Preface

Cardiovascular disease (CVD) is responsible for about 30% of all deaths worldwide. Of the 17 million fatalities attributed to CVD in 2000 by the World Health Organisation (WHO), 7 million were ascribed to coronary artery disease (CAD).

In Kuwait and virtually all countries of the Gulf Cooperative Council (GCC) in the Arabian Gulf, CAD is the leading killer and cause of disability in adults. Hyperlipidaemia, obesity, diabetes mellitus, hypertension and smoking, the most significant risk factors for the development of atherosclerosis which is the principal underlying cause of CAD, are highly prevalent in the region.

The past decade has seen a reduction in mortality rates from CAD in industrialized countries, but despite this the epidemic continues and the WHO has estimated that by 2020, CVD (particularly CAD) will become the most common cause of death worldwide [1]. Given these statistics, it has become imperative to confront health-planners and the public with the dire consequences of inaction concerning the burden of CAD in Kuwait. The international conference ‘Coronary Heart Disease in the New Millennium: Prevention, Diagnosis and Management’ organized by the Faculty of Medicine, Kuwait University, did just that.

In this supplement to *Medical Principles and Practice* reviews of several aspects of CVD discussed at the conference are presented. While looking to the future these papers provided a valuable forum for assessing current knowledge of the epidemiology, risk factors, diagnosis and management of CVD. The conference also explored the wealth of evidence that supports the importance of involving the public in health measures which aim to

change life-style patterns, an indispensable factor in the prevention of CAD.

Until recently, CAD was considered a disease of the industrialized societies. However, recent data suggest that within a few years, most CVD will occur in the low- and middle-income countries. Dr. Salim Yusuf and Dr. A.O. Musaiger review the reasons for this trend and the paradox of the inverse relationship between high income, high educational and professional status, and CVD.

Aggressive screening and identification of at-risk patients have become a major component of standard patient care since the Framingham Heart Study showed that in more than 53% of men the first sign of CVD was myocardial infarction or death. Dr. J. Shepherd focuses on the status of risk-factor management in reviewing the outcome of a clinical trial in the west of Scotland and Dr. Keith Frayn highlights the lethal effects of a combination of hyperglycaemia, altered lipid profile and obesity. Continuing with the theme of altered lipid profile, Dr. A.O. Akanji discusses the unique features of diabetic dyslipidaemia in Kuwait and Dr. Jasem Ramadan reports the effects of physical exercise on different subjects. Dr. Mohsen A.F. El-Hazmi reviews the haematological factors for CVD bringing into focus the roles of endothelial dysfunction and thrombosis in CAD.

In the past it was assumed that acute coronary syndromes were related to the degree of stenosis caused by atherosclerotic plaques. However, it has now become accepted that most plaques do not necessarily lead to cardiovascular events since the extent of CVD cannot be staged by measuring the lumen of the vessel by angiography. Instead, emphasis has shifted to the stability of

plaques rather than size because small friable lesions with large lipid core and thin fibrous cap are more liable to precipitate acute coronary syndromes than large fibrotic plaques. Dr. George Cherian presents angiographic findings in women with CAD while reviews of modern non-invasive imaging technologies are summarized as abstracts. Finally, Dr. Nabila Abdella presents an update on the management of diabetes in CVD. Included in the abstract section of this supplement are 36 selected abstracts of contributions from several countries within and outside the region.

The educational objectives of the conference were to educate participants concerning the current thoughts on the biology, diagnosis and management of CVD (CAD) and to call the attention of health-policy makers to the urgent need to embark, without delay, on measures to curb this epidemic in the region. The diversity of issues addressed in the conference and reviews presented in these articles would hopefully achieve this aim.

Finally, I would like to express the gratitude of the Conference Central Organising Committee to the Kuwait

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Chairman, Organising Committee

Reference

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