

## ABSTRACT

**Introduction:** Although managed care model has been considered as a reference for the reform of health systems internationally, in Colombia the content of policies and the strategies defined for its implementation have not managed to correct the problems in coverage and the inequities in the access to the health services. **Objective:** To identify how the insurance model defined in government policies impacts the equity in access and health care provision. **Methodology:** Qualitative study, based on the analysis of policy documents of the health sector. We included current policies issued since 1993 to date, within their contents the access to health services. The sample was constituted by 12 documents. An analysis of content was conducted by mixed generation of categories and segmentation by topics using the Atlas- ti software V.6.0. **Results:** Though in the policies establish that access must be guaranteed for the entire population, without any kind of discrimination, the existence of a competition model based on a market perspective privileges the rationality of economic efficiency on the quality the provision of services. Similarly, the brokerage and the mechanisms defined to access to health services such as the extent of benefit packages for type of insurance, the time of enrollment and operation of the subsidized to local level, promote inequities in access to health services. **Conclusion:** It is necessary to seek legislative changes to insurance model that allows a real equity in access to health services for the whole population. *Salud UIS 2011; 43(1): 80-81*

**Keyword:** Managed care, equity, health policies, qualitative research

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## Marcadores de riesgo cardiovascular en una población de la Universidad Autónoma de Bucaramanga

### Cardiovascular risk markers in a population of the Universidad Autónoma de Bucaramanga

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## RESUMEN

**Introducción:** Las enfermedades cardiovasculares (ECV) son la principal causa de muerte a nivel mundial. En los países desarrollados, la mortalidad por ECV viene decreciendo gracias a la reducción de los factores de riesgo cardiovasculares (RCV); sin embargo, en los países en desarrollo el fenómeno se da a la inversa. Una forma eficaz de prevenir las ECV es implementar estrategias tempranas para identificar individuos con alto riesgo. **Objetivo:** Estudiar los niveles séricos del perfil lipídico y otros marcadores de RCV entre empleados y estudiantes del Programa de Medicina de la UNAB. **Metodología:** Estudio transversal que incluyó 113 personas, 59,3% mujeres; 35,4% estudiantes. Se evaluó colesterol, colesterol-HDL, triglicéridos, apoproteína (Apo) A1 y B mediante sistema automatizado Imola (Randox, UK), proteína C-reactiva (PCR) e interleucina-6 (IL6) mediante Immulite 2000 (Siemens, UK). Se estimó mediana y recorrido intercuartil (RIQ) y las comparaciones se hicieron con la prueba de Wilcoxon. **Resultados:** La edad de los participantes osciló entre 19 y 69 años, mediana de 38 años (RIQ 21-46 años). Las mujeres fueron más jóvenes que los hombres ( $p=0,014$ ). La edad mayor implica niveles elevados de marcadores de RCV; colesterol ( $\beta=1,84$  [IC95% 1,26-2,43]), triglicéridos ( $\beta=2,15$  [IC95% 1,35-2,95]) y Apo B ( $\beta=1,32$  [IC95% 0,97, 1,68]). Los niveles de HDL y Apo A1 fueron mayores entre mujeres y los triglicéridos en varones. **Conclusión:** Los niveles séricos de marcadores de RCV aumentan progresivamente con la edad en nuestra población, excepto para PCR. En las mujeres, los niveles séricos de marcadores antiaterogénicos fueron más elevados comparado con los hombres. *Salud UIS 2011; 43(1): 81-82*

**Palabras clave:** Factores de riesgo, enfermedades cardiovasculares, perfil lipídico, PCR, IL-6, Apo A-I, Apo-B

## ABSTRACT

**Introduction:** Cardiovascular diseases (CVD) are the leading cause of death worldwide. In developed countries, CVD mortality has been decreasing due to the reduction of cardiovascular risk factors (CRF), but in developing countries the phenomenon is reversed. An effective way to prevent CVD is to implement strategies to identify early high-risk individuals. **Objective:** To study serum lipids and other markers of cardiovascular risk among employees and students of the UNAB's Medical Program. **Methods:** Cross sectional study which included 113 people, 59.3% women, 35.4% students. We assessed cholesterol, cholesterol-HDL, triglycerides, apolipoprotein (Apo) A1 and B using automated Imola (Randox, UK); and C-reactive protein (CRP) and interleukin-6 (IL6) by Immulite 2000 (Siemens, UK). We estimated median and interquartile range (IQR) and comparisons were made with the Wilcoxon test. **Results:** The age of participants ranged between 19 and 69 years, median 38 years (IQR 21-46 years). The women were younger than men ( $p = 0014$ ). The older age means higher levels of markers of cardiovascular risk, cholesterol ( $\beta = 1.84$  [95% CI 1.26-2.43]), triglycerides ( $\beta = 2.15$  [95% CI 1.35-2.95]) and Apo B ( $\beta = 1.32$  [95% CI 0.97, 1.68]). The levels of HDL and Apo A1 were higher among women, and triglycerides in men. **Conclusion:** Serum markers of cardiovascular risk increased progressively with age in our population, except for PCR. In women, antiatherogenic serum markers were higher compared with men. *Salud UIS 2011; 43(1): 81-82*

**Keyword:** Risk Factors, cardiovascular disease, lipid profile, CRP, IL6, Apo A-I, Apo-B