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Scenario Of IHD And Cardio Vascular Diseases

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I. Introduction

According to the World Health Organization (WHO) report, noncommunicable disease (NCD) deaths have been on the rise from 6.7 million in 2000 to 8.5 million in 2012 in the South-East Asia area, and from 8.6 million to 10.9 million in the Western Pacific area [1]. Since 2000, the number of deaths due to NCDs has augmented globally and in every region. While NCDs-associated deaths are higher than all other causes combined, NCD deaths are projected to further increase from 38 million in 2012 to 52 million by 2030 [1].

Cardiovascular diseases (CVDs) constitute the number one cause of mortality at the global level; each year, more people die from CVDs than from any other cause [2]. According to a WHO report, an estimated 17.3 million people died from CVDs in 2008, representing 30% of all global deaths; it was projected that about 23.6 million people will die from CVDs, mainly from heart disease and stroke by 2030 [2].

According to the WHO report, globally in 2012, of 56 million deceases, NCDs killed 38 million people. More than 70% (28 million) deaths happened in low- and middle-income countries [3]. Of note, 16 million deaths due to NCDs occurred before the age of 70, with 82% occurring in low- and middle-income countries [3].

The concept that CVD is a disease of affluence and only rampant in the western society is no longer correct because, the prevalence of CVD is rising fast in the developing countries as well. Among the NCDs, CVDs account for the highest number of NCD deaths (17.5 million people annually); cancers are the second cause of NCD deaths (8.2 million), followed by respiratory diseases (4 million), and diabetes mellitus (1.5 million). These 4 disease groups over all account for 82% of all NCD deaths [3].

In a recently published Medscape Medical News, heart disease (23.4% of all deaths), cancer (22.5%), chronic lower respiratory disease (5.6%), accidents (unintentional injuries; 5.2%), cerebrovascular diseases (5.1%), Alzheimer's disease (3.6%), diabetes mellitus (2.9%), influenza and pneumonia (2.1%), nephritis, nephrotic syndrome, and nephrosis (1.8%), and intentional self-harm (1.6%) were the top 10 areas of death in 2014 in the United States. [57]. Together, these 10 causes of death accounted for 74% of all deaths in the United States [57].

In this article, we review various key cardiovascular risk issues, and the prevalence of CVDs and diabetes mellitus. Additionally, we highlight potential ways to reduce the global burden on CVDs and diabetes mellitus.

Global/Regional Prevalence Of Various Types Of Cardiovascular Disease

Cardiovascular disease refers to diseases of the circulatory system affecting the anatomy and physiology of the heart and blood vessels. The most common types of CVD include hypertension (*prevalence information provided in previous sections*), ischemic heart disease, cerebrovascular disease (stroke), peripheral vascular disease, heart failure, rheumatic heart disease, valvular heart disease and congenital heart disease.

Global/regional prevalence of diabetes mellitus

Diabetes mellitus is a chronic disease that happens when the pancreatic beta cells of islets of Langerhans are unable to produce sufficient insulin (type 1 diabetes mellitus, insulin-dependent, juvenile or childhood-onset diabetes) or when the body ineffectively uses the insulin (type 2 diabetes mellitus, non-insulin-dependent or adult-onset diabetes). Type 2 diabetes mellitus is the most common form of diabetes characterized by elevated blood sugar, insulin resistance and relative lack of

Steps ahead to reduce the global burden of mortality and morbidity from high prevalence of cardiovascular disease and diabetes mellitus

Efforts to reduce the global burden of mortality and morbidity from high prevalence of cardiovascular disease and diabetes mellitus can be focused at the level of the individual or the population. At the individual level, actions needed to prevent and treat CVD appear straightforward: eat a healthy, low-salt, low-fat diet, remain

physically active throughout life, preserve normal body weight, do not use tobacco, and seek health care regularly. In reality, however, the actions are much more

II. Concluding Remarks

CVDs and diabetes mellitus are the two leading NCDs. They account for most NCD deaths worldwide. The most common types of CVDs are hypertension, CHD, peripheral artery disease, stroke, heart failure, rheumatic heart disease, VHD and congenital heart disease. The development and prevalence of CVDs and their clinical impact and attributable risk are strongly influenced by modifiable and non-modifiable risk factors. Unhealthy diet and insufficient physical activity, the two major current changes

Conflict of interest
No conflict of interest exists.

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