

model was used to estimate the 10-year risk of fatal or non-fatal acute myocardial infarction or cerebral stroke. Sex and age were included in the model, as well as the following risk factors for cardiovascular disease: serum total cholesterol, serum high-density lipoprotein cholesterol, systolic blood pressure, smoking habits, and anti-hypertensive treatment.

Results:

We detected no, or only small ethnic differences in the risk factors included in the NORRISK 2 model. Overall, the NORRISK 2 model revealed no ethnic differences in the 10-year risk of acute myocardial infarction or cerebral stroke. However, more Sami men aged 55–64 years were at high (i.e. $\geq 10\%$) 10-year risk of acute myocardial infarction or cerebral stroke than non-Sami men of the same age (36.1% vs. 26.7%, $p=0.006$).

Conclusions:

Overall, there were no differences in 10-year risk of acute myocardial infarction or cerebral stroke between the Sami and non-Sami populations in 10 selected municipalities in Northern Norway. However, more Sami than non-Sami men aged 55–64 years had a high 10-year risk of acute myocardial infarction or cerebral stroke.

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Distribution of risk factors for cardiovascular disease and 10-year risk of acute myocardial infarction and cerebral stroke in Sami and non-Sami populations in Norway. The SAMINOR 2 Clinical Survey.

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Objective:

To assess and compare the distribution of cardiovascular risk factors and the computed 10-year risk of fatal or non-fatal acute myocardial infarction or cerebral stroke among the Sami and non-Sami populations of Northern Norway.

Methods:

The SAMINOR 2 Clinical Survey is a cross-sectional survey conducted in 10 municipalities in the counties of Finnmark, Troms, and Nordland in rural, Northern Norway in 2012–2014. All inhabitants aged 40–79 years were invited to participate, and 6004 (48.2%) accepted. The NORRISK 2