**CARDIOMETABOLIC RISK FACTORS, REVEALED IN HEALTH CENTERS, AND PROLONGATION OF QT-INTERVAL**

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Background: Health centers are equipped with diagnostic equipment, allowing assessing dispersion QT and the propensity to develop cardiac arrhythmias using the dispersion ECG-carting.

Methods: We used complex computer test system and screening evaluation of psycho-physiological and somatic health, functional and adaptive reserves of organism, express-assessment of heart activity on ECG (“Cardiovisor-06c”), express-analysis of total cholesterol and fasting glucose (“Cardiochek PA”), bioimpedansometrya. Integral index of rhythm disorders and abnormal changes of heart rate variability (“rhythm”) and index indicating electrical myocardial stability (“myocardium”) were assessed also. To check out functional activity of vegetative nervous system we assessed activity of regulatory systems (ARS).

Results: 730 persons were observed totally (age 48.2±18.6). In 175 cases (23.9%) prolongation of QT-interval was detected, mostly in females (84.6%). Comparing persons without this phenomenon some changes also were revealed. So patients with prolonged QT-interval demonstrate elder age (50.4±18.7 vs 47.5±18.6 ð<0,05), increased levels of blood pressure (BP) (134.3±21.8 vs 129.5±20.6 p<0,01), higher heart rate (76.2±13.1 vs 73.5±11.5 ð<0,01), high position by ARS-test (2.9±2.1 vs 2.5±2.0 ð<0,05), higher “rhythm’-index (37.8±20.6 vs 30.1±18.4 ð<0,01) and ‘‘myocardium’’-index (17.9±8.4 vs 15.5±7.1 ð<0,01).

Conclusion: Screening examinations in Health Centers let us reveal prolonged QT-interval syndrome almost in one fifth of total number of examined persons (23.4%). Prolonged QT-interval is associated with higher heart rate and its variability and electrical instability of myocardiocytes, higher BP levels and age. Dispersion ECG-analysis lets form groups of population with significant changes of cardiovascular system to support primary and secondary prophylaxis of cardiovascular diseases at proper time.