



ESC

European Society
of Cardiology



Recommandations sur la prévention des maladies cardiovasculaires en pratique clinique ESC 2021

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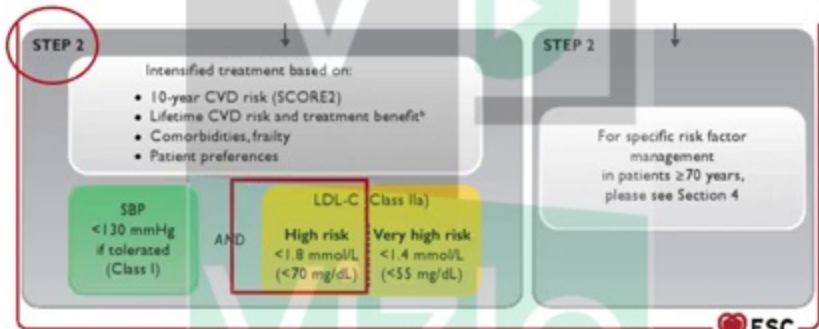
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4-les maladies inflammatoires

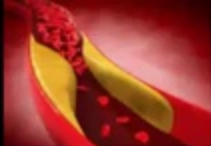


Le risque cardiovasculaire augmente de **50%** pour la **Polyarthrite rhumatoïde** et de 20% pour les MICI



En plus du traitement anti inflammatoire optimal le risque cardiovasculaire doit être traité par des interventions similaires aux personnes à haut risque cardiovasculaire

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C: Control lipidique

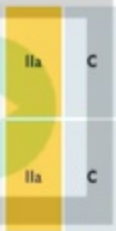
An ultimate⁴ LDL-C goal of <1.4 mmol/L (55 mg/dL) and LDL-C reduction of ≥50% from baseline should be considered in apparently healthy persons <70 years at very high risk.^{21,22,522}

An ultimate⁵ LDL-C goal of <1.8 mmol/L (70 mg/dL) and LDL-C reduction of ≥50% from baseline should be considered in apparently healthy persons <70 years at high risk.^{21,22,522}

It is recommended that a high-intensity statin is prescribed up to the highest tolerated dose to reach the LDL-C goals set for the specific risk group.^{21,520,521}

If the goals are not achieved with the maximum tolerated dose of a statin, combination with ezetimibe is recommended.⁵¹⁵

For secondary prevention patients not achieving their goals on a maximum tolerated dose of a statin and ezetimibe, combination therapy including a PCSK9 inhibitor is recommended.^{516,517}



Comment intervenir au niveau de la population? Environnement, pollution, changement climatique

Putting in place measures to reduce air pollution, including reducing PM emission and gaseous pollutants, reducing the use of fossil fuels, and limiting carbon dioxide emissions, are recommended, to reduce CVD mortality and morbidity.

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Recommendations	Class ^a	Level ^b
Patients at (very) high risk for CVD may be encouraged to try to avoid long-term exposure to regions with high air pollution.	IIb	C
In regions where people have long-term exposure to high levels of air pollution, (opportunistic) CVD risk screening programmes may be considered.	IIb	C

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