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South Asians coronary diseases risk factors

Poonam Yadav

Fortis Group of Hospital, India

South Asians are individuals whose ethnic roots originate from the Indian subcontinent, a large geographic area that includes India, Pakistan, Sri Lanka, Nepal, and Bangladesh. In an analysis of age-standardized coronary heart disease (CHD) mortality in Canada over a 15-year period, South Asians had the highest CHD mortality compared with individuals of Chinese and European descent. In addition, South Asians are prone to developing CHD at a younger age, often before the age of 40 years in men. Case-control studies have shown that compared with whites, South Asians in Canada present to the hospital later in the course of acute myocardial infarction and are more likely to have an anterior location of infarction. South Asians are younger at the time of cardiac catheterization than whites yet are more likely to have significant left main, multivessel, and distal coronary artery disease. In addition, South Asians are significantly younger at the time of first hospitalization for heart failure. Collectively, South Asians represent one fifth of the global population. In North America, more than 2 million South Asians reside in the United States and almost 1 million in Canada. Multiple studies of migrant South Asian populations have, however, confirmed a 3- to 5-fold increase in the risk for myocardial infarction and cardiovascular death as compared with other ethnic groups. Prevalence is highest, estimates over the last thirty years range from 7.6 to 11%. CHD mortality in South Asians is 40-60% higher compared to the population averages. Risk factors for CAD: Old age, male sex, high blood pressure, obesity, physical inactivity, high stress, sleep apnea, inflammatory markers, homocystinemia Risk factors of CAD in South Asian population: Excessive tobacco use due to economic expansion, unfavorable lipid profile(decreased HDL, small density LDL), lean diabetics-insulin resistance and BMI > 25 .Tobacco consumption is rapidly increasing in South Asian countries in conjunction with economic expansion. South Asians have lower HDL levels higher concentration of small, less-protective HDL particles. Asian Indian males have a higher prevalence of low HDL2b than non-Asian Indians. Asians mostly prefer ghee (saturated fatty acid) for cooking purposes. Unlike other traditional risk factors, the prevalence of diabetes mellitus is uniformly higher in South Asians than in many other populations. In fact, India alone is projected to experience the greatest global increase in type 2 diabetes mellitus by 2025. In rural settings within India, the prevalence of diabetes is quite low, at &2%. This prevalence, however, rises dramatically in urban communities throughout India, and even more so among South Asian immigrants to the Western world. In the United Kingdom, the prevalence of diabetes in South Asians approaches 15% to 20%. This large variation in diabetes prevalence among South Asians suggests an interaction between genetic predisposition and environmental influences, the so-called "thrifty gene" hypothesis.

Biography

Poonam Yadav, a medical graduate from SS institute of Medical Science Karnataka in 2013 including one year of mandatory rotatory internship from PGIMS Rohtak, Haryana and a diploma course in international trauma life support. At present studying 'Indian academy of echocardiography' course from Fortis Group of Hospitals in Jaipur, Rajasthan.

poonamyadav1389@gmail.com

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