Rev. Fac. Med. Hum. 2022; 22(2):436-437.
DOI: 10.25176/RFMH.v22i2.4805
ISSN Versión Online: 2308-0531
Facultad de Medicina Humana URP

ADDITIONAL COMMENTS TO THE ARTICLE WRITTEN BY EYMARD TORRES-RODRIGUEZ ET AL: REDUCTION OF CARDIOVASCULAR RISK IN OBESE PATIENTS WHO PARTICIPATED IN A LIFESTYLE MEDICINE PROGRAM

COMENTARIOS SOBRE EL ARTÍCULO: "DISMINUCIÓN DEL RIESGO CARDIOVASCULAR EN PACIENTES OBESOS QUE PARTICIPARON EN UN PROGRAMA DE MEDICINA DE ESTILO DE VIDA"

John C. Longa López [1,a]

LETTERS TO THE EDITOR

Dear Editor

Chronic diseases have occupied a leading place in global morbidity and mortality statistics, given the increase in life expectancy and access to new therapeutic technologies and advanced drugs. Cardio-metabolic diseases such as diabetes, high blood pressure, dyslipidemia, and obesity, among others, are clear examples of both the impact and the advent of new therapeutic opportunities. In this study, the effect of a lifestyle program on the cardiovascular risk of enrolled patients was evaluated.

However, it is essential to point out that the sample size included (n= 9) is small to be able to reach generalizations in such a short time, especially in an impact variable that is calculated in the long term (10 years) in the outcome of events " hard" such as cardiovascular events (fatal and non-fatal myocardial infarction or cerebrovascular accident) and especially having a "complacent" starting point in which 77.8% of patients already came with low cardiovascular risk. Not having a group control, being themselves their control, and not having the statistical significance of the changes observed in the variables studied, is a significant limitation to attribute the results obtained to the program in question.

In the present study, it is noteworthy that patients with stage 3 and 2 arterial hypertension, for example, apparently passed to lower stages. Still, it is not mentioned whether they received pharmacological treatment, which was mandatory in this degree of arterial hypertension, given its magnitude. : if he did not receive it, it was a regrettable omission, and if he did receive it, then the pharmacological control was not adequate, and we cannot attribute the drop in blood pressure only to the lifestyle program. Another aspect that draws a lot of attention is the decrease in the reported body mass index, in which there is a decrease in the percentage of fat but especially in muscle mass, which constitutes an "unwanted" outcome that could lead to what we call sarcopenic obesity, with the dire consequences in cardiovascular risk that have the loss of muscle mass. An important limitation is the fact that patients are not given basal glucose, a variable with a high impact on cardiovascular risk since, being obese, it was necessary to rule out diabetes in this group to better stratify it.

The present author has allowed himself to do an exercise to assess long-term cardiovascular risk with the changes achieved by the program cited in this study to see the impact of this intervention on cardiovascular

[1] Instituto de Investigaciones en Ciencias Biomédicas, Universidad Ricardo Palma. Lima, Perú.
[a] Especialista en Endocrinología. Maestría en Salud Pública con mención en Gestión Hospitalaria.

Cite as: John C. Longa López. Additional comments to the article written by eymard torres-rodriguez et al: reduction of cardiovascular risk in obese patients who participated in a lifestyle medicine program. Rev. Fac. Med. Hum. 2022; 22(2):436-437. DOI: 10.25176/RFMH.v22i2.4805

Journal home page: http://revistas.urp.edu.pe/index.php/RFMH

mortality over more than 10 years, using the QRISK Lifetime Cardiovascular Risk Calculator and using the mean values of the entire group (n=9) obtained after 6 months of intervention reported in the tables presented. Thus, a patient with an average age of 51 years (reported in the study), a non-smoker (since none of the group was a smoker), with a total/HDL cholesterol ratio of 5.27 and 4.98, before and after the intervention (the average LDL-C reported by the study and an average valuemg/dl of 40 of HDL-C before and after the intervention have been considered, the latter parameter that was not evaluated in the present study and that constitutes a limiting) with a systolic pressure of 132 and 124 mmHg (before and after the intervention, respectively, values reported by the study) and a weight of 109 and 106 kg (before and after the intervention reported by the study) have the following curves projection of cardiovascular risk: 44.3 41.2.

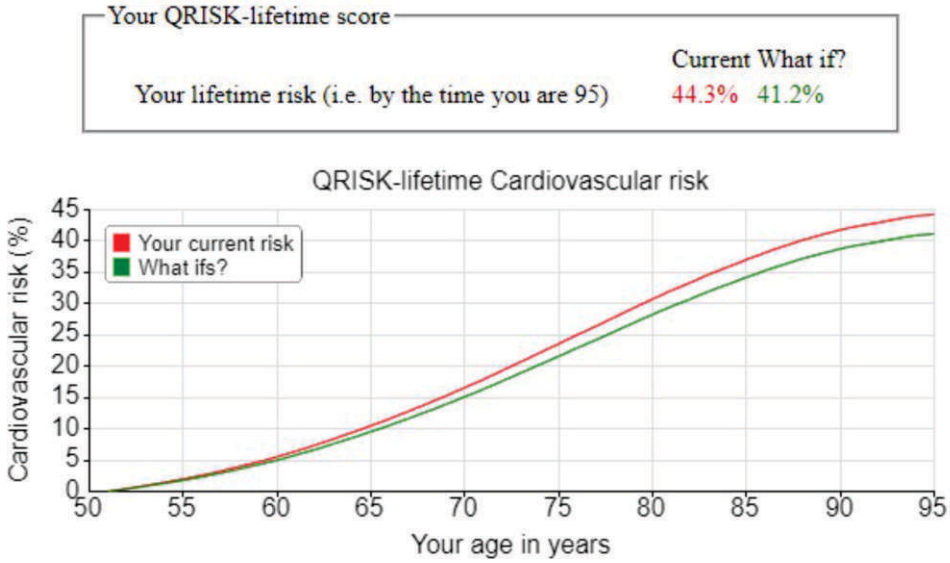

Figure 1. Change in cardiovascular risk estimated with QRISK Lifetime Cardiovascular Risk Calculator

Note that the cardiovascular risk curves only begin to separate above 60 years of age, which tells us about the need for long-term sustainability of interventions to really have a significant impact.

Finally, there is no doubt that changes in lifestyle are a fundamental pillar for the prevention of many chronic diseases and that cardiovascular risk stratification allows the profiling of each patient towards the practice of individualized medicine with a preventive approach.

Authorship contributions: The author analyzed and the preparation of the manuscript of this article.

Funding sources: Self financed

Conflicts of interest: The author declares not having conflict of interests.

Received: February 16, 2022
Approved: March 03, 2022

Correspondence: *John Carlos M. Longa López*
Address: *Calle Doña Nelly 566 dpto 401- Urb. Santa Rosa de Surco, Surco, Lima-Perú.*
Telephone number: *959912710*
E-mail: *: johnlonga@gmail.com*

REFERENCES

1. Torres-Rodriguez E, Cedillo-Ramirez L. Disminución del riesgo cardiovascular en pacientes obesos que participaron en un programa de medicina de estilo de vida. Rev Fac Med Humana. 2022;22(1):110–9. doi:10.25176/RFMH.v22i1.4095
2. Hippisley-Cox J, Coupland C, Robson J, Brindle P. Derivation, validation, and evaluation of a new QRISK model to estimate lifetime risk of cardiovascular disease: cohort study using QResearch database. BMJ. 2010;341:c6624. doi:10.1136/bmj.c6624