More New Zealanders Die of Cardiovascular Disease Than Cancer, Diabetes and Infectious Diseases Combined

You may be aware it is Heart Week 2013 (11-17 February) - but did you know that more New Zealanders are dying of cardiovascular disease than cancer, diabetes and infectious diseases combined according to statistics from the Ministry of Health [1].

Each month, around 860 people die from cardiovascular disease [1]. This is equivalent to an Airbus A380 plane crashing in New Zealand every month. [2]

Dr Raewyn Fisher, cardiologist at Waikato Hospital, says, “We have made a lot of progress in reducing deaths in the past few decades; however, we are now starting to see a turnaround with heart disease death rates expected to rise in some groups. Heart disease deaths in Maori are expected to increase 15% by 2015 [3] and overall the heart disease death rate in New Zealand is 67 percent higher than the top 10 OECD country average [4].”

While some risk factors such as gender and age can’t be modified, many of the important risk factors can be altered by lifestyle changes and medication. Lifestyle factors include stopping smoking, consuming a low-fat diet with fruit and vegetables, moderating alcohol intake and undertaking regular physical activity.

Dr Fisher says, “Patients need to be doing everything they can from a lifestyle perspective but they should also be making sure they are working with their doctors to monitor their cholesterol levels - not only total cholesterol, but also the LDL and HDL cholesterol components and their ratios.

“Low-density lipoprotein, or LDL, is known as "bad" cholesterol. High-density lipoprotein, or HDL, is known as "good" cholesterol. These two types of lipids, along with triglycerides, make up your total cholesterol count, which can be determined through a blood test. When too much LDL (bad) cholesterol circulates in the blood, it can slowly build up in the inner walls of the arteries that feed the heart and brain. Together with other substances, it can form plaque, a
thick, hard deposit than can narrow the arteries and make them less flexible. If a clot forms and blocks a narrowed artery, it can result in heart attack or stroke.

“Analysis shows us that cholesterol is the modifiable risk factor most correlated with having a heart attack in the overall population [5]. The higher your LDL cholesterol is, the higher your risk of a heart attack or stroke.

“High risk patients should have an LDL of less than 2.0 mmol/L and for those people who have undergone coronary artery bypass surgery or coronary stenting, an LDL of 1.6 or lower is desirable. These are the goals to aim towards when monitoring and lowering your LDL levels, and we know that every incremental reduction in LDL cholesterol reduces the risk of heart attack and stroke by about a fifth [6].

“Commonly used statin medication is the first line of defence to lower LDL, however around seven out of ten heart attacks can still happen on statin therapy [7]. Therefore it’s critically important to get your cholesterol reviewed and ask your doctor whether you are achieving LDL cholesterol goals, even if you’re already on a statin. You may require higher doses, or alternative medications to achieve the desired lower levels.”

Dr Fisher concludes, “Even with these options, we know that many people are not reaching their LDL goals. In audits of people taking statins in South Auckland, West Auckland and Wairoa about 50 percent were not reaching their LDL goal [8] [9] [10]. Using this data we can assume approximately 50 percent of New Zealand’s 421,000 statin patients are not reaching their LDL target. If we got these people to target we might prevent 8,400 heart attacks over a two year period. [11] This would save a significant number of lives and surely that’s not too much to ask.”

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References: