Sir,

In 2004, WHO unraveled that IHD causes 12.2% of worldwide deaths, being the highest cause of deaths in high and middle income countries, while only second to lower respiratory tract infections in low income countries. Thus in order to completely understand occurrence of the condition and its causative factors in our region, we conducted a research in three districts of Hazara Division, i.e. Abbottabad, Haripur and Mansehra. In this study, all the patients admitted in coronary care units of Ayub Teaching Hospital Abbottabad, CMH Abbottabad, DHQ Haripur, and Benazir Bhutto Shaheed Teaching Hospital Abbottabad, were interviewed to find out prevalence of not only various types of MI, but also that of lifestyle-associated risk factors of the disease in the aforementioned districts.

Two hundred and ninety six patients with diagnosis of MI were studied, of which 15.5% were labelled NSTEMI, while others were cases of STEMI. Among these, 52% were cases of anterior wall MI, which is globally the most common type and carries the worst prognosis. Among the cases, 73% were males, about 80% were married and 49.2% were uneducated. Nearly half of the affected had sedentary lifestyle which approves previously documented 12.2% attributable risk of the disease related to lack of physical activity. Majority, i.e. 68.6% of the consulted patients, were diagnosed cases of hypertension; whereas, only about one-third were known diabetics. These figures are in concordance to not only the international figures but regional statistics, as well. Data collected also revealed that 40 % of the cases were addicted to smoking cigarettes or some other form of tobacco, and majority preferred fat in their diet. These too, showed that regional figures are similar to international indices previously stated.

Myocardial Infarction is a deadly disease, having significantly high case fatality rate. But as most common risk factors of the condition are related to lifestyle, very minute adjustment in daily life can produce a huge impact in fighting the disease. Thus general population should be educated about the epidemiology and natural history of the disease so that they should themselves make adjustment to their daily life habits and standards.

Another important factor that does not seem to be directly affecting the incidence, thus so often ignored, is educational level of the society. As our research was carried out in a society not very well educated in comparison to modern civilisation, depicted the fact very precisely. Thus education and awareness are the most important factors in settling the future dynamics of this deadly disease in our society.

REFERENCES

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