

ABSTRACT (EN)

Introduction: Tobacco dependence is one of the four major risk factors (RF), cardiovascular (CV) disease (CVD).

Objective: Analysis of CV risk of patients of our Center for Tobacco-Dependent.

Methods: A retrospective assessment of the presence of CVD, RF for CVD and CV risk level according to the method SCORE in our patients - smokers from 2007 - 2009 (N = 1,349, 52.2% males, age range 25-64 years, mean age $44 \pm 11, 7$). CV risk was also evaluated one year after the baseline visit including newly diagnosed CVD RF, abstinence from smoking was validated by carbon monoxide in expired air. The results were compared to those of smokers in the study postMONICA (N = 1,122, 54.5% men, mean age 46 ± 11).

Compared to the general population of smokers (postMONICA) significantly more Center patients had automatically high CV risk and CVD. The prevalence of type 2 diabetes was comparable as well as prevalence of hypertension and dyslipidemia in smokers without automatically high CV risk. Significantly fewer Center patients without automatically high CV risk were obese, family history was also significantly lower risk. Significantly more women with low RF and significantly fewer men aged 55-59 and women aged 55-64 with SCORE $\geq 5\%$ came to the Center. Success rate of Center patients with SCORE $< 5\%$ was 44.3 % (254/574) and 41.2 % in patients with high CV risk (105/255, $p=0.41$). CV risk was not predictive factor of abstinence after one year. Dyslipidemia was newly detected in 62.5 % of subjects (223/357). **Conclusion:** High-risk patients have the same chance to quit smoking as patients with low CV risk. Intensive tobacco dependence treatment should be available and recommended in the CV prevention and treatment.

Keywords: cardiovascular disease; risk factors; nicotine dependence; smoking cessation; risk assessment; early medical intervention