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Opinion Article

Short Note on Cardiovascular Disease

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DESCRIPTION

In the United Kingdom, cardiovascular disease is a serious and growing problem, accounting for roughly one-third of all fatalities and causing significant morbidity. It is also of special and immediate concern as developing countries undergo lifestyle changes that introduce novel risk factors for cardiovascular disease, resulting in an increase in cardiovascular disease risk across the developing globe. Because the burden of cardiovascular disease can be reduced by rigorous risk reduction, primary prevention should be a top goal for all health policymakers. International standards agree on the significance of quitting smoking, losing weight, and exercising, however guidelines differ slightly in their approach to hypertension and significantly in their approach to achieving an ideal lipid profile, which remains a disputed subject. Although formerly popular ideas like the polypill appear to be devoid of *in-vivo* value, there are still areas of potential interest, such as the advantage of lowering serum urate and the utility of lowering homocysteine levels.

Coronary heart disease (CHD), cerebrovascular disease (CVD), peripheral arterial disease (PAD), rheumatic and congenital heart illnesses, and venous thromboembolism are all examples of cardiovascular disease (CVD). CVD is responsible for 31% of global mortality, with CHD and cerebrovascular accident accounting for the majority of this.

Throughout England, CVD accounts for about 34% of all deaths, whereas in the European Union, the ratio is closer to 40%. As the incidence of CVD risk factors develops in formerly low-risk countries, the global rate of CVD is expected to climb. Currently, 80 percent of CVD deaths occur in developing countries3, and CVD is anticipated to overtake infectious disease as the leading cause of death in most developing countries by 2020. 4 CVD is not only a primary cause of death, but it is also the leading cause of disability-adjusted life years worldwide.

Over 75% of premature CVD is avoidable, according to the World Health Organization (WHO), and risk factor reduction can help lower the growing CVD burden on both individuals and healthcare providers. While age is an established risk factor for CVD, postmortem evidence suggests that the development of CVD in later years is not inevitable, therefore risk reduction is essential.

The Interheart trial investigated the impact of CVD risk factors such as dyslipidemia, smoking, hypertension, diabetes, and abdominal obesity, as well as the preventative effects of fruits and vegetables diet and regular physical activity. These risk factors were shown to be consistent across all populations and socioeconomic levels evaluated, indicating the possibility of globally consistent methods to CVD primary prevention.

We look at the main components of primary CVD prevention as mentioned in current best practise guidelines in the United Kingdom, Europe, and America, with the goal of providing a clinician-friendly summary of primary CVD prevention guidelines.

American Heart Association (AHA) and American College of Cardiologists (ACC) guidelines, or, in the case of hypertension, ACC guidelines. 16 We outlined the areas targeted by these guidelines and conducted a survey. A literature search was conducted using the phrases 'primary prevention in cardiovascular disease,' followed by a combination of the terms 'diet, hypertension, lipids, exercise, smoking, alcohol, polypill, weight, blood glucose, and the term 'cardiovascular disease prevention.' Data, guidelines, and scientific underpinnings were retrieved and compared from the above.

Smoking has long been recognised as a substantial risk factor for cardiovascular disease. According to European data, smoking doubles the 10-year CVD death rate, while smoking is responsible for 30% of CVD mortality in the United States. Not only is it harmful, but it also has a dose-dependent effect with no known safe lower limit. Passive smoking is also detrimental, as it increases CVD risk by 30% in the workplace, and UK public health interventions such as smoking bans have been linked to a large reduction in CVD incidents.

Stopping smoking is the most cost-effective intervention in CVD prevention, with some benefits visible as soon as a month after quitting. Regardless of the length or intensity of the smoking habit, all standards encourage quitting, with short and long-term advantages.

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Nicotine Replacement Treatment (NRT), buproprion (a norepinephrine dopamine reuptake inhibitor), and especially varenicline (a partial nicotine receptor agonist) are all widely prescribed pharmacologically. Both of the first two boost abstinence rates by 50%-70%, while varenicline triple abstinence rates.