



To News Editor
For Immediate Release

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First Local Coronary Registry Set up by CUHK Shows Heart Attacks Different from the West

Coronary heart disease is becoming a global pandemic. It is caused by the narrowing of arteries supplying the heart. When these arteries are occluded, it will result in acute myocardial infarction (commonly known as heart attack) or unstable angina, a condition collectively called Acute Coronary Syndrome (ACS). In the United States, 1.4 million people are diagnosed with ACS annually. ACS is also one of the leading causes of death in the European Union. In Hong Kong, heart diseases caused about 64,600 hospitalization and 6,372 deaths in 2007.

In order to develop a database for heart attack of the Hong Kong population, the Division of Cardiology of the Department of Medicine and Therapeutics at The Chinese University of Hong Kong (CUHK) initiated the first comprehensive ACS registry of Hong Kong. The database recorded 625 patients with ACS who were admitted to the Prince of Wales Hospital between February 2006 and March 2008. Among them, 388 were male and 237 female, with an average age of 69. Data shows that a number of risk factors have contributed to the development of ACS in these patients. 61% of them were diagnosed with hypertension, 35% with diabetes mellitus and 22% with hypercholesterolaemia. Current smokers account for 22% while ex-smokers for another 25%.

The findings in the registry provide important information which may serve as a blueprint for studying the disease and planning for treatment measures. Contrary to popular belief, ACS is not an exclusive disease in the male population. As shown in the ACS registry, 38% of the patients are female and their first presentation of the condition is 8 years later than their male counterparts.

The ACS registry also observed that the occurrence of ACS in Hong Kong Chinese population is different from that of the West. One of the alarming findings is a significantly higher proportion of patients (70%) who had no history of coronary heart disease prior to their first presentation of ACS to the hospital. This means that there were no previous warning signs before the heart attack, such as angina, which may be fatal if not treated promptly.

It is commonly known that obesity and high cholesterol profile are risk factors for ACS. In the West, obesity is prevalent where the mean Body Mass Index (BMI) is 29.3 for Caucasians and 30.6 for the Blacks (normal value is below 25). However, the patient group of the ACS registry is only mildly overweight (mean BMI at 24.4; normal value is below 23) and tends to have a lower rate of hypercholesterolaemia (22% for Hong Kong versus 44-75% for western populations).

Although Hong Kong Chinese has a lower risk factor profile (i.e. less obese and lower cholesterol values) than the western counterparts, ACS remains one of the top conditions leading to mortality and morbidity locally. Patients who survive from ACS will develop debilitating and fatal complications of heart failure and sudden cardiac death. In conclusion, the ACS registry provides important reference data for the government and physicians in Hong Kong for planning of effective prevention programme and treatment of ACS.



致新聞編輯
請即發放

中大設全港首個急性冠狀動脈綜合症數據庫 發現港人心臟病發情況與外國迥異

冠心病正威脅著全球人類的健康。它的發病成因是輸送血液至心臟的動脈血管收窄，當動脈血管栓塞，便會引發急性心肌梗塞（一般稱作心臟病突發）或不穩定型心絞痛，以上情況可綜合稱為急性冠狀動脈綜合症。在美國，每年有 140 多萬人患上冠心病，為歐盟國家最常見的死亡病因之一。在本港，2007 年因心臟病而需住院的人數約 64,600 人次，死亡人數為 6,372 人。

為了進一步收集港人心臟病的統計資料，香港中文大學（中大）內科及藥物治療學系心臟科成立了全港首個急性冠狀動脈綜合症數據庫。數據庫紀錄了 625 名於 2006 年 2 月至 2008 年 3 月期間，因患上急性冠狀動脈綜合症而在沙田威爾斯親王醫院接受治療的患者資料（388 名男性及 237 名女性，平均年齡為 69 歲）。資料顯示，患上急性冠狀動脈綜合症的患者均帶有一些高危因素，當中包括 61% 患者有高血壓；35% 患者有糖尿病，以及 22% 患者的膽固醇過高。另外，目前有吸煙習慣的患者佔 22%，過往有吸煙習慣的患者則佔 25%。

此數據庫的結果提供了重要的資料，為研究及治療急性冠狀動脈綜合症訂下藍圖。外界普遍認為，急性冠狀動脈綜合症只發生在男性身上，事實卻並非如此。數據庫顯示，有 38% 患者為女性，她們第一次發病的時間較男性遲 8 年。

該數據庫亦顯示，港人的心臟病發情況與西方國家迥異。其中一個顯著的發現是高達 70% 的患者於第一次發病前未曾患上冠心病，表示他們在心臟病發前，並沒有出現如胸悶的徵兆。若未能及時處理，或可致命。

另外，肥胖及高膽固醇均為引發急性冠狀動脈綜合症的高危因素。西方國家的肥胖現象較普遍，白種人及黑種人的平均體重指標（BMI）分別為 29.3 及 30.6（正常指數為 25 以下）。相反，數據庫所記錄的患者只屬輕微過重（平均體重指標為 24.4，正常指數為 23 以下），膽固醇過高的人數比例也較少（香港為 22%，西方國家則為 44%-75%）。

雖然港人患上急性冠狀動脈綜合症的高危因素較西方人為低(即肥胖現象較輕微及膽固醇指數較低)，惟急性冠狀動脈綜合症在本港仍是導致死亡及發病的主要原因之一。急性冠狀動脈綜合症的患者康復後，亦較易發生心衰竭及心臟猝死。總括而言，急性冠狀動脈綜合症數據庫為政府及本港醫生提供了極具參考價值的資料，有助制定有效的疾病預防計劃及治療方案。

二零零八年十一月二十一日