

# The Therapeutic Goal of Proper Medical Care for Atherosclerotic Disease: General Goal

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Cardiovascular Disease (CVD) prevention should be a "life long effort" that starts in the womb and lasts to the end of life. Recent guidelines have placed greater emphasis on the behavioural aspects of prevention, with ways to make it easier for patients to change their life styles.

The overwhelming need to promote CVD prevention is underlined by statistics showing CVD to be the leading cause of premature death world-wide. Each year in Europe over 4.3 million people will die of CVD, and of all the deaths occurring before the age of 75 years CVD is estimated to be responsible for 42% of deaths in women and 38% in men.

But the vast majority of these deaths might have been prevented through the widespread adoption of simple interventions such as smoking cessation, improved diets and increased exercise. Evidence that CVD is caused by modifiable risk factors and preventable comes from clinical trials and observational community studies. For instance in the INTERHEART study, a case controlled study comparing the lifestyles of around 15,000 patients who had suffered an acute MI and 15,000 controls, it was found that nine modifiable risk factors accounted for 90% of the attributable risk in men and 94% in women. The risk factors were dyslipidaemia, smoking, hypertension, diabetes, abdominal obesity, psychosocial factors, consumption of fruits, vegetables and alcohol, and physical activity.

CVD Prevention Guidelines explore wide ranging issues such as total CV risk estimation, diseases with increased risk for CVD, methods of CVD prevention, smoking cessation interventions, dietary habits, physical activity, psychosocial factors, body weight, blood pressure, type 2 diabetes, lipids, and anti-thrombotic therapies.

Notes: The "European Guidelines on Cardiovascular Disease Prevention in Clinical Practice (version 2012)" were launched at the EuroPREvent2012 meeting in Dublin, Ireland.