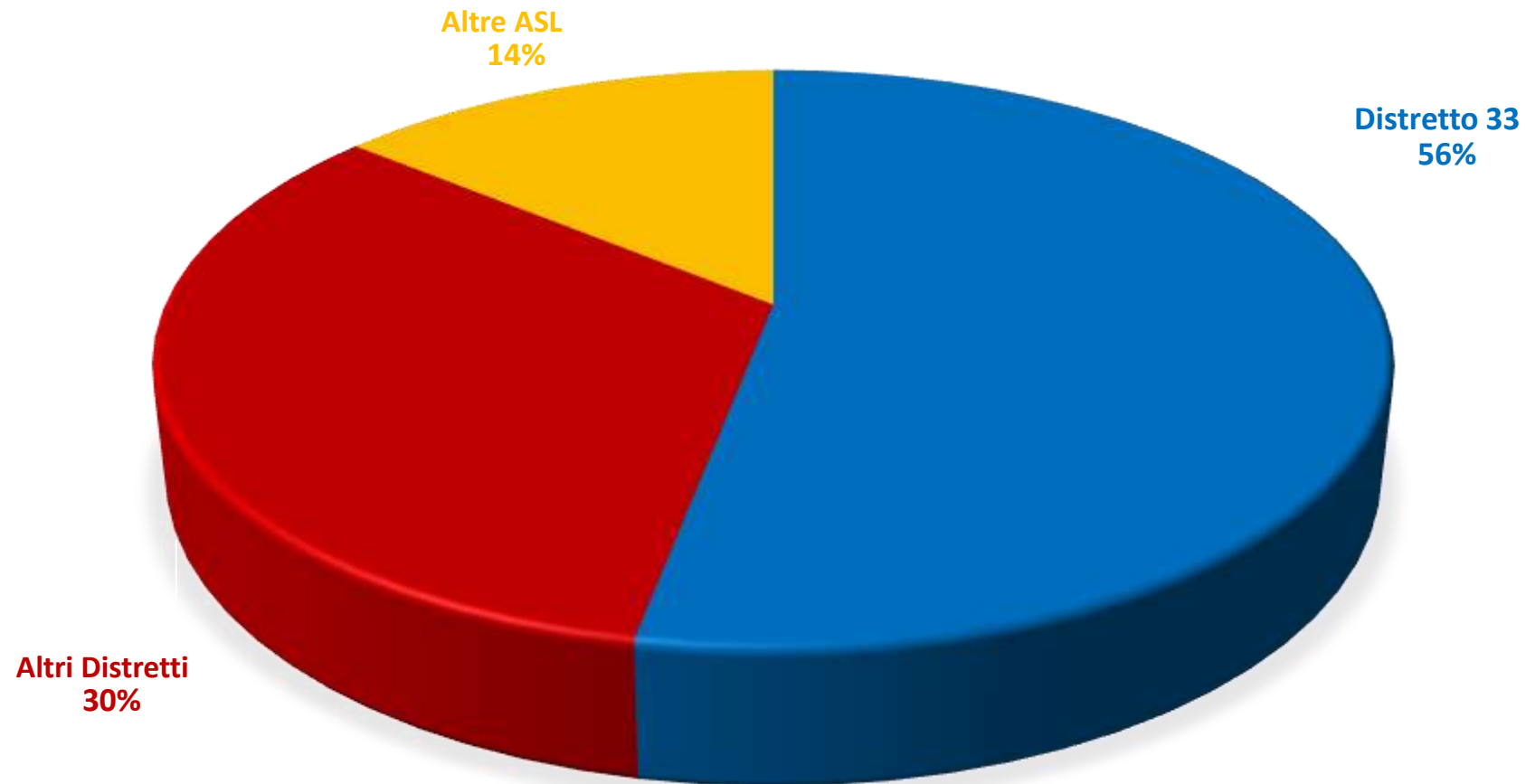
PERFORMANCE STRUTTURA

Prestazioni complessive erogate: 355.403
Media prestazioni erogate/anno: 18.705



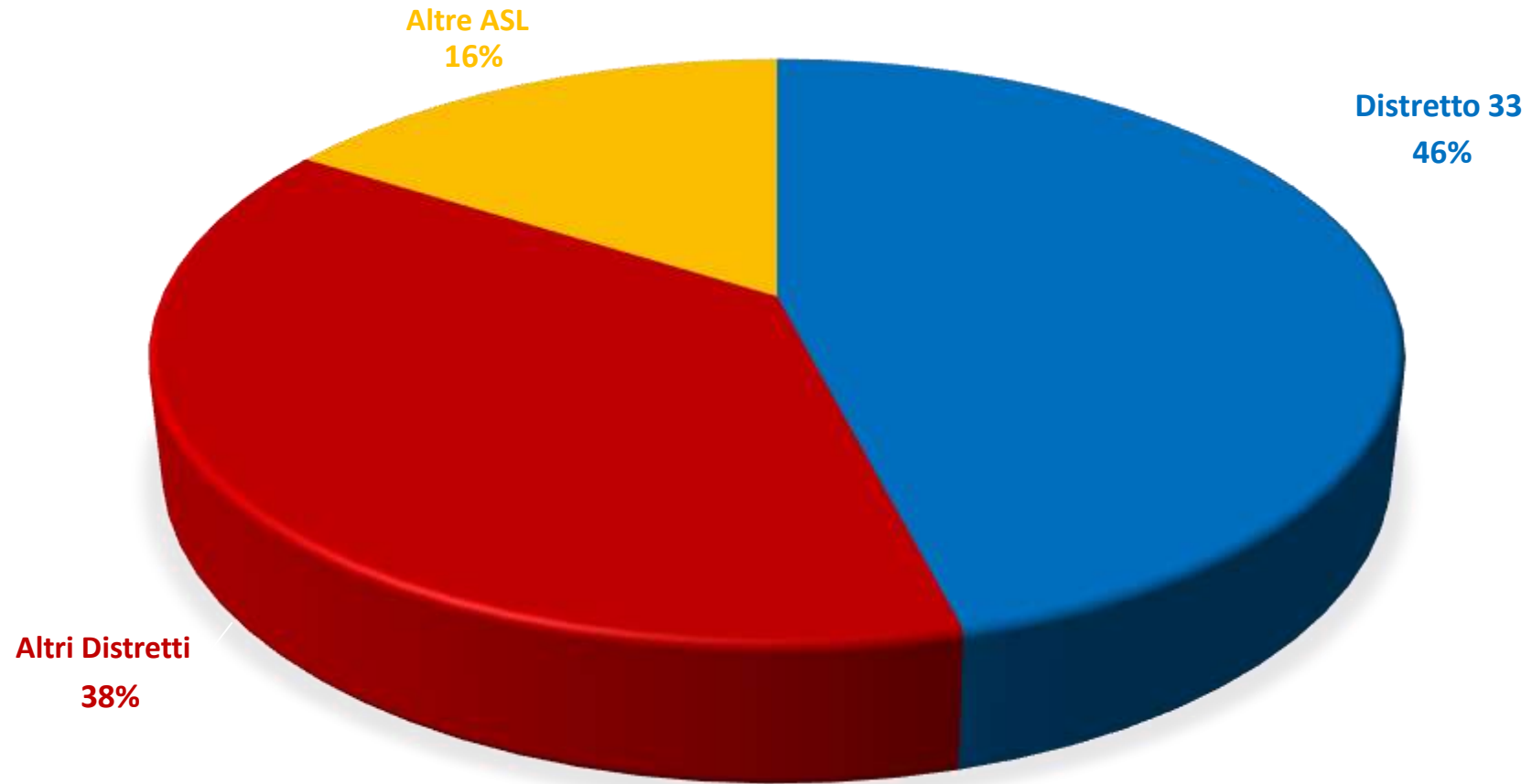
PERFORMANCE STRUTTURA

PROVENIENZA PAZIENTI - ANNO 2017



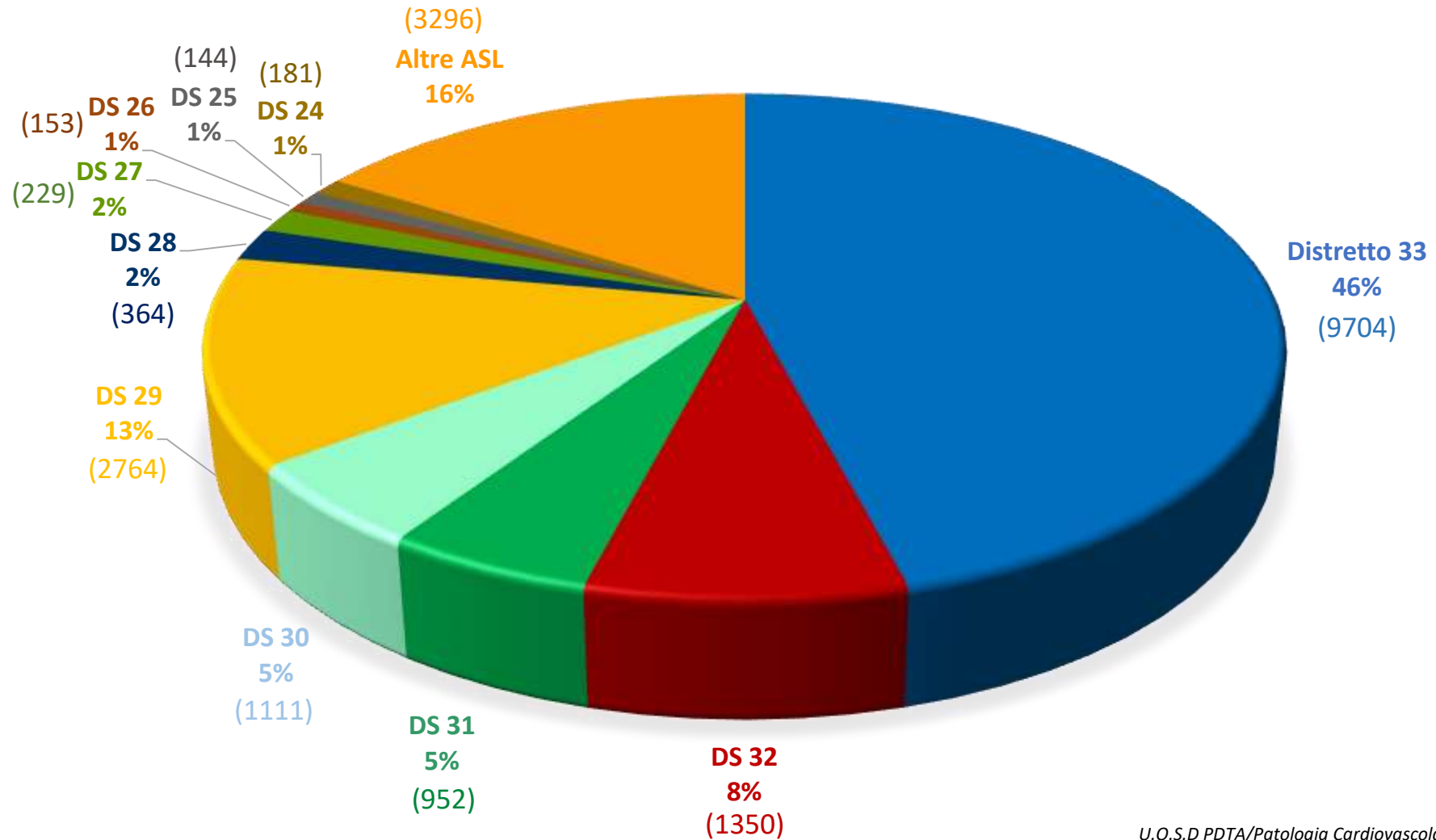
PERFORMANCE STRUTTURA

PROVENIENZA PAZIENTI - ANNO 2018



PERFORMANCE STRUTTURA

PROVENIENZA PAZIENTI - ANNO 2018



MODELLO DI PRESA IN CARICO PER LA VALUTAZIONE CARDIOLOGICA E MULTISPECIALISTICA IN UN PERCORSO ASSISTENZIALE INTEGRATO PER I PAZIENTI AFFETTI DA DISLIPIDEMIE

Primo accesso all'Ambulatorio di Cardiologia:

- Prima visita (anamnesi familiare e personale remota e prossima, esame obiettivo completo);
- ECG standard 12 derivazioni;
- Definizione e programmazione degli esami diagnostici Strumentali ed eventuale integrazione degli esami di laboratorio già effettuati.

Secondo accesso: esecuzione degli esami diagnostici

- Prelievo per gli esami di Laboratorio o eventuale integrazione di quelli già praticati;
- Esecuzione, presso l'Ambulatorio di Cardiologia, degli esami strumentali necessari a ciascun paziente.

Terzo accesso:

- Raccolta di tutti gli esami eseguiti;
- Formulazione della diagnosi con definizione del rischio cardiovascolare globale;
- Valutazione integrata del programma terapeutico e di follow-up tra Specialisti in Cardiologia, ove necessario in Chirurgia Vascolare, e Medico di Medicina Generale;
- Consegna al paziente di un Report completo di tutto quanto appena indicato, per il pieno coinvolgimento ed integrazione delle attività del Medico di Medicina Generale nel prosieguo del follow-up.

PROPOSTA DI ASSETTO FUNZIONALE DELLE STRUTTURE DISTRETTUALI PER L'ASSISTENZA AL PAZIENTE AFFETTO DA MALATTIE DELL'APPARATO CARDIOVASCOLARE

