

# CARDIOVASCULAR DISEASE

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Cardiovascular disease remains a common clinical problem in developed countries and furthermore it is increasing in developing countries at an alarming rate. Atherosclerosis is responsible for the majority of cardiovascular disease. A comprehensive approach involving risk factor modification and pharmacological treatment is needed for effective prevention of cardiovascular disease.

Cornerstones of management include lifestyle modifications which are well known and include smoking cessation, healthy diet (low saturated fat, low sodium), daily exercise ( $\geq 30$  minutes/day) and weight management. For patients with hypertension, blood pressure should be controlled to goal blood pressure (140/90 mmHg and for diabetics or renal disease,  $< 130/80$  mmHg). Patients with atherosclerotic vascular disease should be strongly considered for therapy with aspirin, statins and ACE inhibitors.

Risk stratification of cardiovascular disease should be calculated whenever possible and high-risk patients targeted for aggressive risk management. Heart failure, as the end result of all types of heart disease including atherosclerosis, valvular disease, hypertension, diabetes, myocarditis and cardiomyopathy, is common and rises with increasing age. Early recognition should lead to risk factor management and aggressive treatment with proven mortality-reducing treatment modalities including ACE inhibitors, angiotensin receptor blockers, beta-blockers and in selected cases also aldosterone antagonists. The collection of articles in this issue of *CME* has just this intention. Early recognition of any of these conditions is the first step to effective management, which should be the purpose of primary disease management at general practitioner level. Simple, cheap drugs such as aspirin and low-dose thiazides should be used wherever indicated.