

NEWS RELEASE

India Faces Tsunami of Heart Disease Unless Effective Measures of Prevention and Treatment are Urgently Implemented, Warns Leading UK Heart Expert

Kolkata, 15 April 2013 – Professor Sir Roger Boyle, a former Director of Heart Disease for the UK Government, warned a meeting of India's leading cardiologist here yesterday that their country faces 'a tsunami of heart disease' unless they urgently implement effective measures for prevention and treatment.

Heart disease is the number one killer in India, currently accounting for a fifth of all deaths; by 2020, this figure is predicted to rise to a third, making India 'the heart disease capital of the world'. Worse still, many of those dying are relatively young: heart disease in India is occurring 10 to 15 years earlier than in the West.

The policies championed by Prof Boyle in the UK were instrumental in halving deaths due to heart disease over an eight-year period. Whilst acknowledging the differences in healthcare systems between India and the UK, he believes that many of the policies for which he was responsible for implementing in the UK could also be applied here to significant effect.

Most importantly, medical professionals need to engage government at both a national and local level to agree on a concerted plan of action for both the prevention and treatment of heart disease. There should also be good quality data monitoring put in place to accurately track its success.

Prevention of heart disease needs to be achieved through promoting the adoption of more healthy lifestyles (a diet involving less fat and more fibre; increased amounts of exercise; less tobacco chewing); and routine screening of everyone over 40 with suspected risk factors (a family history of heart disease; overweight; high blood pressure; high cholesterol). Treatment of established heart disease needs to include effective lowering of both blood pressure and cholesterol, which could be cost-effectively achieved with the use of relatively cheap generic drugs.

"India is facing a tsunami of heart disease in the very near future unless effective action is taken to reduce both the prevention and treatment of this condition over the long term", commented Prof Boyle. "Quite a apart from the human cost, this makes a lot of sense economically: in the UK, the cost of effectively promoting the concept of lifetime risk assessment has proved to be only a fifth of the resulting savings due to improved economic productivity and reduced chronic treatment plus social care costs."

Professor Boyle has been supported on his visit to India with an educational grant from Biosensors International, a global medical device company specialising in interventional cardiology.

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