

Simpler tool promising for atherosclerosis prediction

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FBS OR, 0.52). Similar levels of significantly discriminating accuracy were found for the ability of ICHS and FBS to predict the presence of plaques (C-statistic: 0.694 and 0.692, respectively) and CACS ?1 (C-statistic: 0.782 and 0.78, respectively).

"Both scores predict the presence and extent of subclinical atherosclerosis with similar accuracy, highlighting the value of the FBS as a simpler and more affordable score for evaluating the risk of subclinical disease," conclude the authors.

One author disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—The ideal cardiovascular health score (ICHS) and the Fuster-BEWAT (blood pressure, exercise, weight, alimentation, and tobacco) score (FBS) are similar in their ability to predict subclinical atherosclerosis, according to a study published online Nov. 13 in the *Journal of the American College of Cardiology*.

Juan Miguel Fernández-Alvira, Ph.D., from Centro Nacional de Investigaciones in Spain, and colleagues compared the effectiveness of ICHS and FBS in predicting the presence and extent of [subclinical atherosclerosis](#) among 3,983 participants (aged 40 to 54 years).

The researchers found that with poor ICHS and FBS as references, individuals with ideal ICHS and FBS showed lower adjusted odds of having [atherosclerotic plaques](#) (ICHS odds ratio [OR], 0.41; FBS OR, 0.49), [coronary artery calcium](#) (CACS) ?1 (ICHS OR, 0.41; FBS OR, 0.53), higher number of affected territories (ICHS OR, 0.32; FBS OR, 0.39), and higher CACS level (ICHS OR, 0.4;

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