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Cardiovascular Risk Assessment in Internal Medicine Wards

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Background and Aims: Cardiovascular risk (CVR) assessment is essential in internal medicine, where patients often present with multiple comorbidities. This study aimed to evaluate the frequency, quality, and appropriateness of CVR assessment among hospitalized patients, analyzing sex and age differences.

Materials/Patients and Methods: A prospective observational study was conducted on 114 consecutive patients admitted to the Internal Medicine Unit of Polla Hospital from July 2024 to May 2025. Patients were stratified by sex (59 males, 55 females) and age groups (<50 years: 22; 50–69 years: 48; ≥70 years: 44). Clinical, laboratory, and anamnestic data required for cardiovascular risk calculation using validated algorithms (SCORE2, SCORE2 OP and SCORE2-Diabetes) were collected and compared with ESC 2021 guidelines and Italian national recommendations [1].

Results: CVR assessment was documented in 42% of patients. Assessment rates were higher in males (47%) compared to females (36%) and decreased with increasing age (≥70 years: 30%). Underassessment was notable in elderly, diabetic, and polymorbid patients.

Discussion: Despite guideline awareness, practical application of CVR evaluation in internal medicine remains inconsistent, especially in older and female patients. Implementation of standardized protocols and continuous training is necessary to improve cardiovascular prevention.

References

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