Characterization of the local prevalence of hypertriglyceridemia in a city of northeastern Colombia during 2020-2022.

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Introduction

There is limited data on the prevalence of hypertriglyceridemia (HTG), a recognized risk factor for cardiovascular disease[1], in the northeastern region of Colombia. Therefore, we aimed to characterize the local prevalence of HTG and cardiovascular disease-related variables in the subsidized regime population of a city in northeastern Colombia during the period 2020-2022.

Materials and methods

We conducted a retrospective review of medical records from all health centers in Bucaramanga, Santander, Colombia. The study included patients aged 60-95 years who were part of the subsidized regime and had records of cardiovascular risk variables, including the lipid profile. Mean ± standard deviation (SD) was used to describe quantitative variables. Microsoft Excel was employed for database creation, and statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS, v.22.1; Chicago, IL)

Results

We included 105,461 patients, of whom 72,556 (69%) were female. The mean age was 66 years. The most common comorbidities were hypertension (82%), followed by non-insulin-requiring diabetes mellitus (28%), chronic kidney disease (24%), hypercholesterolemia (24%), insulin-requiring diabetes mellitus (8%), and COPD (8%). A total of 58,456 (55%) patients had hypertriglyceridemia, with mean triglyceride levels of 194.9 mg/dL. Mean cholesterol levels were 168.4 mg/dL, mean HDL levels were 42.7 mg/dL and mean LDL levels were 111.9 mg/dL.

Discussion and conclusion

More than half of the population enrolled in the subsidized healthcare regime in Bucaramanga, Santander, Colombia, was found to have hypertriglyceridemia during the period 2020-2022, along with other variables related to cardiovascular disease. This finding aligns with reports from other regions of the country.

1. Toth P, Shah P, Lepor N. Targeting hypertriglyceridemia to mitigate cardiovascular risk: A review. Am J Prev Cardiol. doi: 10.1016/j.ajpc.2020.100086.