

## PREVENT INDIA

It is often assumed that chronic diseases mainly affect rich countries, whereas in reality 80% of chronic disease deaths occur in low and middle income countries.

Low and middle income countries are at the centre of old and new public health challenges. While they continue to deal with the problems of infectious diseases, they are in many cases experiencing a rapid upsurge in chronic disease risk factors and deaths, especially in urban settings. These risk levels foretell a devastating future burden of chronic diseases in these countries.

In almost all countries of the world, the poor are much more likely than the wealthy to develop chronic diseases and are more likely to die as a result. Moreover, chronic diseases cause substantial financial burden and can push individuals and households into poverty.

Childhood overweight and obesity is a rising global problem. About 22 million children aged less than five years are overweight.

The major causes of chronic diseases are known, and if these risk factors were eliminated, at least 80% of all premature heart disease, stroke and type 2 diabetes would be prevented, over 40% of cancer would be prevented.

The causes of the main chronic disease epidemics are well established and well known. The most important modifiable risk factors are:

- Unhealthy diet and excessive energy intake
- Physical inactivity
- Tobacco use

These causes are expressed through the intermediate risk factors of raised blood pressure, raised glucose levels, abnormal blood lipids (particularly low density lipoprotein (LDL) cholesterol), and overweight (BMI  $\geq 25$ ) and obesity (BMI  $\geq 30$ ).

The major modifiable risk factors, in conjunction with the non-modifiable risk factors of age and heredity, explain the majority of new events of heart disease, stroke, chronic respiratory diseases and some important cancers.

### The burden of chronic disease:

- Has major adverse effects on the quality of life of affected individuals
- Causes premature death
- And creates large adverse and underappreciated – economic effects on families and the communities.



Chronic diseases undermine the macroeconomic development of many countries. India will forego \$237 billion in national income over the next 10 years as a result of premature deaths caused by heart disease, stroke, and diabetes.

Prevent India was born out of this pressing public issue in the country. But it is not just enough. We need large health promotion efforts in this country.

The program was aimed to assist policy makers and healthcare professionals in emerging countries to establish their priorities and short-term goals for cardiovascular disease prevention, to implement new policies and guidelines in these fields that will help minimize the impact of CAD in human society.



## Alcohol, Wine and Cardiovascular Disease

Dr. Ramesh Babu, MD, DM, FACC, President Medwin Heart Foundation

More than a dozen prospective studies have demonstrated a consistent, strong, dose-response relation between increasing alcohol consumption and decreasing incidence of CHD. Consumption of one or two drinks per day is associated with a reduction in risk of approximately 30% to 50%. A large number of observational studies have consistently demonstrated a J-shaped relation between alcohol consumption and total mortality. Increased risk of the metabolic syndrome was associated with daily consumption that exceeded U.S. dietary guideline recommendations.

Results from the large Health Professionals Follow-up Study, a study in which 38,077 male health professionals who were free of cardiovascular disease were observed for 12 years, suggested that drinking 1 to 2 drinks per day, 3 to 4 days per week decreased the risk of having a heart attack by as much as 32%. European studies have generally found a greater reduction in cardiovascular risk associated with wine, and especially red wine consumption, compared with other alcoholic beverages. The same differential benefit has generally not been found in American studies.

Numerous mechanisms have been proposed to explain the benefit that light-to-moderate alcohol intake has on the heart, including an increase of HDL cholesterol, reduction in plasma viscosity and fibrinogen concentration, increase in fibrinolysis, decrease in platelet aggregation, improvement in endothelial function, reduction of inflammation, and promotion of antioxidant effects.

In spite of the apparent benefits, however most associations including American Heart Association cautions people NOT to start drinking ... if they do not already drink alcohol.



### Dr. Arun Chockalingam,

M.S., Ph.D, FACC, FAHA

The Secretary General of the World Hypertension League, Dr Arun Chockalingam at the launch of the Healthy Heart Project (HHP) expressed his deep appreciation for the courage and vision demonstrated by Dr. Ramesh Babu to initiate this fight against the pandemic of Cardiovascular Disease (CVD) that has engulfed every strata of the society. He also applauded the IT industry and the Indian Institute of Public Health (IIPH) who would engage and partner with this initiative. In this pursuit to promote healthy behavior and prevent CVD among their employees, Dr. Chockalingam encouraged that the same be extended to their families and society at large. He also offered the unstinted support of the WHL in terms of sharing technical and knowledge transfer in furtherance of this project.

He and his co partner Dr. Arun Garg are committed to preventing CVD especially among Indians and people of Indian origin in Canada. Their journey to connect people between India and Canada to address the ill effects of this pandemic to which they are most susceptible is carried out by a dynamic collaboration called Canada India Network Initiative (CINI) who work extensively on CVD. He was highly appreciative of the progressive health activities undertaken by the government in the progressive state of Andhra Pradesh.

He wished that the HHP initiative will help save millions of people from CVD and it may grow to be a contagious movement spreading across the state, nation and globe.



### Call for Action-guidelines & Practicing Physicians - a Canadian Experience

Dr. Arun K Garg PhD, MD, FRCPC,  
Medical Director; Laboratory Medicine/Pathology, Fraser Health

Clinicians in Canada very often use clinical practice guidelines and protocols to improve patient care and health outcomes. Guidelines and protocols help them to offer the best possible care based on scientific evidence and expert clinical opinion. These guidelines and protocols are developed under the direction of the guidelines and protocol advisory committee jointly sponsored by the D.C. Medical Association and the Ministry of Health Services. Different guidelines and protocols are available in the personal digital assistant format.



## Guidelines to Action: Awareness to Action: The Current Paradigm

Dr. K. Srinath Reddy, MD, DM, President - Public Health Foundation of India

Implementation of guidelines involves a combination of generation of guidelines by national opinion makers, acceptance and adoption of the guidelines by the main change agents. These influential change agents should disseminate the information to practitioners so that it gets weaved into the routine healthcare practice.



There are various bottlenecks to incorporate these guidelines to practice due to lack of clear decision making body at national level and lack of accountability at the point of care.

The main drivers of effective translation of clinical guidelines into improved practice are provider acceptability and willingness. These can be effected by the community participation through education of patients, families and public; provider education extending to nurses and multipurpose health workers, integrating into existing primary care through appropriate changes in health policy and integration into medical college curriculum.

Many guidelines require the patient to take a proactive role in the management of the disease, approach the practitioner at pre-specified intervals and a more meaningful patient - doctor partnerships help in better treatment outcomes.

Also there are additional stakeholders in the modern industry namely the Indian healthcare industry and pharmaceutical industry who can facilitate the role of disseminators.

## Inflammation In Coronary Artery Disease - Any Role In Screening Or Management?

Dr. Nakul Sinha, Prof. & Head – Cardiology,  
Sanjay Gandhi PGIMS, Lucknow



Recent and ongoing research has shown that inflammation may play a key role in various stages of atherosclerotic coronary artery disease (CAD). A few decades ago, the treatment of hypercholesterolemia and hypertension was expected to reduce CAD by the end of the 20th century. Lately, however, that optimistic prediction has needed a gross revision. Cardiovascular diseases are expected to be the main cause of death globally within the next 15 years owing to a rapidly increasing prevalence in developing countries and Eastern Europe and the rising incidence of obesity and diabetes in these regions.

The knowledge that atherosclerosis is an inflammatory disease offers new opportunities for the prevention and treatment of CAD. Remarkably, lipid-lowering statins have anti-inflammatory properties. They are among the most important of the pleiotropic effects of statins (i.e., effects not directly dependent on reduced cholesterol levels). Finally, vaccination is an attractive approach to induce protective immunity. In experiments in animals, atherosclerosis was reduced by vaccination with oxidized LDL, bacteria containing certain modified phospholipids, or heat-shock protein. This may be due to the induction of protective antibodies or T cells. However, better antigen preparations must be developed and more mechanistic knowledge obtained before this approach is ready to be tested in humans.

In conclusion, new knowledge about inflammation in CAD has provided surprising insights into its pathogenesis, offered new opportunities for diagnosis and prediction, and may ultimately lead to new treatments for this life-threatening disease.

# Medwin

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## Healthy Hearts

The Healthy Hearts Action Project is an initiative by **Dr. Ramesh Babu**, President Medwin Heart Foundation to encourage work place interventions. The target population baseline parameters would be established and various health promotion interventional activities would be facilitated and these parameters would be closely monitored for the next 3/5 years. The health promotion interventional activities would be facilitated by a group of local champions selected from the participating companies. They would be trained in Life style modification tools and reviewed by a group of experts periodically to ensure sustainability.

### The idea is to inculcate ideal health behavior metrics like

Non-smoking | Healthy weight | Appropriate levels of physical activity | Healthy eating pattern

### And Ideal Health Factors Metrics like

Total Cholesterol | Blood Pressure | Non Fasting Glucose  
This project is being implemented in association with industry bodies like TiE, ITsAP, ICCL and Amcham as part of their corporate social responsibility. We are confident that we will set a precedent for the rest of the world to follow.

### Our Special Appreciation to:

- Hon'ble Chief Minister of AP, **Sri K Rosaiah** Garu
- Sri **K S Rao** Garu - Hon'ble Member of Parliament
- Mr. **JA Choudary**, Member Board of Trustees, TiE
- Mr. **Narasimha Rao**, President ITsAP
- Mr. **Ty Collins**, President, Amcham
- Mr. **Narender Surana**, Chairman, FICCI
- Dr. **Mala Rao**, Director, IIPH
- Dr. **Arun Chockalingham**, Secretary General, World Hypertension League who graced the occasion.



### Glimpses of Prevent India 2009



**Plans for the Future :** True to its commitment this event will be conducted annually. Tentative dates will be around Feb 2011.