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Heart Disease in Asians to rise by 2010

The British Heart Foundation recently awarded a grant to Wellhouse NHS Trust for two years. As a result an Asian Cardiac Rehabilitation Advisor has been appointed in order to raise awareness in the Asian community Sushma Sanghvi. Sushma has worked in many hospitals in Mumbai (Bombay) as a physiotherapist. She was awarded a Gold Medal for Masters Degree in Gujarati Language and Literature from Bombay University. Sushma has lived in the UK since 1986. She was a journalist with Garavi Gujarat and then worked at Dulwich Hospital. She now works at Edgware Harrow Hospital as a cardio - Respiratory Physiotherapist. India link is delighted to publish an article by this expert.

The Editor International Link International

A report by WHO concludes that a number of deaths from Coronary Heart Disease (CHD) has risen from the third to the most common killer in the UK. In 1992 26% of all deaths were caused by CHD. Northern Ireland and Scotland suffer the highest and the second highest incidence of CHD followed by England and Wales. In England alone, every year some 240,000 hospital admissions are for heart attack.

South Asians in Britain have a very high incidence of CHD. Over 1.5 million people have settled in Britain from the Indian subcontinent. (India, Pakistan and Bangladesh) and East Africa. South Asians have 40% higher incidence of mortality from CHD increased by 8% in Asian men and 14% in Asian women from 1970 to 1985, at the same time overall mortality fell in all Western European countries. South Asians from higher socio- economic class have a higher mortality from CHD compared to the manual class. This is in contrast with the general population. South Asians who have settled in other parts of the world like Fiji, East Africa, South Africa and Singapore also have a higher incidence of CHD.

Why is this? A lot of research is going on. One finding suggests that's Asians are genetically predisposed to certain risk factors responsible for CHD and migration and westernization unmask these risks. There are many causes for CHD, but before we discuss those. Let us find out what do we mean by CHD.

What is a heart attack?

The function of the heart is to provide oxygen rich blood to all different parts of our body and to carry oxygen - poor blood back to the lungs. The heart has to beat to maintain this circulation. For this work, the heart itself needs food i.e. oxygen. This food is supplied by coronary arteries. High blood pressure, smoking, diabetes and obesity, can all increase the wear and tear of the coronary arteries and deposition of fat within them. This process is called

atherosclerosis. The fatty deposit is known as plaque. The process goes on for years. Sometimes due to an injury to the arterial wall, a clot may form around the plaque. If this clot can block the flow in a coronary artery, that part of the heart muscle will be deprived of blood supply, its food. Unable to survive without food i.e. oxygen, the heart muscle will die. This is what happens when someone has a heart attack. Thus we can see that although the heart attack may occur suddenly, the factors causing it are long standing. The silent process of atherosclerosis goes on for a long time before the symptoms of CHD appear. In angina, the blood supply to part of the heart muscle is reduced but not completely cut off. The factors which cause angina and heart attack are similar. Now let's consider them. There are certain risk factors on which we do not have any control, for example, ageing, hereditary. But there are others where the risk of CHD is reduced by making some lifestyle changes.

These risk factors are:

- Smoking
- High Blood Pressure
- Diabetes
- Hyperlipidemia
- Lack of physical activity
- Obesity
- Excessive alcohol intake
- Stress

Stress itself cannot be considered a risk factor of CHD, but it can trigger or aggravate the condition in conjunction with other risk factors. For South Asians, diabetes, physical inactivity and lipid imbalance may be responsible for high incidence of CHD.

Compared to Europeans, diabetes is twice as common amongst South Asians, especially Non Insulin Dependent diabetes. In this type of diabetes the natural insulin produced within the body is not able to utilise the blood sugar efficiently. According to medics, one of the reasons for this is, increased hip-waist ratio, which is common amongst South Asians. The common belief in our culture that "It is quite natural to put weight on as one gets older" and "Obesity is a sign of prosperity" still prevail. Many women still accept the weight gain after child - birth as a natural phenomenon.

Another risk factor is lipid imbalance. South Asians tend to have high LDL (bad cholesterol) and low HDL (good cholesterol). Cholesterol is a type of fat which is essential for our body but excessive cholesterol can collect in our arteries and can be harmful. Most of the cholesterol is produced in our body. Animal fat, egg yolk, liver e.t.c are also a high source of cholesterol. Cholesterol is found in our body as lipoproteins. There are two types of lipoproteins. LDL, which collects in our arteries causing thickening of the arterial walls and HDL which gets rid of the excess LDL- in other words, it is "Heart friendly". The

