

³ Nutrition Service, National Institute of Public Health, Abidjan, Côte d'Ivoire

⁴ Department of Public Health, Hydrology and Toxicology, UFR SPB, Felix Houphouët Boigny University, Abidjan, Côte d'Ivoire

* Corresponding author.

E-mail address: simone.malik@medecins.ci (K.S. Malik)

Background Non-communicable diseases represent a huge burden and constitute one of the major challenges for development. In Africa, there is an upsurge in non-communicable diseases, including high blood pressure (HT), which not only affects the budgets of states, individuals and households, but also has a significant negative impact on the quality of life of patients. The prevalence of HT in Côte d'Ivoire has increased from 24% in 2016 to 33% in 2017. Socio-anthropology and economy contribute to a better understanding of the factors associated with this increase in prevalence.

Purpose The aim of this study was to describe the socio-behavioral changes and economic consequences of hypertension in Abidjan.

Methods Our cross-sectional study was conducted from 1st to 30th April 2016, among patients suffering from hypertension, in a private health center in Abidjan. Data collection was based on a questionnaire and interview guides. Quantitative data were processed by the SPSS software.

Results Two hundred patients were interviewed. The age ranged from 35 to 60 years old with an average of 47 ± 5.2 years, sex ratio M/F=1.04. New patient's observed attitudes, transformation of the socio-professional and family environment, sometimes accompanied by a decrease of the capacity to assume the usual responsibilities as well as stigmatization of the patients were reported. The cost of care ranged from 150,000 FCFA to 200,000 FCFA (229 euros to 305 euros) for the first month and then a monthly cost ranging from 30,000 to 40,000 FCFA (45.70 to 60 euros). Food restrictions, sometimes restrictive, generated additional expenses ranging from 30,000 FCFA (45.70 euros) to 60,000 FCFA (91.47 euros). All these consequences have caused the social death of several patients.

Conclusion Hypertension is a heavy burden for the patient. It participates in the behavioral, professional and socio-economic transformation constituting a social challenge.

Disclosure of interest The authors declare that they have no competing interest.

<https://doi.org/10.1016/j.acvdsp.2019.05.047>

Risk factors in coronary women

Leila Manamani

CHU d'Ibn Sina, Service de cardiologie, 23000, Annaba, Algeria

E-mail address: L.manamani@yahoo.fr

We now know that about 1/3 of patients with ischemic heart disease are women. The clinical expression of coronary disease is different in women. The revelation is often acute in the form of an acute coronary syndrome. The objectives of this work are to describe the presentation of the disease and to identify the risk factors of the coronary woman in comparison with the man.

Methodology A prospective study with dual aim, descriptive and analytical spread over the year about 160 cases of women admitted for SCA at the CHU Ibn Sina ANNABA; compared to 390 men also hospitalized for SCA during the same period.

Results The overall hospital prevalence of SCA is 0.49%, its frequency in the cardiology department is 27%, of which 29% are women: the SCA in women is essentially in the form of NSTEMI (60% of cases). The risk profile is higher for women, characterized by: older age, frequent hypertension (64.4%), sedentary lifestyle (49.4%) and its consequences (Obesity: 32%, particularly abdominal obesity: 56.9%, metabolic syndrome: 62.5% and low HDLc: 71.6%). The prognosis of myocardial infarction remains worse in

older women with many comorbidities, with a higher risk level and a more severe clinical form than in men.

Disclosure of interest The author declares that he has no competing interest.

<https://doi.org/10.1016/j.acvdsp.2019.05.048>

Hypertensive crises in sub-Saharan Africa: Clinical profile and short-term outcome in the medical emergencies department of a national referral Hospital in Burkina Faso



D.G. Mandi^{1,*}, R.A. Yaméogo², C. Sebgo¹, J. Bamouni³, D.T. Naibé⁴, K.J. Kologo^{1,5}, G.R.C. Millogo^{1,5}, N.V. Yaméogo^{1,5}, A. Thiam-Tall^{1,5}, A.K. Samadoulougou⁵, P. Zabsonré^{1,5}

¹ Department of Cardiology, Teaching Hospital of Yalgado Ouedraogo, Ouagadougou, Burkina Faso

² University of Normandie, UNIHAVRE, UNI Rouen, UNI Caen, CNRS, UMR IDEES, Le Havre, France

³ Superior School of Health Sciences, University of Ouahigouya, Ouahigouya, Burkina Faso

⁴ Faculty of Human Health Sciences, University of N'Djamena, N'Djamena, Chad

⁵ Training and Research Unit of Health Sciences, University Ouaga I - Professor Joseph Ki-Zerbo, Ouagadougou, Burkina Faso

* Corresponding author at: Department of Cardiology, Teaching Hospital of Yalgado Ouedraogo, PO Box 7022 Ouagadougou 03, Burkina Faso.

E-mail address: mandi_germain@yahoo.fr (D.G. Mandi)

Background Data on hypertensive crises (HC) are limited in sub-Saharan Africa (SSA). We aimed to characterize the pattern and short-term mortality of hypertensive emergencies (HE) and urgencies (HU).

Methods This was a prospective cohort study. Consecutive patients with acute and severely elevated blood pressure (systolic > 180 mmHg and/or diastolic > 120 mmHg) with or without acute target-organs damage attending the emergency department (ED) of the Teaching Hospital of Yalgado Ouedraogo, Ouagadougou, Burkina Faso were included with a one-month follow-up.

Results One hundred and sixty-six of 1254 patients presenting to the ED (January to march 2016) had HC (13.2%) and 113 of them (68.1%) had HE. The mean age was 50.9 ± 15.9 years and males were 63.3% ($n=105$). Younger age (< 45 years) accounted for 55% of the cases. History of known HTN was reported in 101 patients (60.8%). Among patients with HE, 62.8% had brain-related events, 30.1% had cardiac involvement and 31% had acute renal impairment. The overall survival rate was 89% within the first 72 hours and 81% at fourteen days follow-up. At one-month follow-up, 36 patients died with a survival rate of 77.8%. Factors independently associated with death according to Cox proportional model were history of known hypertension, acute brain-related damage and renal dysfunction and not being transferred to a specialized department.

Conclusion HC are not rare in SSA and are associated with higher morbidity and mortality in HE. Further studies are needed to determine factors that promote HC in African patients in order to better address the prevention and management strategies of such hypertensive entity.

Disclosure of interest The authors declare that they have no competing interest.

<https://doi.org/10.1016/j.acvdsp.2019.05.049>