

Heart attack among the patients from Sub-continent

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Yet another busy Friday. Came home a little late, finished my dinner. My wife was still on Facebook while my children were too busy with the latest trends and games to care. As for me? I was browsing my inbox with my tired fingers unaware of Sohail vai (not his real name), a close friend of mine, who had a heart attack. I tried to ring him with little success. I started to feel anxious. I felt this string within my stomach tighten as the tension built. Am I sweating? My palms felt hot and clumpy as I searched for an answer. Through one of my friend's I came to know that he is well. He returned my call not long after and reassured me that he is fine. He had a ST elevation myocardial infarction (STEMI), a serious form of heart attack when one of the arteries supplying blood to the heart muscle is completely blocked. Sohail vai was fortunate enough to be admitted to the hospital within minutes and had artery opened (primary angioplasty) with a stent in 50 minutes. Hopefully, he had minimum damage to his heart muscles and fully revascularized.

Sohail vai is free from most of the traditional risk factors from heart attack. He doesn't smoke, he has no history of diabetes or hypertension. To the best of my knowledge he didn't have high cholesterol. He has no family history of premature coronary artery disease. Sohail vai looks quite fit and healthy. He is not obese and he doesn't have a bulging abdomen with truncal obesity. He is a conscious man and understand healthy eating and lifestyle. Sohail vai is an example of another successful, highly intellectual typical Bangladeshi Australian who has minimum risk factors of coronary artery disease and yet in a relatively young age he had a massive heart attack. I can still recall the number of friends and relatives I have lost over the last few years from a heart attack, this treacherous thing that ruins the lives of many people prematurely. My mother had heart attack last year when I was thousand miles away as I sat there in agonizing pain. Time passing by, a restless night it felt, without being able to offer any help though my normal day that begins with treating patients who are sufferers of heart attack, though over the years, probably I have saved hundreds if not thousands of lives from fatal heart attack.

How common is heart attack in the Indian subcontinent?

Unfortunately, coronary artery disease (CAD) in the Indian subcontinent is quite prevalent in relatively young age. Usually they don't get focal coronary (artery supplying blood to the heart) stenosis. They generally have diffuse coronary artery disease which is very difficult to treat.

Compared to the general population in the United States, the prevalence of CAD in Asian Indians is approximately 4 times higher and remains a leading cause of death. The consequences of atherosclerosis in the Asian Indian populations (including in Bangladesh) tend to be more severe and develop earlier in life. While total cholesterol and LDL cholesterol (atherogenic bad cholesterol) levels are similar to whites, HDL (cardio-protective good cholesterol) levels are lower, triglyceride (TG) levels are higher and other lipoproteins such as lipoprotein (a) are also higher. Aggressive statin therapy can significantly lower LDL levels, modestly decrease TG and elevate HDL cholesterol and thereby stabilize atherosclerotic plaques.

I was reflecting over this devastating event. I am probably like many of my friends and relatives from the Indian subcontinent who may not have traditional risk factor for a coronary artery disease yet we are at very high risk of premature heart attack and sudden cardiac death which is in many cases quite preventable by smoking cessation, active healthy lifestyle and diet.

- Increased physical activity is related to reduced risk of cardiovascular disease and has a beneficial effect on a variety of lipid and lipoprotein variables. Despite the fact that there is a clear beneficial effect on the HDL cholesterol concentration and improvement in triglyceride concentration, exercise training has no significant effect on the total cholesterol or LDL cholesterol concentrations. Low HDL-C is an important risk factor for coronary heart disease, stroke and even small increases in HDL-C may confer substantial benefit.
- There is a strong and graded relation between number of pack years smoked and risk of myocardial infarction. In a study found that, smokers had HDL-C levels of 15–20% lower than nonsmokers. HDL-C levels returned to normal within 30–60 days after smoking cessation.
- Limit the amount of saturated fat. Foods that are high in saturated fat include meat pies, sausages, butter, cream, hard cheese, cakes, biscuits and foods that contain coconut or palm oil. Eating foods that are high in unsaturated fat can help to reduce cholesterol levels. Foods high in unsaturated fat include oily fish (such as herring, mackerel, sardine, salmon), avocados, nuts, and olive oil.
- Lowering salt intake can reduce the risk of a further heart attack and also of other cardiovascular diseases.

That means most of our traditional diet is very attractive for stimulating our taste buds but has tremendous negative consequences in our cardiovascular health. I remember I was making a cup of tea when one of my colleagues (who is a professor of preventive cardiology) joined me in the queue. I offered him a cup of tea with a spoon of sugar. He looked at me, surprised and asked me “Atif, would you take poison even if it is sweet and tasty?” I answered, “No, definitely not”. He said sugar is a poison, a slow acting poison.

Like many other Bangladeshi Australian I like to indulge my favorite dish in a transitional party. My wife enjoys the attention of her new Shari in Facebook, my children loves the company of their friends while I too am exhilarated to see my own friends while indulging traditional food.

Once my wife invited few of my friends. She was very excited and decided to do some more shopping. As if she already hadn't done enough. She loves the flavor of GHEE in her POLAO, the taste of ready-made PARATA soaked in cheap palm oil like the rest of us. How couldn't we? She likes the flavor of coconut oil in her newly learned THAI recipe and to put some additional oil and butter to add taste to treat our distinguished guests. I didn't want to hurt the emotions and excitement of my wife. I didn't give her a lecture on healthy diet. I didn't tell her that those indulgence and tradition foods were killing us prematurely as we dived into it. I did not lecture my wife on Mediterranean diet though a number of studies suggested that the Mediterranean diet can modestly lower LDL and triglycerides, as well as raise HDL cholesterol. I did not tell her that diets with low saturated fat reduce cholesterol 5-10%.

But for once, for a change, today I thought I should.

And to all those readers who are embarking this journey with me, I am sorry I could not fulfill the amount of pain and distress I felt on that night or finish writing this story as I have to immediately go to a party. I can taste the mouthwatering traditional food as I write this story but I must go to the party right now. Again.



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