ÁREA 11: NUTRICION Y SALUD

138. EPIDEMIOLOGICAL STUDY ON THE SATISFACTION LEVEL OF PATIENTS WHO ATTEND THE SEPOI OF THE FACULTY OF DENTISTRY OF THE NATIONAL UNIVERSITY OF LA PLATA, DURING THE PERIOD FEBRUARY AUGUST 2021.

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The growing tendency to develop the concept of citizenship in health allows to have more informed people and with greater criteria to claim what by right is given to them. When speaking of quality from the patient's perspective, we refer to what has been called perceived quality, that is, determining the quality perceived by the patient of the service. Using the non-experimental, mixed qualitative - quantitative, descriptive, transversal method on patients attending Supervised Professional Practices - Integrated Dental Practice Service (PPS – SEPOI) of the UNLP School of Dentistry during the period February - August 2021. A survey validated by experts was used, establishing variables related to satisfaction in relation to admission, service attention and treatment with the student, obtaining a simple random probability sample of N = 500 obtained at random. Inclusion criteria: Patients willing to participate in the research. The Likert scale was used. The level of satisfaction of the patients who participated in the research was very satisfactory in the three parameters measured, reaching 87.67%, 90.41% and 84.93%. None of the samples selected the option of being dissatisfied or very dissatisfied. Only a minimal percentage was indifferent. Patient satisfaction is a fundamental subjective assessment when evaluating the quality of dental care services, the first contact "admission", dealing with students and teachers and the treatments carried out showed a high level of satisfaction.

139. TYPE II DIABETES RISK AND CARDIOVASCULAR RISK IN A RURAL POPULATION FROM THE PERSPECTIVE OF THE FINDRISC TEST

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Diabetes increases the risk of cardiovascular disease (CVD). There are several scales that assess the risk of diabetes, one of the most used is the Finnish Diabetes Risk Score (FINDRISC test) that allows evaluating the risk that a person may develop Type 2 diabetes mellitus (T2DM) in the next 10 years. The risk assessment of T2DM and CVD share parameters such as obesity, sedentary lifestyle, metabolic disorders, smoking. Our objective was to identify the risk of CVD in a population aged 18 or over in a rural area of the Juan M. de Pueyrredón department of the San Luis province from the perspective of the FINDRISC test. A descriptive, cross-sectional observational study was carried out by means of a survey, physical examination and laboratory tests in the grouped rural population of the towns of Zanjitas, Cazador, Alto Pelado and Beazley. The physical examination determined weight, height, waist and hip circumference and systolic (SBP) and diastolic blood pressure (DBP) and in laboratory tests: cholesterol (COL), triglycerides (TG), high-density cholesterol (HDL_C), low-density cholesterol (LDL_C) and glycosylated hemoglobin (HbA_1C). Body mass index (BMI) and atherogenic indices, total cholesterol /HDL_c (Castelli index), LDL_c /HDL_c (Kannel index) and TG/HDL_c and metabolic syndrome were calculated according to the NCEP ATP III (National Cholesterol Educational Criteria. Program Adult Treatment Panel III). Results: N = 244. Sex Female (F) 68% Male (M) 32%. Clinical characteristics of the population (Mean): age F 42 M 53 BMI F 30.6 M 29.5 Waist circumference F 100.3 M 118.1 Waist / height ratio F 0.64 M 0.7 SBP F 127.5 M 142.8 DBP F 80.6 M 87.2 COL F 155.4 M 155.9 HDL_C F 39.2 M 37.6 LDL_C F 92.9 M 95.6 TG F 115.1 M 108.9 Mean values for both sexes of the parameters related to CVD risk according to risk of low, slightly moderate, moderate, high and very high T2DM respectively. BMI F: 23; 29; 33; 35; 37 M 24; 31; 32; 31; 32. Waist circumference **F** 73; 95; 121; 107, 114 **M** 82; 138; 106; 161; 107. Waist / height ratio **F** 0.4; 0.6; 0.7; 0.7; 0.7 **M** 0.5; 0.8; 0.6; 0.9; 0.6 **SBP** F 110; 125; 133; 135: 163 **M** 126; 141; 148; 158; 160 **DBP F** 72; 79; 83; 84; 101 **M** 76: 85; 92; 97; 107 **COL F** 136; 156; 159; 164; 167 **M** 144; 162; 147; 171; 164 **HDL_C** F 39; 38; 40; 41; 36 **M** 35; 39; 36; 40; 40 **LDL_C** F 76; 97; 94; 98; 94 M 84; 103; 89; 111; 93 **TG F** 75; 112; 124; 133; 206 **M** 77; 112; 135; 113; 164 **COL/HDL_C** F 3; 5; 4; 4; 5 **M** 4; 4; 4; 4; 4 **LDL_C/HDL_C** F 2; 3; 2; 2; 3 M 2; 3; 2; 3; 2 **TG/HDL_C F** 2; 3; 3; 3; 6 **M** 2; 3; 4; 3; 5. Conclusion: The female sex was prevalent. Males outperformed females in SBP and DBP values, in waist / height ratio and LDL_C. In women, BMI, HDL_C and TG were higher. In both sexes, the mean values of practically all the parameters and scales related to cardiovascular risk increased as the FINDRISK test values increased. Women at high and very high risk of T2DM had higher values than men in BMI, waist circumference, and TG. The data obtained suggest that there would be a relationship between the values obtained for the FINDRISC test and the different parameters that directly or indirectly assess cardiovascular risk. Given the easy application and the predictive value of the FINDRISC test, if other studies confirm the association, the possibility of using this test to assess the risk of CVD and improve its primary prevention is considered.