

Editorial

Cardiovascular Diseases in Bangladesh

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Bangladesh through sustained socio-economic development has recently been elevated to lower middle income country.¹ There is much improvement in national health indicators particularly in infant and maternal mortality, nutritional states, safe drinking water and sanitation. People's life style has been changed. There is increase in tobacco consumption and saturated fat intake, decrease in physical activities and increase in bodyweight. The country is now in epidemiological transition of disease burden shifting from communicable to non-communicable diseases (NCDs).²⁻⁴ In 1986 communicable disease represented 52% of all deaths whereas in 2014 non communicable diseases including cardiovascular diseases represents 59% of the deaths.⁵

Cardiovascular Diseases (CVD) are increasing in Bangladesh claiming large member of lives. It is responsible for 17% of the total deaths⁵⁻⁶. All types of cardiovascular diseases are prevalent in the country. As a result of socioeconomic and environmental improvement, increase in people's awareness and effective prevention program the burden of Rheumatic fever and rheumatic heart diseases has declined. On the other hand, Coronary artery diseases and hypertension are becoming more prevalent and getting epidemic proportion. Besides conventional risk factors, genetic makeup and some emerging environmental factors may underlie this increase in CAD.⁷ We are lacking of nationwide epidemiological data regarding the scenario of CVD in the country, however by analyzing the available data and meta-analysis of different studies, we may assume the prevalence of Hypertension as 15-20%, Coronary Artery Disease as 4-6% and Rheumatic Fever and Rheumatic Heart disease as <0.1%, Congenital Heart Disease as 25-30 per 1000 live birth and stroke as 0.3-1%.⁵⁻¹⁵ Data on heart failure, arrhythmias, cardiomyopathies and peripheral vascular diseases still needs to be evaluated.

Towards the end of the last century, the world has seen tremendous advancements in the field of cardiovascular care, particularly in interventional cardiology and cardiac surgery. In Bangladesh Cardiac care facilities has started taking off in late seventies of last century with the establishment of National Institute of Cardiovascular Diseases (NICVD) at Dhaka in 1978 and cardiology units in eight - the then Govt. Medical College Hospitals in different region of the country. Besides rendering cardiac care facilities to the patients, the institute has taken the programme to develop cardiologists, cardiac surgeons and technical persons to cater the need of manpower in this field. Presently we have more than 800 cardiologists and Cardiac surgeons in the country but are not enough for our 160 million people.

Over the past several years lot of advancement have taken place in cardiac care facilities in the country. Most of the cardiac investigations and treatment, invasive and non-invasive procedures, cardiac surgeries are now being done in the country. Both government and non-government organizations are taking part in this endeavor. Cardiac care facilities including interventional procedures are now available in almost 30 institutes and cardiac surgery is being done in 25 Hospitals of the country. Total interventional procedures done in 2013 were more than 46000 and more than 9000 cardiac surgeries were performed in the country in 2015.^{16,17}

Cardiologists and cardiac surgeons of the country are keeping distinct contribution to the medical care of the country and have taken the cardiovascular care services to an international standard. Even then the existing facilities are not adequate for increasing cardiac patients. The investigations and treatment are costly. We are still lacking of epidemiological and clinical data on prevalence of cardiovascular diseases in the country. There is no national registry covering the

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growing number of interventional procedure and surgeries. National guidelines for management of different CVD are not adequate. Preventive and promotive services are largely overlooked. Medicines and devices used in cardiovascular interventions are expensive and beyond the reach of the majority of patients. Emergency cardiac care are not well organized and easily available. There is shortage of trained manpower and skilled personnel are not being utilized properly.

Bangladesh has many health problems. Majority of our people are poor and ignorant to diseases. Though there is much improvement in national health indicators but yet not satisfactory. Moreover, economic impact due to cardiovascular diseases still remain largely unrecognized. Unawareness regarding the magnitude of the problem may likely put serious implications on our disease burden and health care services in near future.

It took many years to reach this stage. We have to overcome all these odds and shortcomings to achieve adequacy in this field. To keep pace with modern cardiology, it is essential to improve the present situation and to introduce newer procedures and facilities. To improve the situation is our professional obligation. We should serve our patients with dignity and respect; provide them clear explanation regarding their ailments and treatment procedure.

Government has to come forward to extend and improve the cardiac care facilities in the country, particularly in Government Hospitals and to bring down the cost of treatment to the reach of our common people. Above all it requires coordinated action from the health care professionals, policy makers and individuals at all level by advocating Heart Healthy policies towards reducing the cardiovascular disease burden in the country.

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