



# Act now to prevent heart disease: Expert

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Abdominal obesity or accumulation of fat tissue around the stomach area is a major risk factor for diabetes and cardiovascular complications. A diet rich in fruits and vegetables, avoiding tobacco, moderating alcohol intake and regular aerobic exercises are some of the ways to fight abdominal obesity.

Dr Milan Gupta, cardiologist and researcher at the William Osler Health Center in suburban Brampton, highlighted these known but often ignored points in his keynote presentation at the North Indian Medical and Dental Association of Canada Foundation dinner September 27 at the Mississauga Convention Center.

His research interests include South Asian heart disease, management of strategies for acute syndromes, emerging risk factors in vascular disease, and diabetes.

To highlight how acute problem is in the community, Gupta cited the example of a patient who had had a massive heart attack at age 36.

Why is it happening, he asked.

He referred to the data from an American study that says that if you suffer from one of the risk factors for cardiovascular disease — high blood pressure, diabetes, high bad cholesterol, low good cholesterol, smoking, obesity — if you are a man you have 50 percent chances of dying of heart attack; if you are a woman, you have 40 percent chances. If you have two of those risk factors and you are man, chances of your dying of heart disease are 70 percent; if you are a



Dr Milan Gupta at the North Indian Medical and Dental Association of Canada's annual fundraising dinner

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woman, 50 percent.

The study was not specific to South Asians.

According to the 2006 census, Gupta pointed out, there are 1.2 million South Asians in Canada, 800,000 of them in Ontario alone.

As 'the largest visible minority population, and fastest growing in Ontario, in Canada,' he said, 'the Heart and Stroke Foundation recognized the importance of ethnic variations in heart disease and so they allocated significant money in awareness, and in research specifically in South Asian heart disease in Ontario.'

He said South Asians make up 13 percent of Ontario's population and 50 percent of Brampton's, making it 'a fertile ground for us to do research in this.'

He referred to a study conducted in Canada 15 years ago that collated heart disease and cancer data for Caucasians, Chinese and

South Asians.

'Normally cancer and heart disease go together: Tobacco consumption leads to both cancer and heart disease; dietary pattern also leads to heart disease and cancer, Gupta said. The study found, he continued, 'that South Asians have the highest risk of dying of heart disease in these three groups, and the lowest risk of dying of cancer. This pattern is reversed in the Chinese: They have the lowest risk of dying of heart disease but the highest risk of

dying of cancer. It suggests ethnicity partly determines the disease we are going to develop and disease we are going to die of. But ethnicity is not genetic. We are genetically the same but we are very different ethnicity-wise.'

Taking into account results of different studies, Gupta said, 'South Asians are two times likely to die of heart disease than any other group in the world. India has more deaths due to heart diseases and strokes than China and Russia combined, when China and Russia combined has two times the population of India.'

Not only do more South Asians develop heart disease, he continued, 'but they also develop [it] early in life. The World Health Organization predicts within 11 short years, one out of every two heart disease patient around the world will be South Asian.'

A study conducted by Dr Sonia Anand at McMaster University found that in India the average age of the first heart attack is 10 years younger than in North America.

'South Asians have more diabetes even though they smoke less, but they have high blood pressure, they have abdominal obesity,' Gupta said. 'And the projections are that by 2030, 30 to 80 million Indians will suffer from diabetes, more than anywhere else in the world.'

In rural India, he added, obesity is unheard of but 40 percent of the urban Indian population is obese.

'The hypothesis here is in villages we don't see diabetes, we don't see obesity as people walk. They don't have cars. They are healthy.'

## Signs of a disaster

The risk factors for cardiovascular disease are high blood pressure, diabetes, high bad cholesterol, low good cholesterol, smoking, obesity.

■ If you are a man and you have one of the above, you have 50 percent chances of dying of a heart attack; if you are a woman, you have 40 percent chances.

■ If you have two of those risk factors and you are man, the chances of your dying of heart disease are 70 percent; if you are a woman, 50 percent.

■ South Asians are two times likely to die of heart disease than any other ethnic group.

■ They also develop heart diseases earlier in life than other ethnicities.

WHO projects that by 2030, 30 million to 80 million Indians will suffer from diabetes.

## Heart disease: Number 1 killer of people over age 55



David Sculthorpe, president, Heart and Stroke Foundation

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Heart disease and stroke can be avoided. Leading a heart-healthy lifestyle can make all the difference.

That is the message that the Ontario-based Heart and Stroke Foundation is on an overdrive to spread in the South Asian community, which is more at risk from cardiovascular complications than any other ethnic group.

The message is being drilled in Hindi, Punjabi, Urdu and Tamil, at community gatherings, events, etc.

In his keynote speech at the North Indian Medical and Dental Association of Canada's fundraising dinner September 27, David Sculthorpe, president and chief executive officer, HSF, said such educational efforts are 'part of our mission of spreading it and getting the word out that heart disease and stroke can be avoided. Yet, millions of Canadians probably lavish less attention on their heart health.'

He said the Foundation is concerned that 11 million 'Canadians will soon begin turning 65 when their age alone will more than double their risk of hospitalization for cardiovascular disease. Already, heart disease and stroke is the number 1 killer of women and men over the age of 55.'

Childhood obesity is an issue that needs attention too, Sculthorpe said.

'87 percent of children do not meet the recommended amount of physical activity each day,' he revealed 'a breed-

ing ground for type 2 diabetes and high blood pressure.'

He detailed measures that the HSF has initiated, funding researchers 'who established the first-ever specialized coronary unit for heart attack patients' which has been 'adopted worldwide as a gold standard for [24-hour] care.'

The HSF, he said, is also 'instrumental in the development of beta blockers to lower blood pressure' and it is 'currently developing new forms of brain treatment to restore [body] functions to stroke patients.'

'Between 1994 and 2004, the death rate from heart disease and stroke has plummeted by an astounding 30 percent,' he said, attributing it to 'research and prevention.'

Despite the decline in death rate, he said, 'heart disease and stroke is still the number one killer of Canadians — with South Asians having a five- to six-fold higher risk of developing heart disease and stroke than Caucasians.'

So, he said, 'there is still far to go.'

He thanked NIMDAC for raising funds for the HSF, saying, 'it will help ensure the continuation of Canada's unique and powerful input into the treatment and prevention of cardiovascular disease in this new century.'