Concerning World Heart Day

To the Editor:

Since 2000, on the last Sunday in September we celebrate World Heart Day in order to raise global awareness of the importance of cardiovascular diseases (CVD) and promote their control. The event arose as an initiative of the World Heart Federation and enjoys the patronage of the World Health Organization (WHO) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO).

Currently, CVD cause the deaths of some 17 million people each year, which represents nearly one third of all deaths in the world. These figures will probably grow in the years to come, especially in the "developing" world, which has yet to overcome the "first wave" of CVD (rheumatic cardiomyopathy and Chagas’ disease as a result of infection) but already finds itself under the effects of the "second wave": ischemic heart disease. The incidence of coronary heart disease in these territories will increase due to increased life expectancy and the growing prevalence of features typical of an inadequate life style (smoking, introduction of "fast food", less physical activity, etc.).

According to Dr Robert Beaglehole, WHO Director of Chronic Diseases and Health Promotion, “the old stereotype of cardiovascular diseases affecting only stressed, overweight, middle-aged men, in developed countries no longer applies. Today, men, women and children are at risk and 80% of the burden is in the low- and middle-income countries.” It is enough to add that to The World Health Report 2003 suggests that, with the exception of Africa, all WHO regions found deaths due to noncommunicable diseases (NCD) exceeded those caused by communicable diseases. Cardiovascular diseases cause the majority of NCD deaths and entail high morbidity and disability, which represents a high cost in human, social and economic terms.

With this in mind, we would point out that our efforts to reduce morbidity and premature mortality from CVD are insufficient. The fact that none of the Millennium Development Goals for Health, formulated in the United Nations Assembly General in 2000, makes any reference to the prevention and control of CVD makes this evident. The greatest progress should not be in the field of technology but in promotion and prevention. To do this it is vital we teach “Health Education” as an independent content subject in all contexts, rather than as a curricular or extracurricular appendix to other subjects. Schools should prepare individuals for all aspects of life; it makes no sense to teach the theories of Newton or Einstein and not teach how to live “longer” and “better.” Answers to questions such as “what are the normal values for blood pressure, blood sugar levels, and cholesterol?” should not be an enigma in our population. We cannot raise awareness of risk in those who know nothing of the danger, nor can we encourage individuals to seek early medical advice in the face of an acute cardiovascular event if the population at large is ignorant of the clinical signs and symptoms suggesting the presence of the illness, as well as its potential implications.

Sir, we are not trying to deny the catastrophe that communicable diseases represent in many countries but to warn of the current situation of CVD. Perhaps the magnitude of the problem will be more evident if we make a hypothetical comparison: during the 6 years of World War II (1939-1941) some 55 million people died; in the 6 years since we began to “celebrate” World Heart Day it is calculated that some 100 million individuals have died of CVD. It is, therefore, by no means farfetched to affirm that we face combat conditions “on the CVD front” too: each bad decision or indecision costs lives. We believe we have little to celebrate and much to do in CVD prevention. Whatever the case may be, World Heart Day constitutes a magnificent opportunity to reflect and take initiatives in this area. Initiatives that should not constitute isolated gestures on the part of health workers but, rather, activity in permanent health education, in which all social “forces” should consciously coordinate their participation.

Alberto Morales Salinas* and Antonio Coca*

*Hospital de Cardiología y Cirugía Cardiovascular, Hospital Ernesto Che Guevara, Villa Clara, Cuba.
*Catedrático de Medicina Interna de la Universidad de Barcelona, Director del Instituto de Medicina y Dermatología, Hospital Clínic, Barcelona, Spain.

REFERENCES