

DR JUDITH MACKAY AND DR GEORGE A. MENSAH



Patients by the WORLD HEALTH ORGANIZATION in collaboration with the CENTERS FOR DISEASE CONTROL AND PREVENTION

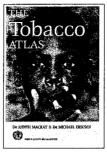




The Atlas of Heart Disease and Stroke



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The Tobacco Atlas



Inheriting the World: The Atlas of Children's Health and the Environment

The Atlas of Heart Disease and Stroke

Dr Judith Mackay and Dr George A. Mensah

with
Dr Shanthi Mendis and Dr Kurt Greenlund



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Contents

	Foreword	
	by Dr LEE Jong-Wook , Director-General, World Health Organization	9
	Preface	11
	Acknowledgements	12
	About the authors	15
	·	
Part One:	CARDIOVASCULAR DISEASE	16
1	Types of cardiovascular disease	18
	Different types of cardiovascular diseases. Global deaths from	- 0
and Frank March 1997. Sign of the State of	cardiovascular diseases.	
2	Rheumatic fever and rheumatic heart disease	20
	Deaths from rheumatic heart disease. Cases of rheumatic heart	20
	disease in children. Deaths among Aboriginal and non-	
	Aboriginal populations in Australia.	
Part Two:	RISK FACTORS	22
3	Risk factors	24
	Overview of modifiable, non-modifiable and "novel" risk	
	factors. Percentage contribution of leading risk factors to	
	disease burden. Contributory factors in coronary heart disease	
	and ischaemic stroke.	
4	Risk factors start in childhood and youth	26
	Tobacco use in youth.Overweight youth.Overweight trends	
	in the USA.	-
	Risk factor: blood pressure	28
	Average systolic blood pressure worldwide. Trends of high	_0
	blood pressure in USA and India. Changes in blood pressure	
	with age in Gambia, and with education in South Africa.	
5	Risk factor: lipids	30
	Cholesterol levels in women worldwide. Trends in cholesterol	
	levels in Beijing, China. Current recommended lipid levels.	
7.1	Risk factor: tobacco	32
	Smoking rates worldwide. Cardiovascular risks of smoking and	J _
	passive smoking. Smokers' lack of knowledge of the risks.	

8	Risk factor: physical inactivity Physical activity levels: energy expenditure in work, leisure and transport. Time spent seated. Various physical activities with similar health benefits. Physical inactivity by social class in India. Participation in sport in Singapore. Motor vehicle ownership and trends. Ratio of bicycles to cars in China and USA.	34
9	Risk Factor: obesity Average adult body mass index (BMI) worldwide. Food consumption trends. Apple shape at higher risk of CVD than pear shape.	36
10	Risk factor: diabetes Prevalence of diabetes worldwide. Diabetes trends to 2030.	38
11	Risk factor: socioeconomic status Socioeconomic influences on cardiovascular risk factors and diseases. Education, income levels and occupation in Canada, China, India, Italy, Saudi Arabia, South Africa, Trinidad and Tobago, Uganda and USA.	40
12	Women: a special case? Similar and different risks in women compared with men. Smoking, physical activity and hormone replacement therapy.	42
Part Three:	THE BURDEN	44
13	Global burden of coronary heart disease Healthy years of life lost to coronary heart disease. Leading causes of disease burden by sex.	46
14	Deaths from coronary heart disease Deaths from coronary heart disease. Comparison with other causes of death. Trends in coronary heart disease.	48
15	Global burden of stroke Healthy years of life lost to stroke. Stroke in young people. Risks of the oral contraceptive pill.	50
6	Deaths from stroke Deaths from stroke. Predictors of death from stroke in Italy.	52

.

17	Economic costs Cost of cardiovascular diseases and their risk factors in selected countries, regions and worldwide. Price of medications compared with cheapest crop available. Lifetime costs of coronary heart disease. Expenditure on cardiovascular medications. Cost of risk factors.	54
Part Four:	ACTION	56
18	Research Number of publications on cardiovascular research by country. Regional research. Clinical trials on humans: cardiovascular disease compared with other health problems. Research funding in the USA: CVD compared with other diseases.	58
19	Organizations International and regional organizations involved with cardiovascular disease. World conferences on cardiovascular diseases.	60
20	Prevention: personal choices and actions Personal choices in lifestyles and behaviours in children, adolescents and adults: stopping smoking, eating more fruit and cereals, reducing salt intake, physical activity, and prevention and control of obesity and high blood pressure.	62
21	Prevention: population and systems approaches Noncommunicable disease prevention and control. Availability of basic equipment, medical professionals, and availability, affordability, and local manufacture of drugs. Use of medications in stroke and coronary heart disease. Profiles of Finland, Japan, Mauritius and New Zealand. Dieticians in the United Kingdom promote healthy eating.	64
22	Health education World Heart Day participation, themes and trends. Medical activities, physical activities and promotion of healthy diet. Giving up smoking: the International Quit and Win campaign.	66
23	Policies and legislation Smoke-free government buildings and private workplaces. The first five countries to ratify the WHO Framework Convention on Tobacco Control (FCTC). National plans for CVD prevention and control. Tobacco, food and nutrition legislation. Smoking ban in the USA led to reduction in heart attacks.	68

, .

24	Treatment Medication, devices, and operations. Simple secondary prevention. Proportion of patients reaching blood pressure and cholesterol treatment goals. Participation in cardiac rehabilitation. Proportion of people with diabetes treated with medication or diet. Trends in cardiovascular operations and procedures in the USA.	70
Part Five:	THE FUTURE AND THE PAST	72
25	The future Predictions to 2030 of the cardiovascular disease epidemic, risk factors, economic costs, research, UN Conventions, technology and treatment.	74
	Milestones in knowledge of heart and vascular disorders History of key events, developments and research, including epidemiology, risk factors, economic costs, inventions and interventions.	
	BCE-1852 1856-1967 1969-2004	76 78 80
Part Six:	World Tables	0.2
	World data tables Glossary Sources Useful contacts	82 84 92 94 109
	Index	111

Foreword

A message from

Dr LEE Jong-WookDirector-General
World Health Organization

Heart disease and stroke are currently the leading cause of death in all developed countries and in most developing countries. There were approximately 17 million deaths due to cardiovascular disease in 2003 – one-third of all deaths in the world.

It is disturbing to note that at least 75% of deaths from heart disease and stroke now occur in the poorer regions of the world, which also face major threats from communicable diseases. These regions thus suffer under the so-called "double burden" of disease. If preventive action is not taken urgently, heart disease and stroke — which are already major public health problems — will rapidly advance across regions and social classes to reach epidemic proportions worldwide.

We know that the major risk factors for heart disease and stroke are high blood pressure, high blood cholesterol, tobacco use, physical inactivity, unhealthy diet and obesity. Many of these risk factors result from unhealthy lifestyles. These unhealthy lifestyle habits, which are linked to urbanization, often start in childhood and youth, encouraged by the influence of mass advertising and social pressures. This underscores the importance of targeting children and young people in all programmes that aim to prevent heart disease and stroke.

Prevention and control of heart disease and stroke in developing countries represent a challenging task. There are a number of major barriers to progress, including lack of reliable epidemiological information, inaccessibility of health care, shortages of trained manpower and resources, and misconceptions about heart disease and stroke among policy-makers and the public.

However, the good news is that knowledge about the causes of heart disease and stroke is growing, and various countries are gaining experience in translating this knowledge into effective action.

I believe that our efforts to control heart disease and stroke can only succeed if they are focused at country level. Current WHO activities in this area are based on the WHO Global Strategy for the Prevention and Control of Noncommunicable Disease, which was adopted by the World Health Assembly in 2000. Our goals are to:

- provide guidance to countries on policy, legislative and financial measures that can help prevent cardiovascular disease;
- assess and track the magnitude of the cardiovascular disease epidemic and its social, economic, behavioural and political determinants in developing countries;
- reduce cardiovascular risk factors and their determinants and promote cardiovascular health for all age groups;
- strengthen the health care of people with cardiovascular disease by developing norms and guidelines for cost-effective interventions.

To achieve these goals, WHO has developed standardized approaches to strengthen national surveillance systems for key risk factors. Further, WHO has initiated programmes at country level to scale up health care for those with established cardiovascular disease and to introduce affordable and innovative approaches for managing cardiovascular risk factors and cardiovascular disease in low-resource settings.

WHO is also in the process of addressing some of the main risk factors for cardiovascular disease through global action, such as the Framework Convention on Tobacco Control and the Global Strategy on Diet, Physical Activity and Health. These strategies will help countries in their efforts to develop and implement policies to reduce the burden of cardiovascular disease.

We recognize that advocacy, resource mobilization, capacity development, and research are necessary to galvanize global action against the causes of cardiovascular disease. WHO is working with other UN agencies, research institutions, nongovernmental organizations, the private sector and civil society to promote these activities. Together, we can move the global public health agenda forward to avert unnecessary deaths and suffering due to this eminently preventable disease.

Jong Work Lea

Preface

"We have the scientific knowledge to create a world in which most heart disease and stroke could be eliminated." The Victoria Declaration on Heart Health, 1992

"Change before you have to."

Jack Welch,
former Chairman and Chief Executive Officer of
General Electric, USA (1935—)

Heart disease and stroke, the main cardiovascular diseases, are truly global epidemics. They deserve the attention of governments, policy-makers, national and international organizations, committed individuals and families everywhere.

Heart disease and stroke are no longer diseases of old men in developed countries. They are also diseases of women, young adults, and even children. They affect the wealthy and the poor. Already they claim more lives in developing than developed countries. The Asian girl on the cover is at risk, as are many children and young adults throughout the world.

The risk factors for heart disease and stroke begin in youth, and most can be prevented or controlled. Yet, worldwide, most people who have risk factors are either not treated or are inadequately treated. Special attention to high blood pressure, high blood cholesterol, tobacco and other major risk factors is crucial.

Cardiovascular diseases are more than just health problems: both the diseases and their underlying causes have major financial implications for governments, businesses and individuals. The "globesity" epidemic is causing international concern. The tobacco epidemic is linked to smuggling, big business and politics. If people are to be encouraged to take regular physical activity, commitment is needed from both individuals and society. The prevention and control of high blood pressure and high blood cholesterol require action from governments and the pharmaceutical industry, not just individual patients.

Research achievements in the field of heart disease and stroke have been phenomenal. We know a lot today, but as Goethe put it, "knowing is not enough, we must apply." We must apply what we already know, and translate the best science into practice for the benefit of all, worldwide.

The good news, as stated most eloquently in the Victoria Declaration on Heart Health more than a decade ago, is that we know what we need to do to eliminate most heart disease and stroke. What is needed now is the combination of necessary resources and political will on a global scale to take effective action. Now is the time to act – and to change before we have to.

Judith Mackay, Hong Kong SAR, China George A. Mensah, Atlanta, GA, USA

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Glossary of terms used in this publication

ACE inhibitors: angiotensin-converting-enzyme inhibitors. Drugs used to treat high blood pressure, and to aid healing after a heart attack.

Angina (angina pectoris): pain or discomfort in the chest that occurs when part of the heart does not receive enough blood. Typically, it is precipitated by effort and relieved by rest.

Angioplasty: a non-invasive surgical procedure used to open up blockages in blood vessels, particularly the coronary arteries that feed the heart. Often performed with either a balloon or a wire mesh (stent).

Anticoagulant: medication that delays the clotting (coagulation) of blood.

Arrhythmia: a change in the regular beat or rhythm of the heart. The heart may seem to skip a beat, or beat irregularly, or beat very fast or very slowly.

Arteriosclerosis: a general term for the hardening of the arteries.

Asymptomatic: without symptoms. This term may apply either to healthy persons or to persons with preclinical (prior to clinical diagnosis) disease in whom symptoms are not yet apparent.

Atherosclerosis: one form of arteriosclerosis, where the hardening and narrowing of the arteries is caused by the slow build-up of fatty deposits on the inside lining.

Atrial fibrillation: a common heart rhythm disorder in which the two small upper chambers of the heart (the atria) quiver instead of beating effectively. This quivering makes the heart less efficient, allows blood to pool and form clots, and predisposes to stroke.

Blood pressure: the force of the blood pushing against the walls of arteries. Blood pressure is given as two numbers: systolic pressure (the pressure while the heart is contracting) and diastolic pressure (the pressure when the heart is resting between contractions).

Body mass index (BMI): a measure of weight in relation to height. It is calculated as weight (in kilograms) divided by the square of height (in metres). A BMI of less than 25 is considered normal, 25–30 is overweight, and greater than 30 defines obesity.

Cardiovascular disease (CVD): any disease of the heart or blood vessels, including stroke and high blood pressure.

Carotid stenosis: narrowing of the carotid arteries, the main arteries in the neck that supply blood to the brain.

Cerebrovascular disease: also called a stroke or the brain equivalent of a heart attack. A condition in which a blood vessel in the brain bursts or is clogged by a blood clot, leading to inadequate blood supply to the brain and death of brain cells.

Cholesterol: a waxy substance that circulates in the bloodstream.

Cholesterol plaques: deposits of fat, cholesterol, cellular waste products, calcium and other substances that build up on the inner lining of an artery.

Congestive heart failure: a condition in which the heart cannot pump enough blood to meet the needs of the body's other organs.

Coronary artery bypass surgery (CABG): A type of heart surgery that re-routes blood around clogged arteries — or "bypasses" them — to improve the supply of blood and oxygen to the heart.

Coronary heart disease: heart disease in which the coronary arteries are narrowed and the supply of blood and oxygen to the heart therefore decreased. Also called coronary artery disease or ischaemic heart disease. It includes heart attack and angina.

Developing country, high mortality: a developing country with high child mortality and high or very high adult mortality.

Developing country, low mortality: a developing country with low child mortality and low adult mortality.

Diabetes mellitus: a chronic disease due to either insulin deficiency or resistance to insulin action or both, and associated with hyperglycaemia (elevated blood glucose levels).

Direct costs: costs associated with an illness that can be attributed to a medical service, procedure, medication, etc., such as X-ray examination, pharmaceutical drugs (for example, insulin), surgery, or a clinic visit.

Disability adjusted life years (DALYs): a measure of overall burden of a disease by combining the years of potential life lost due to premature death and the years of productive life lost due to the disability. One DALY is one lost year of healthy life.

Epidemic: the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of what would normally be expected.

Health: a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

HDL (high-density lipoprotein) cholesterol: the so-called "good cholesterol". HDL helps remove cholesterol from the blood vessels. High levels of blood HDL protect against heart disease.

Heart attack (myocardial infarction): death of part of the heart muscle as a result of a coronary artery becoming completely blocked, usually by a blood clot (thrombus), resulting in lack of blood flow to the heart muscle and therefore loss of needed oxygen.

Heart failure: see Congestive heart failure.

High blood pressure: a systolic blood pressure of 140 mmHg or greater or a diastolic pressure of 90 mmHg or greater.

Homocysteine: an amino acid produced by the body. Elevated levels of homocysteine in the blood can damage blood vessels and disrupt normal blood clotting, and possibly increase the risk of heart attack, stroke, and peripheral vascular disease.

Indirect costs: costs associated with an illness that occur because an individual or family members cannot work at their usual jobs, because of premature death, sickness, or disability.

Ischaemic heart disease: see Coronary heart disease.

LDL (low-density lipoprotein) cholesterol: the so-called "bad cholesterol". High levels of LDL put people at risk of heart attack.

Lipid: fat or fat-like substance, such as cholesterol, present in blood and body tissues.

MET: metabolic equivalent; a measure of energy expenditure. One MET/min is the amount of energy expended while sitting quietly at rest for one minute.

Obesity: a condition characterized by excessive body fat. Usually defined as a body mass index greater than 30.

Peripheral vascular disease: disease of certain blood vessels outside the heart or disease of the lymph vessels, for example the arteries supplying the limbs, which leads to inadequate blood supply and claudication (intermittent pain on exercise such as walking). Physical activity: bodily movement that substantially increases energy expenditure.

Premature death: death that occurs at an age earlier than the average life expectancy for the population.

Primary prevention: a strategy that helps to prevent the onset of a disease or condition in people who are at risk but do not already have the disease or condition. Examples are promotion of exercise in the general population, smoking prevention in young people, and also the treatment and control of high blood pressure as a strategy for primary prevention of stroke.

Rheumatic heart disease: damage to the heart valves and other heart structures from inflammation and scarring caused by rheumatic fever. Rheumatic fever begins with a sore throat due to streptococcal infection.

Secondary prevention: a strategy that helps to prevent recurrent disease or complications in people who already have the disease. For example, the use of a daily dose of aspirin by heart attack survivors is an effective strategy for preventing a second heart attack.

Sedentary: denotes a person who is relatively inactive and has a lifestyle characterized by a lot of sitting.

Stent: a device used to support tissues while healing takes place. A stent can keep "tube-shaped" structures, such as blood vessels, open after a surgical procedure. An intraluminal coronary artery stent is a small, self-expanding, stainless steel mesh tube, which is placed within a coronary artery to keep the vessel open.

Stroke: the brain equivalent of a heart attack. A condition in which a blood vessel in the brain bursts (haemorrhagic stroke) or is clogged (embolic or ischaemic stroke) by a blood clot. This leads to inadequate blood supply to the brain and death of the brain cells, and usually results in temporary or permanent neurological deficits.

Transient ischaemic attack (TIA): small stroke-like event, which resolves in a day or less. It is often a warning sign of an impending stroke.

Triglyceride: the chemical form in which most fat exists in food and in the body.

Sources

PART 1 CARDIOVASCULAR DISEASE

1 Types of cardiovascular disease

Deaths from cardiovascular diseases

Mortality and burden of disease estimates for countries provided by Colin Mathers (Evidence and Information for Policy, WHO) from analyses prepared for *The World Health Report 2003*.

Global deaths from CVD

World Health Organization. The World Health Report 2003: shaping the future. Geneva, WHO, 2003, Annex Table 2:156.

Clipboard

WHO. The World Health Report 2003: shaping the future. Geneva, WHO, 2003, Annex Table 2:156.

2 Rheumatic fever and rheumatic heart disease

Map: Deaths from rheumatic heart disease

Mortality and burden of disease estimates for countries provided by Colin Mathers (Evidence and Information for Policy, WHO) from analyses prepared for *The World Health Report 2003*.

Rheumatic heart disease in children

Carapetis JR. The current evidence for the burden of group A streptococcal diseases. A review of WHO activities in, the burden of, and the evidence for strategies to control group A streptococcal diseases. Geneva, WHO, 2004.

Deaths from rheumatic fever and rheumatic heart disease in the Aboriginal and non-Aboriginal populations of Australia

Carapetis JR, Currie BJ. Mortality due to acute rheumatic fever and rheumatic heart disease in the Northern Territory: a preventable cause of death in Aboriginal people. *Australian and New Zealand journal of public health*, 1999, 23:159–163.

Clipboard

Rheumatic fever and rheumatic heart disease: report of a WHO Expert Committee. Geneva, WHO, 2003 (WHO Technical Report Series, No. 923).

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Stollerman GH. Rheumatic fever in the 21st century. Clinics in infectious diseases, 2001, 33:806–814.

Treating acute rheumatic fever. British medical journal, 2003, 327:631–63 (editorial).

WHO. The World Health Report 2003: shaping the future. Geneva, WHO, 2003, Annex Table 2:156.

Veasy LG, Hill HR. Immunologic and clinical correlations in rheumatic fever and rheumatic heart disease. *Pediatric infectious diseases journal*, 1997, 16:400–407.

PART 2 RISK FACTORS

3 Risk factors

Leading risk factors

WHO. Leading 10 selected risk factors as percentage cause of disease burden measured in DALYs. *The World Health Report 2002: reducing risks, promoting healthy life.* Geneva, WHO, 2002, 162.

Contributory factors

WHO. Quantifying selected major risks to health. The World Health Report 2002: reducing risks, promoting healthy life. Geneva, WHO, 2002, 57–61.

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Beaglehole R, Magnus P. The search for new risk factors for coronary heart disease: occupational therapy for epidemiologists? *International journal of epidemiology*, 2002, 31(6):1117–22; author reply 1134–5.

Text

Inter-Society Commission for Heart Disease Resources A: Primary prevention of the atherosclerotic diseases. *Circulation*, 1970, 42:A55–A95.

4 Risk factors start in childhood and youth

Maps: Early starters; Clipboard

Global Youth Collaborating Group. Special report: Differences in worldwide tobacco use by gender: findings from the Global Youth Tobacco Survey. *Journal of school health*, 2003, 73(6):207–215. Detailed country information available at: http://www.cdc.gov/tobacco/global/GYTS.htm

Overweight trends in the USA

CDC, National Center for Health Statistics. Health, United States, 2003 with Chartbook on trends in the health of Americans. Hyattsville, MD, 2003. BMI at or above the sex-age-specific 95th percentile http://www.cdc.gov/nchs/data/hus/tables/2003/03hus069.pdf

Overweight youth

Lissau I, Overpeck MD, Ruan WJ, Due P, Holstein BE, Hedinger M, and the Health Behaviour in School-aged Children Working Group. Body mass index and overweight in adolescents in 13 European countries, Israel, and the United States. *Archives of pediatric and adolescent medicine*, 2004, 158:27–33. Table 3. Prevalence of BMI at or above the 95th percentile (overweight) by sex (self-reported).

Wow: USA

Kimm SYS et al. Decline in physical activity in black girls and white girls during adolescence. *New England journal of medicine*, 2002, 347:709–15.

Clipboard

Overweight: WHO Fact Sheet, Global Strategy on Diet, Physical Activity and Health. Obesity and overweight. Geneva, WHO, 2003 http://www.who.int/hpr/gs.facts.shtml

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Zimmet P. The burden of type 2 diabetes: are we doing enough? *Diabetes and metabolism*, 2003, 29(4 Pt 2):6S9–6S18.

Kitagawa T, Owada M, Urakami T, Yamauchi K. Increased incidence of non-insulin dependent diabetes mellitus among Japanese schoolchildren correlates with an increased intake of animal protein and fat. *Clinical pediatrics (Philadelphia)*, 1998, 37(2):111–115.

Likitmaskul S, Kiattisathavee P, Chaichanwatanakul K, Punnakanta L, Angsusingha K, Tuchinda C. Increasing prevalence of type 2 diabetes mellitus in Thai children and adolescents associated with increasing prevalence of obesity. *Journal of pediatric endocrinology and metabolism*, 2003, 16(1):71–77.

Berenson GS, Srinivasan SR, Bao W, Newman WP 3rd, Tracy RE, Wattigney WA. Association between multiple cardiovascular risk factors and atherosclerosis in children and young adults. The Bogalusa Heart Study. *New England journal of medicine*, 1998, 338(23):1650–1656.

5 Risk factor: blood pressure

Maps: Blood Pressure

WHO Global NCD InfoBase [online database]. Geneva, WHO, 2004 http://www.who.int/ncd_surveillance/infobase/

High blood pressure in the USA

Trends, USA, 1960–2000; Health, United States 2002; Table 68. Hypertension among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62,1971–74, 1976–80, 1988–94, and 1999–2000. Referencing Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–84), and National Health Examination Survey (1960–62) http://www.cdc.gov/nchs/data/hus/hus02.pdf

Blood pressure changes with age in the Gambia

van der Sande MA, Bailey R, Faal H et al. Nationwide prevalence study of hypertension and related non-communicable diseases in The Gambia. *Tropical medicine and international health*, 1997, 2(11):1039–1048.

Blood pressure in India

Singh RB, Suh IL, Singh V. et al. Hypertension and stroke in Asia: prevalence, control and strategies in developing countries for prevention. *Journal of human hypertension*, 2000, 14:749–763.

High blood pressure by years of education in South Africa

South Africa Demographic and Health Survey 1998 http://www.doh.gov.za/facts/1998/sadhs98/

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Vasan RS, Larson MG, Leip EP, Evans JC, O'Donnell CJ, Kannel WB, Levy D. Impact of high-normal blood pressure on the risk of cardiovascular disease. *New England journal of medicine*, 2001, 345:1291–1297.

World Hypertension League. The high blood pressure/heart failure link: a new concern for older Americans

http://www.mco.edu/org/whl/hrtfail.html

Huxley R, Neil A, Collins R. Unravelling the fetal origins hypothesis: is there really an inverse association between birthweight and subsequent blood pressure? *Lancet*, 2002, 360:659–665.

Systolic blood pressure. *British medical journal*, 2002, 325:917–918 (editorial).

Sleight P. Fact sheet: isolated hypertension (ISH). World Hypertension League http://www.mco.edu/org/whl/isyshype.html

Weinberger MH, Miller JZ, Luft FC, Grim CE, Fineberg NS. Definitions and characteristics of sodium sensitivity and blood pressure resistance. *Hypertension*, 1986, 8(2):127–134.

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6 Risk factor: lipids

Map: Cholesterol

WHO Global NCD InfoBase [online database]. Geneva, WHO

http://www.who.int/ncd_surveillance/infobase/

Current recommended lipid levels

De Backer G, Ambrosioni E, Borch-Johnsen K et al.; Third Joint Force of European and other Societies on Cardiovascular Disease and Prevention in Clinical Practice. European guidelines on cardiovascular disease prevention in clinical practice. *Atherosclerosis*, 2003, 171(1):145–155.

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Trends in cholesterol levels in Beijing, China Tolonen H, Kuulasmaa K, Ruokokoski. MONICA population survey data book. 2000 (data from 1984–1993). Zhao Dong, personal communication (data from 1996–1999).

Wow: USA

American Heart Foundation. About cholesterol http://www.americanheart.org/presenter.jhtml?identifier=185

Clipboard

WHO. The World Health Report 2002: reducing risks, promoting healthy life. Geneva, WHO, 2002.

Text

American Heart Foundation. About cholesterol http://www.americanheart.org/

7 Risk factor: tobacco

Maps: Smoking prevalence

WHO Global NCD InfoBase [online database]. Geneva, WHO http://www.who.int/ncd_surveillance/infobase/

Cardiovascular risks of smoking

Price JF, Mowbray PI, Lee AJ, Rumley A, Lowe GD, Fowkes FG. Smoking and cardiovascular risk factors in the development of cardiovascular disease and coronary artery disease: Edinburgh Artery Study. *European heart journal*, 1999, 20:344–353.

Prescott E, Hippe M, Schnohr P, Hein HO, Vestbo J. Smoking and risk of myocardial infarction in women and men: longitudinal population study. *British medical journal*, 1998, 316:1043–1047.

Smoking and stroke: a causative role. Heavy smokers with hypertension benefit most from stopping. *British medical journal*, 1998, 317:962–963 (editorial).

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Smoking and urology: male fertility and sexuality dysfunctions. Cigarettes: what the warning label doesn't tell you: the first comprehensive guide to the health consequences of smoking. New York. The American Council on Science and Health, 1996, Chapter 11:95–100.

Smoking harms men. Sydney Morning Herald, 24 March 1997, 3 (quoting Australian and New Zealand journal of medicine).

Cardiovascular risks of passive smoking Panagiotakos DB, Pitsavos C, Chrysohoou C, Skoumas J, Masoura C, Toutouzas P, Stefanadis C. Effect of exposure to secondhand smoke on markers of inflammation: the ATTICA study. *American journal* of medicine, 2004, 116(3):145–150.

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International Consultation on Environmental Tobacco Smoke (ETS) and Child Health, 11–14 January 1999. Geneva, WHO, 1999 (WHO/NCD/TFI//99.10). Smokers don't know the risks of heart attack Ayanian JZ, Cleary PD. Perceived risks of heart disease and cancer among cigarette smokers. *Journal of the American Medical Association*, 1999, 281:1019–1021.

Wow: USA

National Cancer Institute. Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency. Bethesda, MD, US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 1999 (Smoking and Tobacco Control Monograph no. 10; NIH Pub. No. 99—4645).

Wow: China

Smoking and health in China. 1996 National Prevalence Survey of Smoking Pattern. Beijing, China Science and Technology Press, undated, 89.

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English JP, Willius FA, Berkson J. Tobacco and coronary disease. *Journal of the American Medical Association*, 1940, 115:1327–1329.

Smoking study reveals grim disease risks. Australian Associated Press, 20 May 2002 http://news.ninemsn.com.au/Health/story_31927.asp?MSID=6d40353f6b864cd7806381801f7fdc0a

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Willett WC, Green A, Stampfer MJ et al. Relative and absolute excess risks of coronary heart disease among women who smoke cigarettes. *New England journal of medicine*, 1987, 317:1303–1309.

8 Risk factor: physical inactivity

Map: Physical activity levels Non-EU countries

Unpublished preliminary analysis of the World Health Survey 2002–2003. Geneva, WHO.

Rütten A et al. Using different physical activity measurements in eight European countries. Results of the European Physical Activity Surveillance System (EUPASS) time series survey. *Public health nutrition*, 2003, 6(4):371–376.

World Health Survey. Eurobarometer: International Physical Activity Questionnaire (IPAQ). Geneva, WHO http://www.who.int/ncd_surveillance/infobase/

EU countries

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World Health Survey. Eurobarometer: International Physical Activity Questionnaire (IPAQ). Geneva, WHO

http://www.who.int/ncd_surveillance/infobase/

Sitting

Rütten A et al. Using different physical activity measurements in eight European countries. Results of the European Physical Activity Surveillance System (EUPASS) time series survey. *Public health nutrition*, 2003, 6(4):371–376.

Physical activity

Department of Health, Hong Kong. Fact sheet on physical activity
http://www.info.gov.hk/dh/do_you_k/eng/exercise.htm

Physical inactivity by social class in India Singh RB, Sharma JP, Rastogi V, Niaz MA, Singh NK. Prevalence and determinants of hypertension in the Indian social class and heart survey. *Journal of human hypertension*, 1997, 11:51–56.

Singapore keeps moving

National Health Survey 1998. Singapore, Epidemiology and Disease Control Department, Ministry of Health, 1998.

Transport

American Automobile Manufacturers Association (AAMA). Motor vehicle facts and figures 1996. Proceed with caution: growth in the global motor vehicle fleet. Washington DC, World Resources Institute, 1996, 44–47

http://www.wri.org/trends/autos2.html

The global fleet

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Wow: Worldwide, physical inactivity...

The World Health Report 2002: reducing risks, promoting healthy life. Geneva, WHO, 2002:61.

Wow: In 1997, in China...

Matters of scale: November/ December 1997. Driving up ${\rm CO}_2$

http://www.worldwatch.org/pubs/mag/1997/106/mos/

Wow: 25% of the world's cars...

Renner M. Live online discussions. Five hundred million cars, one planet — Who's going to give? 8 August 2003 http://www.worldwatch.org/live/discussion/83/

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World Heart Federation. A global embrace for World Heart Day. Message from the President, 29 Sept 2002 http://www.worldheartday.org/WHDArchive/whd2002/news/news.asp#

Kujala UM, Kaprio J, Sarna S, Koskenvuo M. Relationship of leisure-time physical activity and mortality: the Finnish twin cohort. *Journal of the American Medical Association*, 1998, 279:440–444.

HeartBytes. Reduce heart disease risk: encourage and prescribe exercise for your patients.

http://www.medscape.com/viewarticle/470115? mpid=25341

Cervero R. Shapeless, spread out, skipped over and scattershot — sprawl sweeps the globe. The World Paper, http://www.worldpaper.com/2000/mar2000/cervero.html

9 Risk factor: obesity

Maps: Body mass index

WHO Global NCD InfoBase [online database]. Geneva, WHO

http://www.who.int/ncd_surveillance/infobase/

Food consumption

Diet, nutrition and the prevention of chronic diseases: report of a Joint WHO/FAO Expert Consultation.

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experiences! *Public health nutrition*, 2002, 5:205–214.

Apple shape at higher risk of CVD than pear shape

Lakka HM, Lakka TA, Tuomilehto J, Salonen JT. Abdominal obesity is associated with increased risk of acute coronary events in men. European heart journal, 2002,23:706–713 (cited in Sowers JR. Obesity as a cardiovascular risk factor. American journal of medicine, 2003, 115(8A):37S–41S).

Isomaa B, Almgren P, Tuomi T, et al. Cardiovascular morbidity and mortality associated with the metabolic syndrome. *Diabetes care*, 2001, 24:683–689 (cited in Sowers JR. Obesity as a cardiovascular risk factor. *American journal of medicine*, 2003, 115(8A):37S–41S).

Overweight and obesity: defining overweight and obesity http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm

Wow: Thailand

Associated Press in Bangkok. Thailand: Chubby nights soothe the heavyweight clubbers. South China Morning Post, 12 September 2002, 11.

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WHO expert consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet*, 2004, 363:157–63.

Eckel RH, Krauss RM. American Heart Association call to action: obesity as a major risk factor for coronary heart disease. *Circulation*, 1998, 97:2099–2100.

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Peeters A, Barendregt JJ, Willekens F, Mackenbach JP, Mamun AA, Bonneux L. Obesity in adulthood and its consequences for life expectancy: a life table analysis. Annals of internal medicine, 2003, 138:24–32.

The catastrophic failures of public health. *Lancet*, 2004, 363(9411):157–63 (editorial)).

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Fast food takeaways China. BBC online, 1999 http://news.bbc.co.uk/hi/english/health/newsid_364000/364273.stm

Easen N. Asia falls foul to fat. CNN, 21 Feb 2002 http://www.cnn.com/2002/WORLD/asiapcf/auspac/02/21/asia.obesity/?related

Associated Press. New Zealand. Boarding pass and scales, please – NZ weighs the trend for heavier passenger loads. South China Morning Post, 4 October 2003, A10.

10 Risk factor: diabetes

Map: Prevalence of diabetes; Diabetes prevalence and trends; Clipboard

Wild S, Roglic G, Green A, Sicree R, King H. Global prevalence of diabetes. Estimates for the year 2000 and projections for 2030. *Diabetes care*, 2004, 27:1047–1053.

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International Diabetes Federation http://www.idf.org/home/index.cfm?node=264

11 Risk factor: socioeconomic status

Prevalence of CVD risk factors by education in Canada

Choiniere R, Lafontaine P, Edwards AC. Distribution of cardiovascular disease risk factors by socioeconomic status among Canadian adults. Canadian Medical Association journal, 2000, 162(9 Suppl):S13—24. Note: Definitions used: Physical inactivity: leisure exercise less than once per week during previous month. Elevated cholesterol: ≥5.2 mmol/l after fasting 8 hours or more.

The CVD mortality gap in the USA

Singh GK, Siahpush M. Increasing inequalities in allcause and cardiovascular mortality among US adults aged 25–64 years by area and socioeconomic status, 1969–1998. International journal of epidemiology, 2002, 31(3):600–613.

Prevalence of high blood pressure by income in Trinidad and Tobago

Gulliford MC, Mahabir D, Rocke B. Socioeconomic inequality in blood pressure and its determinants: cross-sectional data from Trinidad and Tobago. *Journal of human hypertension*, 2004, 18:61–70.

Education level and obesity in Italy

Giampaoli S, Palmieri L, Dima F, Pilotto L, Vescio MF, Vanuzzo D. Socioeconomic aspects and cardiovascular risk factors: experience at the Cardiovascular Epidemiologic Observatory. *Italian heart journal*, 2001, 2(3 Suppl):294–302.

Smoking and occupation in Uganda Uganda Demographic and Health Survey 2000–2001.

Smoking by years of education in South Africa South Africa Demographic and Health Survey (SADHS) 1998.

Income and obesity in Saudi Arabia

Al-Nuaim AA et al. Overweight and obesity in Saudi Arabian adult population, role of socio-demographic variables. *Journal of community health*, 1997, 22(3):211–23.

Prevalence of diabetes by income in India

Ramachandran A, Snehalatha C, Kapur A et al. Diabetes Epidemiology Study Group in India (DESI). High prevalence of diabetes and impaired glucose tolerance in India: National Urban Diabetes Survey. *Diabetologia*, 2001, 44(9):1094–101.

Wow: Canada

Evenson B. When rich and poor kids eat the same diet, poor ones get fatter. *ProCOR*, 12 September 2003.

Clipboard

Steptoe A, Feldman PJ, Kunz S, Owen N, Willemsen G, Marmot M. Stress responsivity and socioeconomic status: a mechanism for increased cardiovascular disease risk? *European heart journal*, 2002, 23(22):1757–63.

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12 Women: a special case?

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Prescott E, Hippe M, Schnohr P, Hein HO, Vestbo J. Smoking and risk of myocardial infarction in women and men: longitudinal population study. *British medical journal*, 1998, 316:1043–1047.

No time to walk

Clark J. News roundup: Women too busy to exercise. British medical journal, 2003, 326:467.

Walking reduces coronary heart disease Lee IM, Rexrode KM, Cook NR, Manson JE, Buring JE. Physical activity and coronary heart disease in women. Is "no pain, no gain" passé? *Journal of the American Medical Association*, 2001, 285:1447–1454.

Hormone replacement therapy

Trevisan MM. Hormone replacement therapy. *Global Symposium on Cardiovascular Prevention, Marbella, Spain*, 11–13 April 2003.

Clipboard

WHO. The World Health Report 2003: Shaping the future. Geneva, WHO, 2003: Annex Table 2.

Text

Kmietowicz Z. News roundup: Women fail to recognise risk of heart disease. *British medical journal*, 2003, 326:355.

Ulmer H, Kelleher C, Diem G, Concin H. Why Eve is not Adam: prospective follow-up in 149650 women and men of cholesterol and other risk factors related to cardiovascular and all-cause mortality. *Journal of women's health (Larchmount)*, 2004, 13(1):41–53.

Lerner DJ, Kannel WB. Patterns of coronary heart disease morbidity and mortality in the sexes: a 26-year follow-up of the Framingham population. *American heart journal*, 1986, 111:383–390.

McKinlay JB. Some contributions from the social system to gender inequalities in heart disease. *Journal of health and social behaviour*, 1996, 37:1–26.

Giles WH, Anda RF, Casper ML, Escobedo LG, Taylor HA. Race and sex differences in rates of invasive cardiac procedures in US hospitals: data from the National Hospital Discharge Survey. Archives of internal medicine, 1995, 155:318–324.

Dustan HP. Coronary artery disease in women. Canadian journal of cardiology, 1990, 6(Suppl B):19B–21B.

Lehmann JB, Wehner PS, Lehmann CU, Savory LM. Gender bias in the evaluation of chest pain in the emergency department. *American journal of cardiology*, 1996, 77:641–644.

Roquer J, Campello AR, Gomis M. Sex differences in first-ever acute stroke. *Stroke*, 2003, 34(7):1581–1585.

Adams KF Jr, Sueta CA, Gheorghiade M, O'Connor CM, Schwartz TA, Koch GG, Uretsky B, Swedberg K, McKenna W, Soler-Soler J, Califf RM. Gender differences in survival in advanced heart failure. Insights from the FIRST study. *Circulation*, 1999, 99(14):1816–1821.

Mosca L et al. Evidence-based guidelines for cardiovascular disease prevention in women. *Circulation*, 2004, 109:672–693.

PART 3 THE BURDEN

13 Global burden of coronary heart disease

Map: Healthy years of life lost to coronary heart disease

Mortality and burden of disease estimates for countries provided by Colin Mathers (Evidence and Information for Policy, WHO) from analyses prepared for *The World Health Report 2003*.

Disease burden in men; in women

WHO. The World Health Report 2003: Shaping the future. Geneva, WHO, 2003.

Clipboard; Text

Ounpuu S, Anand S, Yusuf S. The global burden of cardiovascular disease. Medscape cardiology, 24 January 2002

http://www.medscape.com/viewarticle/420877?WebLogicSession=Pj4P2wsr611rYWKbLSDskpUMbsjmJxtWvxSNaGHCVd2ranocYJpC|4297644578988247133/184161393/6/7001/7001/7002/7002/7001/-1

Text

Nayha S. Cold and the risk of cardiovascular diseases. A review. International journal of circumpolar health, 2002, 61(4):373–380.

14 Deaths from coronary heart disease

Map: Deaths from coronary heart disease Mortality and burden of disease estimates for countries provided by Colin Mathers (Evidence and Information for Policy, WHO) from analyses

Deaths from coronary heart disease compared with other causes

prepared for The World Health Report 2003.

WHO. The World Health Report 2003: Shaping the future. Geneva, WHO, 2003, Table 1.3:17.

Change of heart

British Heart Foundation Statistics database.

1. Mortality. Table 1.5

http://www.heartstats.org

Wow: 3.8 million men...

WHO. The World Health Report 2003: Shaping the future. Geneva, WHO, 2003, Annex Table 2:154–159.

Text

Ounpuu S, Anand S, Yusuf S. The global burden of cardiovascular disease. *Medscape cardiology*, 24 January 2002

http://www.medscape.com/viewarticle/420877?WebLogicSession=Pj4P2wsr611rYWKbLSDskpUMbsjmJxtWvxSNaGHCVd2ranocYJpC|4297644578988247133/184161393/6/7001/7001/7002/7002/7001/-1

Khot UN, Khot MB, Bajzer CT et al. Prevalence of conventional risk factors in patients with coronary heart disease. *Journal of the American Medical Association*, 2003, 290:898–904.

Chambless L, Keil U, Dobson A, Mahonen M, Kuulasmaa K, Rajakangas AM, Lowel H, Tunstall-Pedoe H. Population versus clinical view of case fatality from acute coronary heart disease: results from the WHO MONICA Project 1985–1990. Multinational MONItoring of Trends and Determinants in CArdiovascular Disease. *Circulation*, 1997, 96(11):3849–59.

15 Global burden of stroke

Map: Healthy years of life lost to stroke Mortality and burden of disease estimates for countries provided by Colin Mathers (Evidence and Information for Policy, WHO) from analyses prepared for *The World Health Report 2003*.

Stroke in young people

Jacobs BS, Boden-Albala B, Lin IF, Sacco RL. Stroke in the young in the northern Manhattan stroke study. *Stroke*, 2002, 33(12):2789–93.

Oral contraceptives

Lidegaard Ø, Kreiner S. Contraceptives and cerebral thrombosis: a five-year national case-control study. *Contraception*, 2002, 65:197–205.

Wow: United Kingdom

Wise J. News: New clinical guidelines for stroke published. *British medical journal*, 2000, 320:823.

Wow: Stroke burden, 2020

Murray CJL, Lopez AD. The global burden of disease. Boston, Harvard School of Public Health (for WHO and the World Bank), 1996, Table 17i:830.

Clipboard

Chobanian AV, Bakris GL, Black HR et al. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report. *Journal of the American Medical Association*, 2003, 289:2560–2572.

Text

McCarron P, Davey Smith G, Okasha M, McEwen J. Blood pressure in young adulthood and mortality from cardiovascular disease. *Lancet*, 2000, 355:1430–31.

Adams RJ, McKie VC, Brambilla D et al. Stroke prevention trial in sickle cell anemia. Control clinical trials, *New England journal of medicine*, 1998, 19:110–129.

Bonita R, Scragg R, Stewart A, Jackson R, Beaglehole R. Cigarette smoking and risk of premature stroke in men and women. *British medical journal*, 1986, 293:6–8.

Lip GYH, Kamath S, Hart RG. Clinical review: ABC of antithrombotic therapy. Antithrombotic therapy for cerebrovascular disorders. *British medical journal*, 2002, 325:1161–1163.

16 Deaths from stroke

Map: Struck down

Mortality and burden of disease estimates for countries provided by Colin Mathers (Evidence and Information for Policy, WHO) from analyses prepared for *The World Health Report 2003*.

Predictors of death from stroke in Italy

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PART 4 ACTION

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22 Health education

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American Heart Association. *Heart disease and stroke statistics* – 2004 update. Dallas, American Heart Association, 2003.

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PART 5 THE FUTURE AND THE PAST

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Useful contacts

World Health Organization

http://www.who.int

Cardiovascular disease:

http://www5.who.int/cardiovascular-diseases/

http://www.who.int/health_topics/diabetes_mellitus/en/

http://www.who.int/health_topics/diet/en/

http://www.who.int/health_topics/nutrition/en/

http://www.who.int/health_topics/obesity/en/

Public Health Surveillance:

http://www.who.int/health_topics/public_health_surveillance/en/

Tobacco Free Initiative:

http://www.who.int/tobacco/en/

Centers for Disease Control and Prevention, USA

http://www.cdc.gov/

Cardiovascular Health Program:

http://www.cdc.gov/cvh/

Nutrition and Physical Activity Program:

http://www.cdc.gov/nccdphp/dnpa/

Tobacco Program:

http://www.cdc.gov/tobacco/

Diabetes Program:

http://www.cdc.gov/diabetes/

Laboratory Sciences Program:

http://www.cdc.gov/nceh/dls/programs.htm

Office of Global Health:

http://www.cdc.gov/ogh/

Behavioral Risk Factor Surveillance System:

http://www.cdc.gov/brfss

National Center for Health Statistics:

http://www.cdc.gov/nchs

International and Regional Organisations

Asian Society for Cardiovascular Surgery:

http://www.ascvs.org/

Association for European Paediatric Cardiology/Association

Européenne pour la Cardiologie Pédiatrique:

http://www.aepc.org/home.htm

Brain Aneurysm Foundation:

http://www.bafound.org

Cairdes: http://www.cairdes.com CardioStart International Inc:

http://www.cardiostart.com/

Cardiothoracic Surgery Network:

http://www.ctsnet.org/

Chain of Hope: http://www.chainoshope.org

Children's HeartLink:

http://www.childrensheartlink.org/

Children's Hearts: http://www.childrenshearts.org.uk

Clearinghouse for Tobacco Control (South East Asia):

http://www.prn2.usm.my/pages/about.asp

Cœurs pour Tous (Hearts for All):

http://www.cptg.ch/fr/start.htm

Congenital Heart Information Network:

http://www.tchin.org/

Congress of Neurological Surgeons:

http://www.neurosurgeon.org

Consortium for Southeastern Hypertension Control (COSEHC):

http://www.cosehc.org/

East Meets West: http://www.eastmeetswest.org

Eastern Mediterranean Network on Heart Health, (EMNHH):

http://emnhh.homestead.com/files/index.htm

The Endocrine Society: http://www.endo-society.org/

European Association for Cardiothoracic Surgery:

http://www.eacts.org/

European Heart Institute:

http://www.european-academy.at

European Heart Network:

http://www.ehnheart.org/index2.asp

EMASH European Medical Association on Smoking and Health: http://emash.globalink.org/

ENSH European Network for Smoke-free Hospitals:

http://ensh.free.fr/

ENSP European Network for Smoking Prevention:

http://www.ensp.org

European Network of Young People and Tobacco:

http://www.ktl.fi/enypat/

European Network of Quitlines:

http://www.quitlines-conference.com/

European Society for Noninvasive Cardiovascular Dynamics:

http://www2.mf.uni-lj.si/~esnicvd/

European Society of Cardiology:

http://www.escardio.org/

European Society of Hypertension:

http://www.eshonline.org/

European Stroke Initiative:

http://www.eusi-stroke.com/index.shtml

European Union of Non-smokers:

http://www.globalink.org/tobacco/docs/eu-docs/uene.htm

Framework Convention Alliance (FCA):

http://www.fctc.org/

G8 Telematics Heart Health Project:

http://www.med.mun.ca/g8hearthealth/

Gift of Life International Inc.:

http://www.giftoflifeinternational.org/

Global Connection International:

http://www.gciworld.org

Global Cardiovascular Infobase (in English and Spanish):

http://www.cvdinfobase.ca/

Global Healing: http://www.globalhealing.org

Global Health Information Network:

http://www.healthnet.org/

Global Partnerships for Tobacco Control:

http://www.essentialaction.org/tobacco/

Globalink, UICC International Union against Cancer:

http://www.globalink.org/

Healing the Children:

http://www.healingchildren.org

Heart Care International:

http://www.heartcareintl.org

HeartGift Foundation:

http://www.heartgift.org/index.html

The Heart of a Child Foundation – Little Hearts on the Mend:

http://www.littleheartsonthemend.org

Heart-to-Heart International:

http://www.hearttoheart.org/

Heart-to-Heart International Children's Medical Alliance:

http://www.heart-2-heart.org/

Initiative for Cardiovascular Health Research in Developing Countries:

http://www.globalforumhealth.org/pages/index.asp?

ThePage=page1_000500040001_1.htm&Nav=000500040001

InterAmerican Heart Foundation:

http://www.interamericanheart.org

InterAmerican Society of Cardiology (in Spanish and English): http://www.soinca.org

Inter-American Society of Hypertension:

http://org.umc.edu/iash/homepage.htm:

http://www.musc.edu/iash/generale.htm

International Academy of Cardiology:

http://www.cardiologyonline.com/

International Agency on Tobacco and Health (IATH):

Email: admin@iath.org

International Atherosclerosis Society:

http://www.athero.org/

International Children's Heart Foundation:

http://www.ichf.org/

International Children's Heart Fund:

http://www.ichfund.org/

International Diabetes Federation:

http://www.idf.org/

International Diabetes Institute, Australia:

http://www.diabetes.com.au/home.htm

International Federation of Sports Medicine:

http://www.fims.org/

International Hospital for Children (IHC):

http://www.healachild.org

International Network of Women against Tobacco (INWAT):

http://www.inwat.org/

International Network towards Smoke-Free Hospitals (INTSH):

http://intsh.globalink.org/

International Non Governmental Coalition against Tobacco (INGCAT):

http://www.ingcat.org/

International Obesity Task Force:

http://www.iotf.org/

International Pediatric Hypertension Association:

http://www.pediatrichypertension.org/

International Society for Adult Congenital Cardiac Disease:

http://www.isaccd.org/

International Society for Aging and Physical Activity:

http://www.isapa.org/

International Society for Cardiovascular Surgery:

http://www.vascsurg.org/doc/1576.html##.htm

International Society for Heart Research:

http://www.ishrworld.org/

International Society for Heart & Lung Transplantation:

http://www.ishlt.org/

International Society for Minimally Invasive Cardiac Surgery: http://www.ismics.org/

International Society for the Prevention of Tobacco Induced Diseases

(PTID): http://www.ptid.org

International Society of Cardiovascular Ultrasound:

http://www.iscu.org/

International Society of Hypertension:

http://www.hypertension2004.com.br/

International Society of Nephrology:

http://www.isn-online.org/

International Society on Hypertension in Blacks (ISHIB):

http://www.ishib.org/main/ishib_open.htm

International Stroke Society:

http://www.internationalstroke.org/index.php

International Task Force for the Prevention of Coronary Heart Disease:

http://www.chd-taskforce.de/

International Tobacco Evidence Network (ITEN):

http://www.tobaccoevidence.net/

The Internet Stroke Center:

http://www.strokecenter.org/pat/organizations.htm

Legacy Foundation, tobacco document site:

http://legacy.library.ucsf.edu/cgi/b/bib/bib-idx?g=tob

Mediterranean Stroke Society:

http://www.hsanmartino.liguria.it/cictus/med.htm

OTAF L'Observatoire du Tabac en Afrique Francophone:

http://otaf.globalink.org/

Physicians for Peace: http://www.physiciansforpeace.org

ProCOR: Conference on Cardiovascular Health:

http://www.procor.org/

Project Hope: http://www.projecthope.org

Project Kids Worldwide:

http://www.projectkidsworldwide.org

Project Open Hearts: http://www.poh.org

Repace's site, especially on passive smoking (Jim Repace):

http://www.repace.com/

Save A Child's Heart Foundation

http://www.saveachildsheart.com

Society for Research on Nicotine and Tobacco (SRNT):

http://www.srnt.org/

Smokescreen Action Network:

http://www.smokescreen.org

Southeast Asian Tobacco Control Alliance:

http://www.tobaccofreeasia.net/

Stroke Awareness for Everyone:

http://www.strokesafe.org/

Stroke Clubs International: Email: strokeclub@aol.com

Stroke Net:

http://www.strokenet.info/resources/stroke/internationalsites.htm

Surgeons of Hope Foundation:

http://www.surgeonsofhope.org

Tobacco.org: http://www.tobacco.org

Tobacco Control journal:

http://www.tobaccocontrol.com

Tobacco Control Resource Center/Tobacco Products Liability Project

(TCRC/TPLP): http://tobacco.neu.edu/

TCRC Tobacco Control Resource Centre, BMA, UK:

http://www.tobacco-control.org/

Tobacco Control Supersite:

http://www.health.usyd.edu.au/tobacco/

Tobacco Documents Online (TDO, Smokescreen:

http://www.tobaccodocuments.org

Tobaccopedia:

http://TobaccoPedia.org

Treatobacco Database & Educational Resource for Treatment of

Tobacco Dependence:

http://www.treatobacco.net/

World Federation of Neurology:

http://www.wfneurology.org/

World Heart Federation:

http://www.worldheart.org/

World Heart Foundation:

http://www.world-heart.org/

World Hypertension League:

http://www.mco.edu/org/whl/

World Kidney Foundation:

http://www.worldkidneyfund.org/

World Medical Association:

http://www.wma.net/

Index

activity see physical activity and inactivity ACE inhibitors 40, 71, 92 age, advancing 19, 25, 42 alcohol use 19, 24–25 aneurysm see aortic aneurysm and dissection angina pectoris 32, 77, 78 angioplasty 71, 79, 92 anticoagulant 92 antihypertensive drugs 65 aortic aneurysm and dissection 19, 32 arrhythmia 71, 92 arteriosclerosis 76, 92 artificial body parts 71, 75, 80 arterial disease, peripheral 19, 32, 76 aspirin 55, 65, 71, 78, 79, 80, 81 atherosclerosis 26, 31, 32, 42, 77, 92 atrial fibrillation 19, 20, 50, 52, 78, 80, 92 beta-blockers 71 blood clotting disorders 19, 25, 32; see also stroke treatment of 80, 81	prevention of 62–63, 64–65, 66-67, 68, 80, 81 research into 58–59, 75 risk factors 24–43 surgery 70–71, 75, 78, 79, 80, 81 types of 18–19 carotid endarterectomy 71 stenosis 52, 92 cars see motor vehicles Centers for Disease Control and Prevention (USA) 60 cerebrovascular disease see stroke childbirth 19 children and youth 20–21, 25, 26–27, 38, 51, 62, 66 cholesterol 19, 24–25, 30–31, 40, 42, 48, 62, 65, 70–71, 77, 79, 80, 81, 92 HDL (high-density lipoprotein) 25, 30, 32, 42, 80, 93 LDL (low-density lipoprotein) 25, 30, 32, 80, 93 plaques 32, 77, 92 cigarettes see tobacco use clotting see blood clotting	diabetes mellitus 48 hypertensive heart disease 18, 48 inflammatory heart disease 18 physical inactivity 35 rheumatic heart disease 18, 20–21 stroke 18–19, 48, 50–51, 52–53, 74 tobacco use 74 deep venous thrombosis 19 diabetes mellitus 19, 25, 34, 38–39, 40–41, 42, 48, 52, 63, 64, 75, 80, 81, 92 deaths from 48 economic costs of 54 predicted number of people with 75 research into 58–59 treatment of 71 type 1 diabetes 38 type 2 diabetes 26, 36, 38, 54 diet 19, 24–25, 26, 28, 36, 42, 48, 52, 62–63, 64, 66, 77, 80; see also food digitalis 77 disability-adjusted life years (DALYs)
blood pressure 28–29, 32, 48, 62–63, 66, 70, 77, 78, 80, 92 high 19, 24–25, 26, 28–29, 32, 34, 40, 42, 50, 52, 63, 64, 70, 79, 93 see also hypertension and hypertensive heart disease blood sugar levels 62 body mass index (BMI) 36–37, 92 brain tumours, vascular 19 bypass see coronary artery bypass surgery cardiac defibrillation 71, 78, 79 pacemakers 71, 78, 79 rehabilitation 70 see also coronary and heart cardiovascular disease (CVD) 92 deaths from 18, 74 disability-adjusted life years (DALYs) 74 investigations for 75 economic costs of 55 medication for 65, 71, 75, 77	contraceptive, oral 19, 25, 42, 50 coronary artery bypass surgery 71, 92 artery disease 79 artery spasm 32 stent 71, 80, 93 see also cardiac and heart coronary heart disease 19, 32, 34–35, 40, 52, 92 burden 46–47 deaths from 18–19, 35, 46–47, 48–49, 74 disability-adjusted life years (DALYs) 46–47, 74 economic costs of 55 medication for 65, 71, 81 prevention of 48 research into 58–59 risk factors 19, 79 costs see economic costs deaths from cardiovascular disease 18, 74 coronary heart disease 18–19, 35, 48–49, 74	economic costs 54–55, 75, 92, 93 education health 66–67 level of 19, 28, 40, 41 electrocardiogram (ECG) 78, 79 embolism see pulmonary embolism ethnicity and race 25, 42 food 30, 36, 62 cereals 63 fast 68 fruit and vegetables 24, 28, 36, 62–63, 64 labelling of 65, 68 legislation on 69 processed 28 see also diet future 74–75 gender differences 25, 27, 28–29, 32–33, 42–43, 81; see also women

genetic
disposition 19, 25, 48, 81
science 75
therapy 81
see also heredity

HDL-cholesterol see cholesterol, HDL health see also education, health and mental health and public health and tobacco use, health warnings health care access to 40 economic costs of 54-55 heart 18 attack 30, 32, 93 catheterization 71, 78 congenital disease 19 failure, congestive 92 inflammatory disease 18-19, 81 muscle 18-19, 77 transplantation 71, 75, 79, 81 tumours 19 valves 19, 20, 71, 76, 79 see also cardiac and coronary and hypertensive heart disease heredity 25, 42 see also genetic homocysteine levels in blood 19, 25, 93 hormone replacement therapy 19, 25, 42-43 hypertension 28 see also blood pressure, high

inactivity see physical activity and inactivity International Conferences on Preventive Cardiology 60 International Heart Health Conferences and Declarations 61, 64, 66–67, 81

see also blood pressure, high

hypertensive heart disease

deaths from 18, 48

labelling see food LDL-cholesterol see cholesterol, LDL left ventricular hypertrophy 25 legislation 68–69 lipids 25, 26, 30–31, 34, 52, 93 lowering medication 40, 71 see also cholesterol medical professionals 42, 62, 65 medication 42, 54–55, 62, 65, 71, 75, 77, 81 mental health 19, 25 MET (metabolic equivalent) 35, 93 motor vehicles 34–35 myocardial infarction see heart attack

nutrition see food and diet

obesity 19, 24–25, 26, 34, 36–37, 41, 42, 62, 65, 66, 79, 80, 93 economic costs of 54–55, 75 open heart surgery 71, 79 operations 71 organizations 60–61

physical activity and inactivity
19, 24–25, 26–27, 28, 34–35,
40, 42–43, 48, 54, 62–63, 66,
78, 79, 80, 81, 93
policies 68–69
poverty 19, 20
prevention see cardiovascular disease,
prevention of
public health
initiatives 64–65
policy 68–69
pulmonary embolism 19

Quit and Win 67

race see ethnicity and race rehabilitation 70 research 58–59, 75, 76–81 rheumatic fever 20, 78, 93 rheumatic heart disease 19, 20–21, 93 deaths from 18, 20-21 risk factors 19, 24–43, 55, 62–63, 66–67, 79, 80

salt intake 28, 52, 63, 65
schools
health education in 66
smoking see tobacco use
socioeconomic status 25, 34, 40–41,
52
sphygmomanometer 78
statins 65, 81
stent see coronary stent
streptococcal infection 19, 20
stress 25, 34, 40, 42, 62, 77
stroke 19, 20, 30, 32, 34, 50–53,
76, 78, 80, 93
burden 50–51

carotid stenosis 52
deaths from 18–19, 48, 50–51,
52–53, 74
disability-adjusted life years
(DALYs) 50–51
economic costs of 54–55
medication for 65, 71, 80
research into 58–59
risk factors 19, 63, 79, 80
young people 51
surgery see coronary artery bypass
surgery and open heart surgery
and cardiovascular disease surgery

technology 70-71, 75, 77-81 thrombosis see deep venous thrombosis tobacco use 19, 24-25, 26-27, 32-33, 40-41, 42-43, 48, 50, 52, 62, 74, 79, 80, 81 deaths from 74 economic costs of 54-55 health warnings about 68 knowledge of risks 32-33 legislation on 69 passive smoking 32, 62 prevalence of 27, 33, 75 quitting smoking 33, 62-63, 67 smoke-free areas 68-69, 81 transplant see heart transplantation treatment 64-65, 70-71, 75, 80 triglycerides 30, 42, 80, 93

United Nations Conventions and Goals 75

vascular disease, peripheral 92

women 25, 28–29, 30, 32–33, 42–43
World Congresses of Cardiology 60
World Health Assembly 68, 81
World Health Organization 60–61,
79, 81
Framework Convention on
Tobacco Control 68–69, 81
Global School Health Initiative 66
Global School-based Student
Health Survey 66
Global Strategy on Diet, Physical
Activity and Health 81
World Heart Days 66–67, 81
World Heart Federation 60, 66–67,
79
World Stroke Congresses 61

youth see children and youth