

를 지니는 당화혈색소(HbA1c) 측정을 연간 2회 이상 시행한 경우는 전체의 39%에 불과하였으며, 평균치를 7.0% 미만으로 관리하는 경우는 13%에 불과하였다. 혈압 관리에서는 140/90 mmHg 미만의 경우가 88%로 높은 편이었으나, 미국 당뇨병학회에서 권고하는 130/80 mmHg 미만의 강압 목표에 부합되는 경우는 31%로 적었다. 병원 방문의 47%에서만 실제 혈압 측정이 이루어졌다. 평균 저밀도 지단백이 130 mg/dL 미만으로 조절되는 경우는 93%이었으며 미국 당뇨병학회에서 권고하는 저밀도 지단백 100 mg/dL 미만을 유지하는 경우는 53%였다. 전체의 16%가 혈중 지질을 연간 한 번도 측정하지 않았다.

결론: 우리나라 당뇨병 환자의 관리 상태는 전반적으로 미흡하였다. 환자의 병원 방문 횟수가 비교적 빈번하였음에도 불구하고 혈당관리가 잘 되지 않고 있었으며, 병원 방문 때마다 권고되는 혈압 측정 은 매 방문의 절반 정도에서만 실시되고 있었다. 심혈관 질환 합병증 예방과 진행 억제를 위한 관리 기준의 재 설정과, 강화된 교육 및 모니터링 체계가 요구된다.

KSPM-77

건강검진 수검자에서 혈청 C-반응성 단백질 농도와 경동맥 내 중막 두께

High-sensitivity C-reactive protein and the carotid intima-media thickness in healthy Koreans

김현철¹⁾, 최성희²⁾, 김대중³⁾, 허갑범⁴⁾, 이현철⁴⁾

(1) 연세대학교 의과대학 예방의학교실, (2) 서울대학교 의과대학 내분비내과, (3) 아주대학교 의과대학 내분비내과, (4) 연세대학교 의과대학 내분비내과

Background: There is increasing evidence that support the positive association between chronic inflammation and the risk of cardiovascular disease. However, controversy still remains about the association between the C-reactive protein and the carotid atherosclerosis. Thus we investigated the independent relationship between high sensitivity C-reactive protein (hsCRP) levels and the carotid intima-media thickness (IMT) in healthy Koreans.

Methods: We measured hsCRP level, carotid IMT, and conventional cardiovascular risk factors including obesity, blood pressure, lipid profile, insulin resistance, and cigarette smoking for 849 men and women (aged 35 to 79 years) in a cross-sectional study.

Results: When compared with the lowest hsCRP quartile (mean IMT, 0.699mm), higher quartile groups had higher mean IMT levels: 0.721mm (p=0.249), 0.756mm (p=0.004), and 0.768mm (p <0.001) for 2nd to 4th quartile, respectively (p for trend <0.001). However when age was adjusted, the relationship between hsCRP level and carotid IMT was markedly attenuated (p for trend=0.040). After additional adjustment of conventional cardiovascular risk factors, no significant association was observed: corresponding p-values were 0.981, 0.924, and 0.836 (p for trend = 0.829). Unadjusted risk of having high carotid IMT (=1.0mm) was also positively related with hsCRP quartile. After adjustment for age and other cardiovascular risk factors, the risk ratios were not significant: 0.97

(0.45-2.09), 0.98 (0.47-2.04), and 1.12 (0.55-2.26) for 2nd to 4th quartile, respectively.

Conclusions: Both hsCRP and carotid IMT levels were strongly correlated with conventional cardiovascular risk factors, but there was no independent association between hsCRP level and carotid IMT in healthy Korean adults.

KSPM-124

시사프라이드와 병용금기약물 병용처방에 따른 사망률에 관한 연구

Mortality increase after coprescribing cisapride and contra-indicated drugs

최남경¹⁾, 이승미¹⁾, 김윤이¹⁾, 김화정¹⁾, 박병주¹⁾

(1) 서울대학교 의과대학 예방의학교실

Objectives: To estimate the coprescribing prevalence of cisapride with potentially interacting drugs. And to evaluate the risk of all cause mortality due to coprescribing cisapride with contraindicated drugs.

Methods: This was a retrospective population-based cohort study. The Korean National Health Insurance Review Agency claims database was used. It included the whole drug prescription data in Busan metropolitan city in Korea. The study population was 36,953 new users of cisapride between October 1, 2000 and April 1, 2002. The proportion of prescription included both cisapride and contraindicated drug was estimated. Nationwide mortality data published by National Statistical Office from October 1, 2000 to December 31, 2002 was screened to identify mortality cases. Rate ratio and its 95% confidence interval (CI) was estimated by using Cox's proportional hazard model.

Results: Among cisapride new users 3.2% (1180/36953) patients included at least one contraindicated drug at the same prescription. The proportion of coprescribing prescriptions is 2.9% (1641/56012). Mortality cases were 588. Adjusted for age, sex, number of prescription, the rate ratio of death in subjects who were prescribed cisapride and contraindicated drugs was 1.42 (95% CI : 1.05 1.93) compared with cisapride only users.

Conclusions: Although cisapride withdrew from market in July 2000, it is still available under a limited access protocol. The combined use of cisapride and contraindicated drugs may increase the risk of all cause mortality compared with cisapride only users. Large claims database are useful for detecting potentially harmful prescriptions, but better clinical evidence after adjusting for confounding by indication will be needed.

KSPM-138

구강질환이 심혈관질환 발생에 미치는 영향

The effect of oral diseases on the incidence of cardiovascular diseases

성동경¹⁾, 서 일²⁾, 권호근³⁾, 남정모²⁾, 최연희⁴⁾, 지선하⁵⁾