Framingham Risk Score for Cardiovascular Disease: Application to Jordanian Community; A cross sectional study

shereen Arabiyat¹, odate tadros ¹, Tamara Al-daghastani¹, and Deema Jaber²

February 23, 2021

Abstract

Objective: The aim of this study is to assess the protective measures taken by the Jordanian population in order to decrease the risk of the first cardiovascular event using Framingham score risk classification to assess cardiac event risk. Methods: Several nationally representative models of adult Jordanians were recruited in this study. Demographic data and anthropometric parameters were documented. Framingham risk score was calculated. Accordingly, cardiac event risk has been determined. Google form was created to generate a survey. Social media was utilized to extend the survey. Key findings: As expected, taking lipid lowering medications has decreased the Framingham score significantly, patients with high HDL value have lower Framingham score. Significant difference in Framingham score between diploma and patients with high school or less education level p-value 0.043. There was a significant difference in Framingham score between nonsmokers and sometimes smokers. The study revealed that 90% of the participants were having low risk for developing CVD, 5% were at intermediate risk and 5% were at high risk for developing CVD. This was expected as the average age was between 20-30 years. Conclusion: This study presented no advantage and even some harm because of consuming daily low-dose aspirin in some groups of people formerly thought to benefit from such treatment. This new piece of information applies to patients who do not have identified cardiovascular disease. If you have not had one of the above situations or events and are older than 70 years, younger than 40 years, or at higher danger of bleeding because of a medical condition or treatments, you should not consume aspirin for principal prevention of heart disease. If you are between 40 and 70 years old, at decreased risk of bleeding, and thought to be at increased risk of heart disease, you might get advantage from using aspirin.

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¹Affiliation not available

²Zarqa University