Global scenario of cardiovascular risks and Bangladesh perspective
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Total number of patients who die due to Ischaemic heart disease every year worldwide is almost 76 million. But 40% death can be prevented by controlling risk factors and life expectancy can be increased by 10 years globally. Bangladesh is one of the developing countries whose both incidence and prevalence of Ischaemic heart disease has been increasing gradually and unless concerted efforts are made and national policy of prevention of risk factors are undertaken, it is feared that by next 10-15 years time the number of patients will increase dramatically. This will obviously put a serious stress on the health services resources and a big burden on health service providers. The improvement in clinical and interventional cardiology has been progressing at a galloping speed all over the world but at a very high cost and it has become difficult for a country like Bangladesh to transfer those technology due to limited number of specialists in the field and the high cost of technology. The infra structural development in cardiology both in govt. and private sector has been progressing at a snail's pace. Therefore we are at this stage is quite unprepared to face the large number of patients who will be seeking medical help and treatment facilities. Already a large number of patients are going abroad for cardiovascular treatment and given the scenario stated above this trend I am afraid will increase in future. It is therefore very essential that we do put more emphasis on preventive side in the overall challenges in management of Ischemic heart disease in Bangladesh.

The risk factors of Ischemic heart disease is now well established all over the world and its prevalence in Bangladesh's perspective has been evaluated over the last 15-20 years. The mortality of Ischemic heart disease is also higher in Bangladesh. Adequate approach in prevention of Ischemic heart diseases has not made any head way in Bangladesh yet.

A. Inspite of campaigns by govt. and many non government organization's regarding smoking hazards the percentage of smokers presenting with IHD has not decreased yet and the no. 1 risk factor for IHD in Bangladesh is still smoking (70-72% in Bangladesh for the last 25 years).

B. Although more and more cases of hypertension is diagnosed now in Bangladesh than 15 years ago but still detection of all hypertensive persons in Bangladesh is a far cry even those who are diagnosed, the percentage of adequate control of BP still is very low and drug compliance still poor. Therefore high blood pressure is still high BP as risk factor in stroke is well established than the risk of IHD in hypertensive patients. a risk factor in Bangladesh.

However, control of BP is very important to prevent complications and it is worth mentioning that relation of high BP as risk factor in stroke is well established than the risk of IHD in hypertensive patients.

C. Many people believe that high lipid may not be a risk factor in Bangladesh in view of the high proportion of population is poor and may not have more than required amount of fats in the diet but abnormal lipid profile particularly high TG level is quite high in a large number of patients who are diabetic as well. It has been reported that expatriates Bangladeshis and people from other South Asian Countries have higher level of TG even.
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if they have settled in UK or Europe for a long time. Therefore heredity factors may have a place here for higher TG level.

D. Diabetes mellitus particularly uncontrolled diabetes mellitus keeps on assaulting the endothelium of blood vessels including coronary arteries ,thereby accelerating the process of atherosclerosis the main hall mark of offending lesion in coronary vessels . There are a large number of diabetic patients in Bangladesh (2-3% of population) which is a big burden on the ongoing process of patho physiology of cardio vascular diseases. When diabetes mellitus is in combination of other risk factors then the risk is, double or triple in developing Ischemic heart disease.

E. Obesity and lack of physical exercise puts extra load on cardiac output in terms of supplying extra amount of oxygen and nutrients of heart muscles. Excess weight need excess amount of blood supply. Thereby forcing heart muscles to contract more and need more Oxygen supply as energy.

F. Stress/Anxiety and tension can not be measured in laboratory in an easy method but it is now recognized as a definite risk factor for Ischemic heart disease. Stress always releases lot of biochemical and catecholamines in the circulation triggering rise of blood pressure, enhancing heart rate and initiating all sorts of arrhythmias. Modern -day stresses in life can drive a person's sympathetic chemical reactions leading to spasm of Coronary vessels so called dynamic stenosis of Coronary circulation leading to even myocardial infarction. During the past 30 years, there have been major reductions in mortality rates for the various forms of cardiovascular disease4. The potential benefit for primary preventive of M.I by modifications of risk factors has been demonstrated by a meta analysis of epidemiological studies5. There seems no let up in the prevalence of risk factor in Bangladesh. There is also no visible or demonstrable indicator of any impact on the preventive measure in terms of either reduction of prevalence or improvement in mortality rates in Bangladesh. Hopefully more public awareness has lead to the increase in the number of patients being diagnosed resulting in demonstrable singular most important beneficial effect of early thrombolysis therapy in myocardial infarction and this has made a difference in the out come of early therapeutic measures.

References