



## TITLE: Cardiovascular risk in women: a quality approach in the field

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### ABSTRACT (upto 300 words)

**Introduction:** Cardiovascular disease continues to be the leading cause of death among women. Between female cardiovascular risk factors, combined oral contraceptive pill usage between smokers, especially when above 35 years old, have shown to increase risk of short-term and long-term cardiovascular disease.

Although sex-specific data focused on cardiovascular disease have been increasing steadily, they are not routinely collected nor translated into clinical practice.

**Goals:** In this work, we intend to reduce the number of female smoker women under combined contraceptive pill on 4 health centers in Portugal.

**Methods:** We evaluated the patient data belonging to 4 health centers located in the center of Portugal and selected all women between the ages of 35 and 54 years old, who smoked and who were under oral contraceptive pill, between January 2017 and February 2019.

After, we did a local educational intervention between the doctors team, presenting a document with the eligible criteria for oral contraception, as well as a list of the patients who did not meet the criteria and, 3 months later, we collected data again to compare the efficacy of our work.

The data analysis was treated with Microsoft Excel.

**Results:** From all 2487 women, 179 (7.2%) met the inclusion criteria. The age mean was 43.2 years old and the tobacco consumption mean was 8.7 cigarettes per day. Most used pills were Minigest® (44, 25.1%) and Gynera® (32, 17.9%). After the intervention and before the second analysis moment, 61 of 179 women (34%) had a new medical appointment and from these group, 28 (15%) proceeded to a medication change or initiated smoke cessation, with a median improvement rate of 15%.

**Discussion/Conclusion:** From the results presented we can observe that a significant number of women are incorrectly advised regarding their preferable contraceptive method. And, despite the intervention made, only a small percentage of the patients were advised otherwise. Besides natural other errors, namely registration mistakes that might partially justify this values, it comes to show that more knowledge on sex-related cardiovascular risk is needed among physicians in order to personalized the medical counseling. Also, we consider that consistent and diversified intervention methods might lead to a better outcome in the long-term, especially when locally implemented. **BIOGRAPHY (upto 200 words)**



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**Mode of Presentation:** Oral.

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