

HEART DISEASE—PUBLIC HEALTH ENEMY NO. 1

Heart disease - public health enemy No.1

ALTHOUGH an average Indian now lives longer, the morbidity is only marginally less than that of his forefathers and the country has the dubious distinction of having the diseases and health problems of both developed and developing countries. The case in point is the modern epidemic of heart diseases.

Rheumatic fever and rheumatic heart disease are major causes of mortality and morbidity especially in young people. It is a major problem in developing countries. Rheumatic heart disease is a communicable illness transmitted by Streptococcal bacteria. The illness begins with sore throat, develops to rheumatic fever with fleeting joint pains and finally to rheumatic heart disease when the heart's valve are affected. It has been estimated that it is the most common cause of heart disease in the 5-30 years age group. Its prevalence amongst children between 5-15 years is in the range of 6 per 1,000 with wide regional variations. It is common knowledge that rheumatic heart disease is typically associated with poverty, poor housing and overcrowding and the disease has declined throughout the century in industrialised societies.

WHO Day fell on April 7. The theme for this year is Heart beat -- the rhythm of health -- which focusses the importance of prevention of heart disease which is emerging as the main killer in our society.

Dr V Parameshvara takes a look at the scene

At least, half of all deaths due to heart and blood vessel diseases are preventable.

RISK FACTORS: Risk factors for heart attack include aspects of life style, such as diet, smoking stress, physical inactivity and uncontrolled high blood pressure and diabetes, elevated blood cholesterol, excess alcohol and heredity and coronary prone behaviour. In a society in which as 15 per cent of screened

style and environment, screening to identify the disease in its early stages, bringing preventive care to individuals at special risk and secondary prevention in known cases. People with coronary prone behaviour should receive regular counselling.

The Government, responsible for the health of the public, should straightforwardly gather adequate information on current life styles and measure their health action plans.

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Prevention of rheumatic fever is possible by early effective treatment, which makes it one of the most preventable of heart diseases. Penicillin protects against both rheumatic fever and rheumatic heart disease. It is imperative that a rheumatic disease detection survey in the age group of school going children should be brought on the anvil. The Government should commit itself by appointing a national programme coordinator for rheumatic heart disease and also make necessary budgetary provisions.

Heart Attacks

Heart attack is emerging as the most important disease in recent times. Heart attack and stroke, account for a quarter number of deaths annually, taking an estimated 12 million lives with 50% of them taking place in the developing world. Unchecked the epidemic is threatening to engulf the whole society.

It is estimated that by the turn of the century, life expectancy will be in the range of 64 years and no doubt at the rate of demographic transition it could assume an alarming public health dimension. It is feared that if present conditions persist, every second person born alive will die from cardiovascular disease.

While still the top killer, heart attack is on the decline in a number of industrialised countries, in several countries of the South - East Asia region, heart diseases are the leading cause of death.

Studies in India indicate that there are around 40 million people in the country suffering from heart and blood vessel disease. The disturbing trend is younger age groups are being affected by heart attack. Given today's increased life expectancy, these deaths are premature and cause anguish in families and loss of talent. At least, half of all deaths due to heart and blood vessel diseases are preventable.

Risk factors

Risk factors for heart attack include aspects of life style, such as diet, smoking, stress, physical exercise and uncontrolled high blood pressure and diabetes, elevated blood cholesterol, excess alcohol and heredity and

coronary prone behaviour. In a society as many as 15% of screened adults are found to have high blood pressure and about 3% diabetics. Coronary prone behaviour is characterised by aggressive competitiveness, intense sustained drive for achievements, a pressing sense of urgency and of hostility.

Poor coping skills may influence consumption of alcohol and cigarettes. Economic advance and changing life styles appear to be primordial causes. The sheer size of the problem, the early onset and insidious development of hardening of blood vessels due to risk factors resulting in heart attacks, provide sufficiently strong reasons to mandate the taking of immediate steps towards prevention. A multifactorial approach which involves attempts to modify several risk factors simultaneously instead of single factor intervention would be ideal.

The problem has to be seriously tackled by adoption of healthier life style and environment, screening to identify the disease in its early stages, bringing preventive care to individuals at special risk and secondary prevention in known cases. Persons with coronary prone behaviour should receive organised counselling.

The Government, responsible for the health of the public, should straightaway garner adequate information on current life styles and prepare time bound action goals. It is imperative to formulate a national plan for prevention and control of cardiovascular diseases and also to establish appropriate communication and co-ordination with other departments particularly those dealing with food policy, education and public information.

The Government and the medical association should declare a joint commitment towards a tobacco smoke free society.

The whole problem has to be tackled on a war footing and an approach that emphasises the intervention to change the whole community by health education and matters such as nutrition and eating patterns, low fat dairy products, changed diet in institutions, prohibition of smoking, physical activity at work and leisure, and special training of health personnel.