



meduna · klinik

Reha-Klinik für • ORTHOPÄDIE  
• INNERE MEDIZIN

Tab. 1. Altersbezogene Basisrisiken und Multiplikatoren "traditioneller" Risikofaktoren.

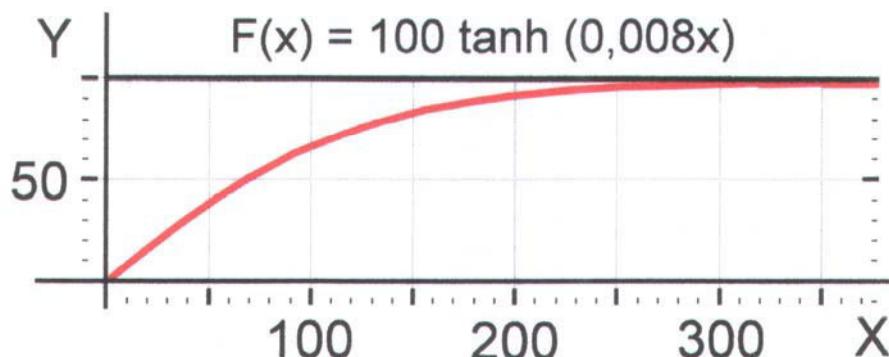


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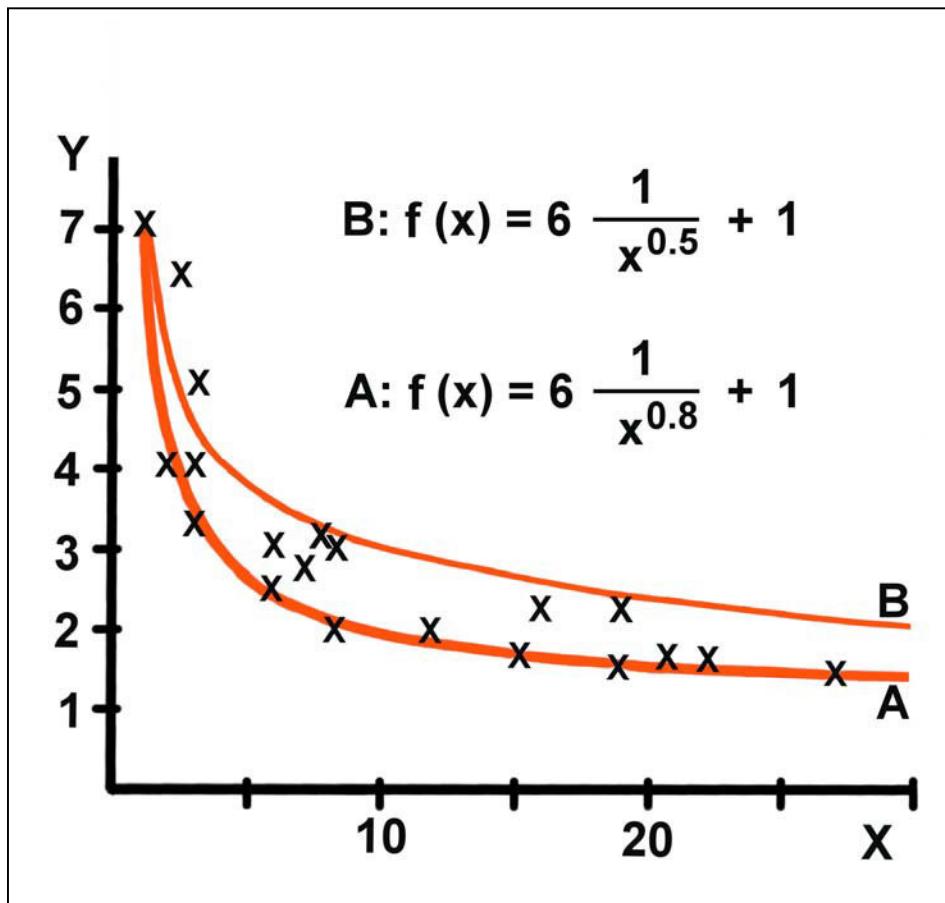
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Tab. 2. Multiplikatoren für "neuere" Risiko- und "Bonus"-Faktoren.

Hüft-Taillen-Quotient/WHR – Männer	< 0,859	0,860 – 0,909	0,910 – 0,949	0,950 – 0,999	1,000 – 1,039	> 1,04
Risikoerhöhung (Multiplikator)	1	1,6	2,3	2,9	3,6	5
Hüft-Taillen-Quotient/WHR – Frauen	< 0,720	0,720 – 0,759	0,760 – 0,799	0,800 – 0,839	0,840 – 0,879	> 0,88
Risikoerhöhung (Multiplikator)	1	1,6	2,3	2,9	3,6	5
Taillenumfang Mann (cm)	> 94	> 102				
Taillenumfang Frau (cm)	> 80	> 88				
Risikoerhöhung (Multiplikator)	ca. 1,5 – 2,5	ca. 3 – 8				
Lipoprotein A (mg/dl)	< 20	> 20				
Risikoerhöhung (Multiplikator)	1	2				
Hochsensitives C-Reaktives Protein (hs-CRP)	< 0,7	0,7 – 1,1	1,2 – 1,9	2,0 – 3,8	3,9 – 15,0	
Risikoerhöhung (Multiplikator)	1	1,2	1,4	1,7	2,2	
Homocystein ( $\mu\text{mol/l}$ )	< 10	12 – 13	15	17 – 18	> 20	
Risikoerhöhung (Multiplikator)	1	1,5	2	3	4	
Fibrinogen	normal	erhöht				
Risikoerhöhung (Multiplikator)	1	1,5				
Chlamydia pneumoniae	negativ	positiv				
Risikoerhöhung (Multiplikator)	1	2,6				
Psychosozialer Stress	wenig	viel				
Risikoerhöhung (Multiplikator)	1	2,7				
Albumin im Harn/Mikroalbuminurie (mg/dl)	0	10 – 14	15 – 29	30 – 300	> 300	
Risikoerhöhung (Multiplikator)	1	1,5	2	3	8	
Koronargefäßverkalkung (Agatston-Score)	< 100	100 – 400	> 400			
Risikoerhöhung (Multiplikator)	1	2	3,5			
Durchschnittliche Herzfrequenz	< 80	> 80	> 90	> 100		
Risikoerhöhung für Herztod (Multiplikator)	1	2,4	2,8	5,2		
Bonus-Faktoren	viel Obst u. Gemüse	regelm. Ausdauersport	Alkohol moderat			
Risikoverringerung (Multiplikator)	0,7	0,85	0,9			



## Umrechnung von Procam- in Framingham-Risiken



x-Achse: Procam-Risiken

y-Achse: Korrespondierende Multiplikatoren für Framingham-Risiken

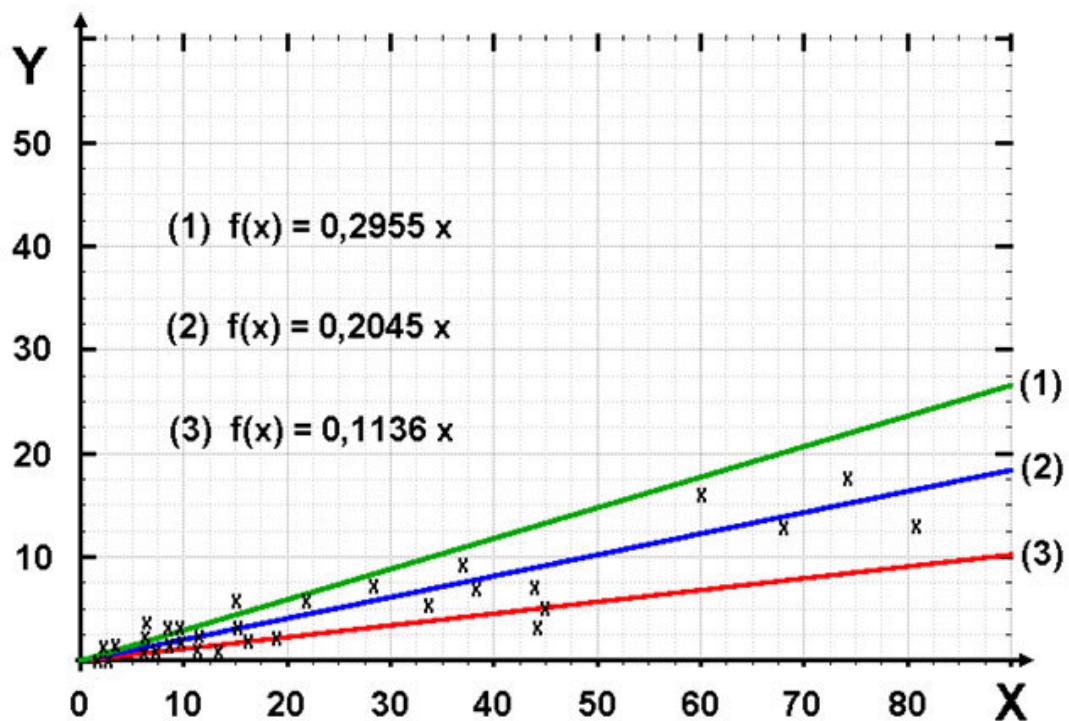
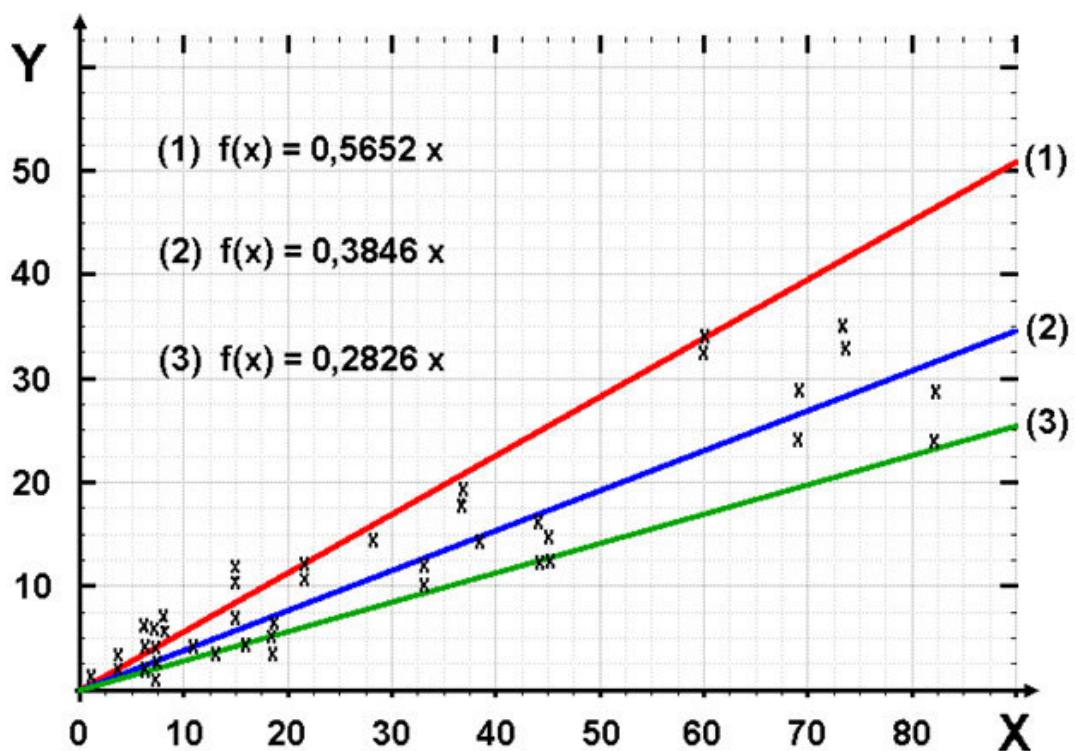
Graph A: Maximal mögliche Multiplikatoren

Graph B: Minimal mögliche Multiplikatoren

## Umrechnung von Procam- in ESC-Risiken

**Für High Risk-Länder:** Minimaler Multiplikator: 0,3  
 Mittlerer Multiplikator: 0,4  
 Maximaler Multiplikator: 0,5

**Für Low Risk-Länder:** Minimaler Multiplikator: 0,1  
 Mittlerer Multiplikator: 0,2  
 Maximaler Multiplikator: 0,3



Umrechnung von PROCAM- Risiken in korrespondierende ESC-Risiko-Streubereiche (1-3),  
Darstellung für Hochrisiko- (oben) und Niedigrisiko-Länder (unten).  
X = Procam-Risiken, Y bzw.  $f(x)$  = ESC-Risiken.

## Literatur:

- Agatston, A. S., Janowitz, W. R., Hildner, f. J., Zusmer, N. R., Viamonte, M., Detrano, R.*: Quantification of coronary artery calcium using ultrafast computed tomography.  
J. Am. Coll. Cardiol. 15, 827 – 832 (1990)
- Arad, Y., Spadaro, L. A., Goodman, K., et al.*: Prediction of coronary events with electron beam computed tomography.  
J. Am. Coll. Cardiol., 36, 1253 – 1260 (2000)
- Assmann, G.*: Calculating global risk: the key to intervention.  
Eur. Heart J. 7 (supp. F.), F 9 – F 14 (2005)
- Assmann, G., Carmena, R., Cullen, P., Fruchart, J. C., Jossa, F., Lewis, B., Mancini, M., Pacletti, R.*: For the International Task Force for the prevention of Coronary Heart Disease.  
Circulation, 100, 1930-1938 (1999)
- Assmann, G., Cullen, P., Schulte, H.*: Simple scoring scheme for calculating the risk of acute coronary events based on the 10-year follow-up of the Prospective Cardiovascular Münster (PROCAM) Study.  
Circulation, 105, 310-315 (2002)
- Assmann, G., Cullen, P., Schulte, H.*: The Münster Heart Study (PROCAM). Results of follow-up at 8 years.  
Eur. Heart J., 19, A 2 – A 11 (1998)
- Assmann, G., Schulte, H., Cullen, P.*: New and classical risk factors – the Münster heart Study (PROCAM).  
Eur. J. Med. Res., 1997, 2, 237 – 242.
- Assmann, G., Cullen, P., von Eckardstein, A., Funke, H., Schulte, H.*: The importance of triglycerides as a significant risk factor.  
Eur. Heart J., 1, J 7 – J 11 (1999)
- Aumiller, J.*: Score-Deutschland vorgestellt – Neue Tabellen sagen den drohenden KHK-Tod noch präziser vorher.  
Cardiovasc., Vol. 5, Ausg. 3, 6 – 12 (2005)
- Borch-Johnsen K., Feldt-Rasmussen B., Strandgaard S., Schroll M., Jensen JS.*: Urinary albumin excretion. An independent predictor of ischemic heart disease. Arterioscler Thromb Vasc Biol 19:1992-1997 (1999)
- Brooks, L.*: European Guidelines off Cardiovascular Disease Prevention.  
[www.medscape.com/viewarticle/462539](http://www.medscape.com/viewarticle/462539)
- Clarke, R., Lewintron, S., Donald, A., et al.*: Underestimation of the importance of homocysteine as a risk factor for cardiovascular disease in epidemiological studies.  
J. Cardiovasc Risk, 8, 363 – 369 (2001)
- Clerarfield, M. B.*: C-reaktives Protein: A new risk assessment tool for cardiovascular disease.  
JAOA, 105/9: 409 – 416 (2005)
- Conroy, RM., Pyörälä, K., Fitzgerald, AP. et al, on behalf of the SCORE project group*: Estimation of ten-year risk of fatal cardiovascular disease in Europe: the SCORE project. Result of a riks estimation study in Europe.  
Eur Heart J. 2003, 24: 987 – 1003.
- Craig, W. Y., Neveux, L. M., Palomaki, G. E., et al.*: Lipoprotein(a) as a risk factor for ischemic heart disease: metaanalysis of prospective studies.  
Clin. Chem., 44: 2301 – 2306 (1998)
- European Society of Cardiology: Heartscore: the interactive tool for predicting and managing the risk of heart attack and stroke in Europe.*  
[www.escardio.org/initiatives/prevention/heartscore.htm](http://www.escardio.org/initiatives/prevention/heartscore.htm)  
[www.escardio.org/knowledge/decision-tools/heartscore\\_old/Programm\\_Download.htm](http://www.escardio.org/knowledge/decision-tools/heartscore_old/Programm_Download.htm)
- Fruchart, J.-C., Nierman, M. C., Stroes, E. S. G., Kastelein, J. J. P. and Duriez, P.*: New Risk Factors for Atherosclerosis and Patient Risk Assessment.  
Circulation, 109(23 suppl. 1), III 15 – III 19 (2004)
- Gabler-Sandberger, E.*: Arteriosklerose – die Chlamydien-These: Die Insidenzkette wird zunehmend dichter.  
Deutsches Ärzteblatt, Ausg. 18, 1182 – 1185 (1994)
- Gerstein HC., Mann JF., Yi Q., Zinman B., Dinneen SF., Hoogwerf B., Halle JP., Young J., Rashkow A., Joyce C., Nawaz S., Yusuf S.*: Albuminuria and risk of cardiovascular events, death, and heart failure in diabetic and nondiabetic individuals. Jama 286:421-426 (2001)
- Grundy, S. M.*: Coronary calcium as a risk factor: role in global risk assessment.  
J. Am. Coll. Cardiol., 27, 1512 – 1515 (2001)
- Harvard school of public health: Health weight.*  
[www.hsph.harvard.edu](http://www.hsph.harvard.edu) (2005)

Hillego HL., Fidler V., Diercks GF., van Gilst WH., de Zeeuw D., van Veldhuisen DJ., Gans RO., Janssen WM., Grobbee DE., de Jong PE.: Urinary albumin excretion predicts cardiovascular and noncardiovascular mortality in general population. Circulation 106:1777-1782 (2002)

Hillego HL., Janssen WM., Bak AA., Diercks GF., Grobbee DE., Crijns HJ., Van Gilst WH., De Zeeuw D., De Jong PE.: Microalbuminuria is common, also in a nondiabetic, nonhypertensive population, and an independent indicator of cardiovascular risk factors and cardiovascular morbidity. J Intern Med 249:519-526 (2001)

Hopkins, P. N., Wu, L., L., Hunt, S. C. and Brinton, E.A.: Plasma triglycerides and type III hyperlipidemia are independently associated with premature familial coronary artery disease. J. Am. Coll. Cardiol., 45(7), 1003 – 1012 (2005)

International Task Force for Prevention of Coronary Heart Disease: Risikoermittlung nach Framingham. [www.chd-taskforce.com/index\\_d.bzw](http://www.chd-taskforce.com/index_d.bzw). [www.chd-taskforce.com/index.htmhtm](http://www.chd-taskforce.com/index.htmhtm) (2005)

International Task Force for Prevention of Coronary Heart Disease: Procam-Risikorrechner, Procam-Risiko-Score. [www.chd-taskforce.com/index\\_d.html](http://www.chd-taskforce.com/index_d.html). [www.chd-taskforce.com/index.html](http://www.chd-taskforce.com/index.html) (2005)

International Task Force for Prevention of Coronary Heart Disease: Procam-Risikorrechner, Procam-Risiko-Score. [www.chd-taskforce.com/index\\_d.html](http://www.chd-taskforce.com/index_d.html). [www.chd-taskforce.com/index.html](http://www.chd-taskforce.com/index.html) (2005)

Keil, O. et al.: Risikoabschätzung tödlicher Herz-Kreislauf-Erkrankungen – Die neuen Score-Deutschland-Tabellen für die Primärprävention. Deutsches Ärzteblatt, Jg. 102, Heft 25, 1808 – 1812 (2005)

Klausen K., Borch-Johnsen K., Feldt-Rasmussen B., Jensen G., Clausen P., Scharling H., Appleyard M., Jensen JS.: Very low levels of microalbuminuria are associated with increased risk of coronary heart disease and death independently of renal function, hypertension, and diabetes. Circulation 110:32-35 (2004)

Luc. G., Bard, J. M., Arveiler, D., et al.: Lipoprotein (a) as a predictor of coronary heart disease: the PRIME Study. Atherosclerosis, 163, 377 – 384 (2002)

Möhlenkamp, S.: Die koronare Herzkrankheit (KHK) – Definition, Ätiologie, Epidemiologie, Risikofaktoren. Westdeutsches Herzzentrum Essen, Klinik für Kardiologie, Universitätsklinikum Essen [www.medizin.uni-essen.de/cardio/khk\\_risikofaktoren.html](http://www.medizin.uni-essen.de/cardio/khk_risikofaktoren.html) (2005)

Møller, H., Mellemaaard, A., Lindreg, K., Olsen, J. H.: Obesity and cancer risk: A Danish record-linkage study. Br. J. Cancer – 30 A/3, 344 – 350 (1994)

National Heart Lung, and Blood Institute, National Institute of Health: Framingham Heart Study. [www.hlbi.nih.gov/about/framingham/index.html](http://www.hlbi.nih.gov/about/framingham/index.html) (2002)

Nurk, E., Tell, G. S., Vollset, S. E., et al.: Plasma total homocysteine and hospitalizations for cardiovascular disease: the Hordaland Homocysteine Study. Arch. Intern. Med., 162, 1374 – 1381 (2002)

O'Rouke, R. A., Brundage, B., Froelicher, V. F., Greenland, P., Grundy, S. M., Hachamovitch, R., Pohost, G., Shaw, L. J., Weintraub, W. S., Winters, W. L.: ACC/AHA Expert Consensus Document on electron-beam computed tomography for the diagnosis of coronary artery disease. Circulation 102, 126 – 140 (2000)

Raggi, P., Callister, T.Q., Cool, B., He, Z. X., Lippolis, N. J., Russo, D., Zelinger, A., Mahmarian, J.: Identification of patients at increased risk of first unheralded acute myocardial infarction by electron-beam computed tomography. Circulation 101, 850 – 855 (2000)

Remuzzi G., Weening JJ.: Albuminuria as early test for vascular disease. Lancet 365:556-557 (2005)

Rexrode, K. M. ad al.: Abdominal and total adiposity and risk of coronary heart disease in Men. Int. J. Obes. 25, 1047 – 1056 (2001)

Ridker, P. M., Hennekens, C. H., Buring, J. E., et al: C-reactive protein and other markers of inflammation in the prediction of cardiovascular disease in women. N. Engl. J. Med., 342, 836 – 843 (2000)

Rifai, N., Ridker, P. M.: Proposed cardiovascular risk assessment algorithm using high-sensitivity C-reactive Protein and Lipid Scoring. Clinical Chemistry 47: 28 – 30 (2001)

Ritz, E., Dikow, R.: Mikroalbuminurie – was ist der gegenwärtige Stand? Cardiovasc., Vol. 5, Ausg. 7, 28 – 32 (2005)

Sachse, CH.: WHR (Waist-to-hip-ratio)-Rechner: Berechnung der Körper-Fettverteilung, quantitative Risikogewichtungen nach Angaben der Deutschen Gesellschaft für Diätetik und Ernährung, Aachen (2003), [www.medizinauskunft.de](http://www.medizinauskunft.de), WHR-rechner (2005)

*Saikku P., Leinonen M., Tenkanen L., Ekman MR., Linnanmäki E., Manninen V., Mänttäri M., Frick MM., Huttunen JK.*: Chronic Chlamydia pneumoniae infection as a risk factor for coronary heart disease in the Helsinki Heart Study  
Ann Int Med 116; 273-278 (1992)

*Scarabin, P. Y., Arveiler, D., Amouyel, P., et al.*: Plasma fibrinogen explains much of the difference in risk of coronary heart disease between France and Northern Ireland: the PRIME study.  
Atherosclerosis, 1666, 103 – 109 (2003)

*Schulte, H., Cullen, P., Assmann, G.*: Obesity, mortality and cardiovascular disease in the Münster Heart Study (PROCAM).  
Atherosclerosis, 144, 199 – 209 (1999)

*Schwandt, P.*: Die koronaren Risiken.  
Monographie, Sandoz AG, Nürnberg (1975)

*Silber, S*: Identifizierung koronarer Risikopatienten.  
Herz 28, Nr. 7, 643 – 644 (2003)

*St. Albans & Hemel Hempstead NHS Trust, Cardiology Department*: Framingham Risk Score to predict 10 year Absolute Risk of CHD Event.  
[www.eguidelines.co.uk/eguidelinesmain/gib/media/images/archer\\_framingham.jpg](http://www.eguidelines.co.uk/eguidelinesmain/gib/media/images/archer_framingham.jpg) (2005)

*Stierle, U., Niederstadt, C.*: Risikofaktoren der koronaren Arteriosklerose.  
In: Klinikleitfaden Kardiologie, Gustav Fischer (2003)

*Stuveling E.M. HHL, Bakker S.J.L., Gansevoort R.T., Gans R.O.B., de Zeeuw D., de Jong P.*: Urinary albumin excretion and C-reactive protein independently add to the mortality risk. J.Am.Soc.Nephrol. 14:679a (2003)

*Tornberg, S. A., Carstensen, J. M.*: Relationship between Quoetelet's Index and cancer of breast and female genital tract in 47000 women followed for 25 years.  
Br. J. Cancer 69: 358 – 361 (1994)

*UK Prospective Diabetes Study (UKPDS) Group*: Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33).  
Lancet; 332, 837 – 853 (1998)

*U.S. Department of health and human services, public health service, national institute of health, national cancer institute*: Risk associated with smoking.  
Monography 13 (2001)  
[www.krebsgesellschaft.de/downlowd/RisksAssociatedwithSmoking.pdf](http://www.krebsgesellschaft.de/downlowd/RisksAssociatedwithSmoking.pdf)

*Wachtell K., Ibsen H., Olsen MH., Borch-Johnsen K., Lindholm LH., Mogensen CE., Dahlof B., Devereux RB., Beevers G., de Faire U., Fyrquist F., Julius S., Kjeldsen SE., Kristiansson K., Lederballe-Pedersen O., Nieminen MS., Okin PM., Omvik P., Oparil S., Wedel H., Snapinn SM., Aurup, P.*: Albuminuria and cardiovascular risk in hypertensive patients with left ventricular hypertrophy: the LIFE study. Ann Intern Med 139:901-906 (2003)

*Wang, T.J., Larson, M. G., Levy, D., et al.*: C-reactive protein is associated with subclinical epicardial coronary calcification in men and women: the Framingham heart Study.  
Circulation, 106, 1189 – 1191 (2002)

*Welborn, T. A., Dhaliwal, S. S., Bennett, S. A.*: Waist-hip ratio is the dominant riskfactor predicting cardiovascular risk in Austria.  
M. J. A. 179, 580 – 585 (2003)

*Wilson, P. W. F. et al.*: Prediction of coronary heart disease using risk factor categories.  
Circulation 97; 1837 – 1847 (1998)

*Wirth, A.*: Adipositas – Erhöhte Mortalität durch arteriosklerotische Folgekrankheiten und Karzinome.  
Internist 38, 214 – 223 (1997)

*Yusuf, S. et al.*: Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case control study.  
Lancet 364, 937 – 952 (2004)

*Yusuf, S. et al.*: Obesity and the risk of myocardial infarction in 27000 participants from 52 countries: access control-study.  
Lancet, 366, 1640 – 1649 (2005)