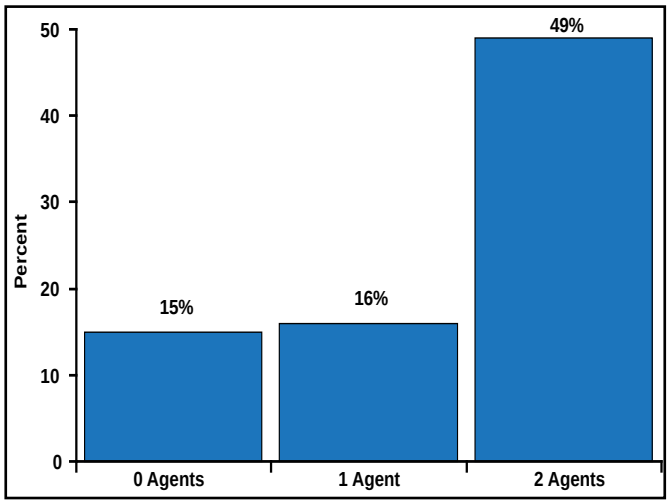
**Figure 2. CCSCDI Data: Antiplatelet Therapy.**




CCSCDI=Caribbean Cardiac Society Cardiac Diagnostic and Interventional Registry.
Reproduced with permission from G. Aelong, MD.

Further development will require the cooperation of all stakeholders. According to Dr. Aleong, the registry is in its early developmental stages and will be fully established over the next year.

## The West Indies Cardiac Surgery Registry: One Year Later

*Written by Rita Buckley*

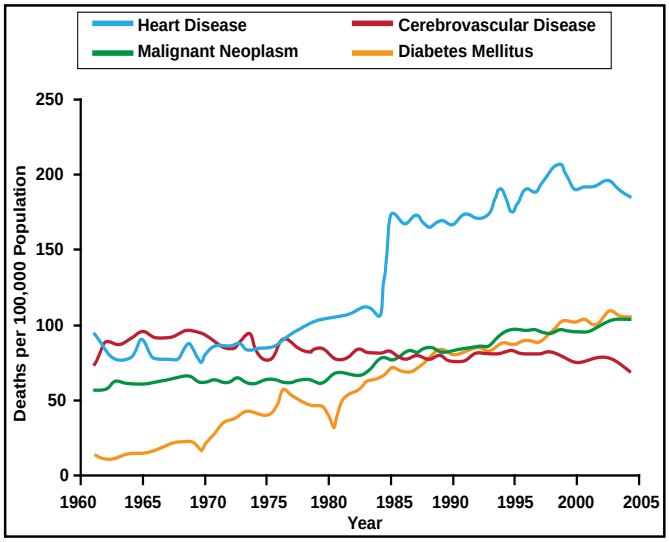
Cardiovascular disease has been the leading cause of death in Trinidad and Tobago since the 1940s; it accounts for a proportional mortality of 25% [Mungrue K et al. *Anadolu Kardiyol Derg* 2011] (Figure 1). In 2011, the Caribbean Cardiac Society (CCS) endorsed development of a regional West Indies Cardiac Surgery Registry (WICSR). Randolph Rawlins, MBBS, Doctors' Inn Research Group (DIRG), Diego Martin, Trinidad and Tobago, presented an update on the status of WICSR.

WICSR is an online regional and multi-institutional cardiac surgical database serving all cardiac units in the Caribbean that perform open heart surgery. Its goals are to collect, collate, risk stratify, and analyze patient characteristics by categories of procedures performed. Its mission is to inform decision-making in a resource-limited environment.

Eight countries (Bahamas, Barbados, Belize, Guyana, Jamaica, Martinique, St. Croix, and Trinidad and Tobago), working in collaboration with Imperial College, London, United Kingdom, are participating in the registry.

Since last year, a template comprising a list of variables has been recommended by regional partners. These variables have been collated by the DIRG for the CCS and are available for demonstration. The dataset is illustrative, user-friendly, and offers ease of data entry. Its various menu and submenu options can now be tested.

**Figure 1. Cardiovascular Disease Is the Leading Cause of Death in the Caribbean.**




Reproduced with permission from R. Rawlins, MBBS.

Dr. Rawlins said that the WICSR is a revolutionary approach to recording data among regional surgical centers and its utilization and growth should be encouraged. "The registry will benefit patients, healthcare providers, and caregivers, including surgeons and cardiologists. Information from this resource will be of value for research, training, and professional development," he explained.

## Low Socioeconomic Status Is Associated with Greater Cardiovascular Risk in Guadeloupe

*Written by Rita Buckley*

Low socioeconomic status is associated with large increases in cardiovascular disease (CVD) risk in men and women [Clark AM et al. *Nat Rev Cardiol* 2009]. Victor Atallah, MD, Reseau HTA-GWAD, Gourbeyre, CHU de Pointe à Pitre, Guadeloupe, France, presented results from CONSTANT, a cross-sectional study to assess the relationship between socioeconomic factors and the expression of multiple cardiovascular (CV) risk factors in an adult Caribbean population.

CONSTANT was carried out in 2007 on a representative sample of the adult Guadeloupian population. It included 1005 subjects (46% men) aged 25 to 74 years selected via

stratified random sampling. The expression of multiple CV risk factors was defined by the presence of >3 risk factors in 1 individual. These included hypertension, diabetes and dyslipidemia, abdominal obesity, and tobacco use.

The diagnosis of hypertension was based on 2 consultations during which the blood pressure was assessed 6 times. Abdominal obesity was a measured waist circumference of ≥102 cm for men or ≥88 cm for women. Dyslipidemia and diabetes were based on declared treatment during face-to-face interviews conducted at respondents' homes by trained investigators working in pairs.

Subjects were recruited from May 2006 to December 2007. Nearly 80% were younger than 55 years; 23.4% had <6 years of schooling; 8.4% to 10% were welfare recipients. Of the men, 7% had 3 or more risk factors versus 10.6% of women (Table 1).

**Table 1. Distribution of CV Risk Factors Among Men and Women.**

| | Men | Women |
|---|---|---|
| CV Risk Factors* (%) | n=385 | n=482 |
| 0 | 47.5 | 30.1 |
| 1 | 32.7 | 40.0 |
| 2 | 12.7 | 19.3 |
| ≥3 | 7.0 | 10.6 |

*Among tobacco, diabetes, dyslipidemia, hypertension, and abdominal obesity; CV=cardiovascular..

Among those <55 years, 20% with an elementary school education had 3 or more CV risk factors versus 2.7% of those with a secondary education level or higher. For that same age group, 10.6% of welfare recipients had 3 or more risk factors versus 3.5% of higher income individuals. Odds ratios of having 3 or more risk factors were estimated at 4.00 (p=0.004) for those with <6 years of education; they were 2.91 (p=0.033) for subjects who were welfare recipients (Table 2). Thus, in Guadeloupe, lower socioeconomic status, including lower levels of education and income, were associated with a greater burden of CV risk factors.

**Table 2. The Relationship between Expression of Multiple CV Risk Factors and Socioeconomic Status.**

| | Expression of Multiple CVRFs* | | |
|---|---|---|---|
| | Percent | OR† | p |
| **Education** | **n=600** | | |
| **<6 years** | 20.0% | 8.92 | |
| **≥6 years** | 2.7% | 1.00 | $<10^{-3}$ |
| **Income** | **n=579** | | |
| **Welfare** | 10.6% | 3.26 | |
| **Higher** | 3.5% | 1.00 | 0.004 |

*Among tobacco, diabetes, dyslipidemia, hypertension, and abdominal obesity; †Crude OR; CVRF=cardiovascular risk factor.