



Prophylaxis of Coronary Artery Disease-More than Health

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Editorial

According to the World Health Organization (WHO), cardiovascular disease (CVD) consists of 31% of the total mortality and > 80% is represented in low and middle income countries and > 3 million people < 60 years of age [1]. The mortality rate from ischemic heart disease has decreased in the last 4 decades in developed countries, it cause approximately one third of all deaths in persons older than 35 years of age [2]. Other data that are related to these data coronary disease (CD) are also warning and indicate the need for action because the CD will have major implications on the health of the population worldwide. Mortality rate from ischemic heart disease in Europe at 100,000 is the largest in South East Europe; it is in the transition countries, 135 women and 367 men [3]. In the United States overall prevalence is chemic heart disease. Among those older than 20 years was 6.4% (7.9% in men and 5.1% in women) (a report from the American Heart Association.2013) [4]. According to the WHO projection 2030 of the total mortality is chemic heart disease will be from 4 to position 2 [5]. Ischemic heart disease is 44% of coronary heart disease [6]. In addition to the morbidity and mortality of CVD in the vast majority of CVD, they are an important cause of disability and greatly contribute to increasing health care costs.

High share of cardiovascular and malignant diseases in the structure of mortality in many countries shows very present risk behavior in the population, such as smoking, alcohol, improper diet, insufficient physical activity, but the effect of risk factors from the external environment (polluted air, food, poor socio- economic conditions of life [7]. According to European guidelines of CVD prevention in a high-risk countries, to the age, sex, smoking, systolic blood pressure are countries in transition , that is countries of South east Europe [7]. Although there are national programs for the prevention and control of CVD, which includes primary prevention and early diagnosis of diseases in the general population and among high-risk populations (smokers, people with high blood pressure, people who are overweight, people with high cholesterol, diabetes mellitus, renal failure), there is still a bad statistics for CVD. Of course, it is clear that these measures of primary prevention must apply –education, media, good organization of health services, Availability of optimal treatment.

The main cause, which is well known and studied, disease of the heart and blood vessels, coronary, cerebral and peripheral is atherosclerosis. Defined over 250 risk factors for Atherosclerosis. 1. Risk factors that cannot be influenced: heritage, gender, age and 2. Risk factors that can be influenced: elevated blood fats, high blood pressure, smoking, obesity, diabetes.

Risk factors (FR) and its elimination is the fact that the association of risk factors multiplies the opportunities of CD. Control of these affects atherosclerosis which occurs more slowly and thus minimizing the occurrence of diseases or in the case of secondary prevention to delaying or abolishes recurrence. Contributing factors for hypertension have habits such as a diet rich in salt, rich in saturated fatty acids, alcohol consumption, smoking, physical inactivity, obesity are factors contributing significantly to the higher pressure [7]. Without control of these factors it cannot regulate blood pressure even when patients are taken optimal antihypertensive therapy. Control of these FR is possible with adequate physical activity proper nutrition. The EUROASPIRE IV shows that large number of patients at high CVD risks have unhealthy lifestyle habits and uncontrolled blood pressure, lipids and diabetes, and must be taken not efforts to improve CVD prevention [8]. Healthy diet is recommended and constitutes the corner stone of preventing CVD) [8]. Diet acts through blood pressure, cholesterol, body weight, and diabetes. The Seven Countries Study showed that cholesterol, hypertension, diabetes and smoking are universal risk factors for coronary heart disease [9]. Ancel Keys and Flaminio Fidanza promotion of the eating pattern they found in Italy and Greece in the 1950s and '60s, now popularly called "The Mediterranean Diet [9]. The studies showed that a healthy diet and lifestyle (sufficient physical activity, non-smoking and

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moderate alcohol consumption) also is associated with a low risk of cardiovascular disease and all-cause mortality and also decrease the risk of depression [9].

Adherence to a Mediterranean diet is associated with a improvement in health, as a significant reduction in overall mortality (9%), mortality from cardiovascular diseases (9%) [10]. Compliance with recommendations and a healthy lifestyle not only reduces CVD already improved optimism healthy and those suffering from CVD and desire for treatment and thus better prognosis.

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