



Centre	N (%)
CH Dubrava Zagreb	316 (24.4%)
CH Sv. Duh Zagreb	48 (3.7%)
GH Bjelovar	8 (0.6%)
GH Čakovec	59 (4.6%)
GH Karlovac	61 (4.7%)
GH Koprivnica	26 (2.0%)
GH Slavonski Brod	127 (9.8%)
CHC Split	133 (10.3%)
CHC Rijeka	93 (7.2%)
GH Dubrovnik	166 (12.8%)
GH Pula	118 (9.1%)
GH Varaždin	115 (8.9%)
GH Zadar	28 (2.2%)
All	1298

*CH=Clinical Hospital; GH=General Hospital; CHC=Clinical Hospital Centre.

Table 1. Number of patients according to centre

nog oblika KBS. Liječnik je u razgovoru s bolesnikom ispunjavao opsežan upitnik od 20 stranica koji je sadržavao širok spektar podataka (opći podaci, laboratorijski nalazi, fizikalna i antropometrijska mjerenja, anamneza, analiza snimljenog 12-kanalnog elektrokardiograma pri dolasku i pri otpustu, način liječenja — terapija pri dolasku, tijekom hospitalizacije i pri otpustu, itd.)

Trenutačno se datoteka statistički obrađuje i možemo uskoro očekivati prve rezultate koji će nam potvrditi ili odbaciti dobro poznatu hipotezu da geografska raspodjela rizika za KBS uistinu postoji, a naša zemlja je zbog svojih geografskih specifičnosti idealna za istraživanje takve vrste.

Projekt se nastavlja i ulazi u sljedeću fazu, a to je praćenje dosad anketiranih hospitaliziranih bolesnika s KBS s ciljem da se ustanovi četverogodišnje preživljavanje, komplikacije, broj ponovnih hospitalizacija te način liječenja u pojedinim bolnicama u Hrvatskoj. Nadalje, utvrdit će se je li u razdoblju praćenja došlo do promjena pojavnosti ovih čimbenika rizika u hospitaliziranih koronarnih bolesnika.

E-mail: tomolucijanic@hotmail.com

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The required size of sample as to achieve necessary statistical power would be predetermined and the number of examinees is 1290. The examinees have been recruited in centers among hospitalized patients due to acute or chronic form of CHD. Talking to a patient, a doctor completed a comprehensive questionnaire consisting of 20 pages containing a wide range of data (general data, laboratory findings, physical and anthropometric measurements, anamnesis, the analysis of recorded 12-lead electrocardiogram upon arrival and release from hospital, treatment method — therapy upon arrival, during the hospitalization and upon discharge etc.).

Currently, the data file is statistically processed and soon we can expect first results that will verify or reject the well known hypothesis that geographic risk distribution for the CHD really exists and our country is due to its geographic specific features ideal for the research of such type.

The project continues and enters the next stage and this is monitoring of previously questioned hospitalized patients with CHD with the aim to determine four-year survival, complications, a number of repeated hospitalizations and the manner of treatment in specific hospitals in Croatia. Besides, it will be determined whether during the period of monitoring any changes to occurrence of risk factors in hospitalized coronary patients have been made.

Poslijediplomski tečaj stalnog medicinskog usavršavanja I. kategorije:

Srčane aritmije — racionalni pristup

Zagreb, 22.-24. travnja 2010. godine.

Voditelj tečaja: doc. dr. sc. Davor Puljević

Organizator tečaja: Medicinski fakultet Sveučilišta u Zagrebu i Klinika za bolesti srca i krvnih žila KBC-a Zagreb

Dodatne informacije ili pisani materijal mogu se zatražiti na mail: dpuljevic@gmail.com ili telefon 01/2367-457

1st category postgraduate course in continuous medical training:

Cardiac Arrhythmias — Rational Approach

Zagreb, from 22nd to 24th April 2010

Course led by: Ass Prof Davor Puljević, PhD

Course organized by: Faculty of Medicine of the Zagreb University and Clinic for Cardiovascular Diseases of the Clinical Hospital Centre Zagreb

Any additional information or written material is available at e-mail: dpuljevic@gmail.com or at telephone number +385/1/2367-457