

South Asians and Heart Disease

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Despite advances in medicine and technology, heart disease is one of the leading causes of death in Canada and worldwide. It has been shown that the impact of coronary artery disease (CAD) differs among various ethnic groups, and within this, the South Asian population is considered to be at highest prevalence and worst outcomes after a cardiac event.

South Asians are those whose ethnic roots originate from the Indian subcontinent: a large geographic area including India, Pakistan, Sri Lanka, Nepal, and Bangladesh. Collectively, they represent one-fifth of the global population. Multiple studies of migrant South Asian populations have confirmed a 3- to 5-fold increase in the risk for myocardial infarction and cardiovascular death, as compared with other ethnic groups in the western world.

Why is heart disease so common in South Asians?

Although research in this area is limited, some explanations have been offered by various studies. These include: excess exposure to cardiovascular risk factors such as diabetes, poor diet and lack of exercise; high rates of metabolic syndrome; cholesterol abnormalities; genetic variations in emerging risk factors; and inflammatory biomarkers. It is very important to do further studies to identify these risk factors.

What is Metabolic Syndrome?

The metabolic syndrome identifies people who are at increased risk of developing both type 2 diabetes mellitus and CAD. The diagnostic criteria for this syndrome includes abdominal obesity, glucose intolerance, hypertension, reduced HDL cholesterol, and increased triglycerides.

People with the metabolic syndrome have 2-times greater risk of death and a 2-3 times increased risk of cardiovascular death.

Are abdominal obesity and Body Mass Index (BMI) different for South Asians?

South Asians have increased abdominal visceral fat (extra fat around the stomach area) and their numbers are different when compared to other ethnicities. It has been suggested that men should have a waist circumference of not more than 90 cm and women not more than 80 cm. South Asians also have different BMI - body mass index numbers (the individual's body mass divided by the square of their height - with the value given in kg/m²), and are classified as below:

Normal: 18.5 - 22.9
Overweight: ≥ 23
Obese: > 25

How can you reduce your risk of heart disease?

It's very important to be aware of your

overall risk status. Your doctor can help you understand this status, and will use different scoring values.

If you're interested to learn more about your risk, visit qrisk.org. For the QRISK questionnaire you'll need to know your weight and height, blood pressure, family history, and other questions. Ignore the UK postal code, and enter all information required. After submitting, you will get your risk of heart attack. **If it comes up in the intermediate or high risk range, it is important to discuss with your doctor to see if you would benefit from cholesterol and other medications.** Your doctor will also advise you about increasing your physical activity.

In the meantime:

- Stop smoking
- Take control of your diabetes
- Monitor your blood pressure
- Slowly increase physical activity up to 30 minutes 5 times a week
- Increase fresh fruits and vegetables intake
- Limit salt and trans fat intake
- Keep your weight in check - Waist Circumference and BMI
- Take medications as prescribed by your doctors, and do not self-medicate. If you use medications from overseas, discuss them with your doctor to see if they are appropriate for you. □