

Management and Epidemiology of Cardiovascular Diseases

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DESCRIPTION

Cardiovascular Disease (CVD) affect the heart or blood arteries. Coronary Artery Diseases (CAD), such as angina and myocardial infarction, are included in CVD (commonly known as a heart attack). Aortic aneurysms, carditis, stroke, heart failure, hypertensive heart disease, rheumatic heart disease, cardiomyopathy, irregular heart rhythms, congenital heart disease, valvular heart disease, peripheral artery disease, thromboembolic disease, and venous thrombosis are some more CVDs.

Atherosclerosis is a factor in peripheral arterial disease, coronary artery disease, and stroke. This may be brought on by, among other things, high blood pressure, smoking, diabetes, obesity, high blood cholesterol, poor diet, excessive alcohol use, and restless sleep.

In order to reduce risk factors, one must practice healthy diet, exercise, abstain from tobacco use, and consume alcohol in moderation. Treatment for risk factors such as diabetes, high blood lipids, and high blood pressure is also advantageous. Antibiotic therapy for strep throat patients can reduce the risk of developing rheumatic heart disease.

Management

Cardiovascular disease is curable, and the initial course of therapy focuses mostly on dietary and lifestyle changes. Influenza vaccination may reduce the risk of cardiovascular events and death in persons with heart disease since influenza may increase the likelihood of heart attacks and strokes.

Due to the combined high mortality rate of MI and stroke, proper CVD therapy must concentrate on these cases, bearing in mind the cost-effectiveness of any intervention, Aspirin, atenolol, streptokinase, and tissue plasminogen activator treatments for MI

have been contrasted for Quality-Adjusted Life-Year (QALY) in low-and middle-income areas. Additionally, there are surgical procedures that can either save or extend a person's life. A person with heart valve issues may undergo surgery to replace the valve. A pacemaker can be implanted to assist decrease arrhythmias, and there are several treatment options for heart attack. When blood pressure objectives were dropped to 135/85 mmHg from 140 to 160/90 to 100 mmHg, there is likely no incremental benefit in terms of mortality and major adverse events.

Epidemiology

Cardiovascular diseases constitute the main cause of deaths worldwide. The high risk is seen in people with other chronic systemic inflammatory disorders, such as rheumatoid arthritis, to some extent. Young adults are most at risk for getting these illnesses. Patients with IBD do not have an excess of conventional cardiovascular risk factors, hence the elevated risk may be caused by atherosclerosis brought on by inflammation. Premature atherosclerosis is common in IBD patients, and they have biochemical and genetic signs with people who have atherosclerotic cardiovascular disease. To increase public awareness of this problem, groups like the Indian Heart Association collaborate with the World Heart Federation.

CONCLUSION

Cardiovascular disease has been studied since at least the 18th century, and there is proof that it existed in prehistoric times. The origins, prevention, and/or treatment of all forms of cardiovascular disease are still the focus of biomedical research, with hundreds of new articles being published every week. Recent research areas include the connection between inflammation and atherosclerosis, the potential for novel therapeutic strategies, and the genetics of coronary heart disease.

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