

Epidemiology

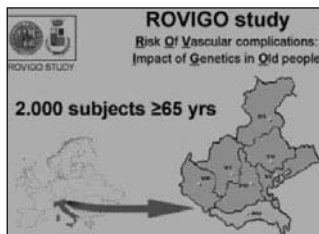
3.1 Genetics of Cardiovascular Risk in the Elderly: the ROVIGO study (Risk of Vascular Complication: Impact of Genetics in Old People)

A. Mazza (1), S. Zamboni (1), A. Marcolongo (2), E. Casiglia (3), A.C. Pessina (3), P. Rempelou (3), A. Bascelli (3), V. Tikhonoff (3), S. Cuppini (1)

(1)SOC di Medicina Interna - Azienda ULSS 18 Rovigo, Rovigo, Italy, (2)Direzione Generale, Azienda ULSS 18 Rovigo, Rovigo, Italy, (3)Dipartimento di Medicina Clinica e Sperimentale, Università degli Studi di Padova, Padova, Italy

Introduction. Over the last decade the genetic component of the cardiovascular risk (CV) has particularly been evaluated in young adults; on the contrary, only few studies have had elderly population as main target.

Aim. The ROVIGO study is aimed at identifying the prevalence and distribution of CV risk factors in the elderly from the general population of Rovigo (see figure), and to clarify if they depend on genetic or environmental modifiable risk factors.



Methods. Two thousand males and females aged between 65 and 95 years, born and residents in Rovigo, will be recruited and undergo echocardiography, carotid echocolor-Doppler sonography, spirometry, 24-hour ambulatory blood pressure monitoring, blood tests for general biochemical examinations and for genetic polymorphism of genes codifying the angiotensin converting enzyme, alpha and beta-adducin, angiotensinogen, GNB3 protein and glycoprotein Gp2b/3a. The ROVIGO study, initially cross-sectional, is intended to provide the basis for a longitudinal survey of mortality and morbidity through monitoring register of survivors.

Results. Characterisation of the real risk factors of the elderly through the analysis of specific genetic outfits indeed implicated in the genesis of the CV events.

Discussion. The formulation of intervention strategies for prevention of CV events, the creation of a genetic database and a map of the risk CVS in the Polesine country, will provide an immediate relapse in term of image of the sanitary structures involved, as well as the rationalization of the sanitary costs related to the hospitalization through the early individualization of the subjects at higher CV risk.