A Holistic Approach to Cardiovascular Disease

No disease has been so extensively studied as coronary heart disease (CHD). The research of recent years has yielded remarkable advances in our understanding, and in diagnostic and interventional cardiology, surgery and pharmacology – effort well spent for a disease that carries such heavy social and economic costs. It is responsible for 50% of cardiovascular mortality, which accounts for 30 – 50% of all deaths in developed nations. It is the major cause of premature death, in women as in men – incidence amongst women lagging behind by some 10 years in this age related disease. Cardiovascular disease is not only the leading cause of death in most developed nations; it is also the most costly in terms of money and disability.

But this has not always been the case. Despite uncertainties about its diagnosis in earlier years, CHD appears to be an epidemic of our time and a disease of at least some aspects of affluence. It is becoming more common in nations previously disadvantaged as living standards improve. This phenomenon suggests that some modifiable lifestyle characteristics relate to the risk of a clinical CHD event. Research evidence now lends strong support to the view that CHD is largely preventable by eliminating or modification of risk factors. Primary prevention comprises a population strategy aiming to change those lifestyles and environmental factors that are the underlying causes of the mass occurrence of CHD; and a high-risk strategy, identifying symptom-free high-risk individuals and acting to reduce their risk factor levels.[1]

Particular attention has been given to the "major" risk factors – smoking, raised blood pressure, hypercholesterolaemia and inactivity. In this journal we are highlighting some aspects of CHD, with special reference to hypercholesterolaemia, and a new emerging risk factor, hyperhomocysteinaemia. We strongly suggest a holistic approach because recent guidelines have emphasised the total burden of risk to which an individual is exposed, rather than single risk factors. This approach acknowledges that the etiology of CHD is multifactorial, that risk factors have a multiplicative effect, and that the primary care physician deal with the whole person, not with isolated risk factors.

Because of the high costs of diagnostic and therapeutic care of established CHD, this preventative approach has gained more support recently. Informed patients also take control of their own health, and realize the importance of a healthy lifestyle specifically in the prevention of CHD. In this respect, two studies of great significance needs to be mentioned; the Lifestyle Heart Trial by Dean Ornish[2], and the Lyon Diet Heart Study by de Lorgeril and associates[3]. It is known that most cases of CHD and other atherosclerotic vascular disease arise in people with only mildly or moderately raised risk factors. Nearly 50% of all patients with ischaemic heart disease have normal low-density lipoprotein (LDL) cholesterol. These patients are usually linked to the **insulin resistance syndrome** (syndrome X). The earliest sign is central obesity followed by an atherogenic lipid profile. The dyslipidaemia of insulin resistance manifest as normal total cholesterol, with a low HDLC and a normal LDLC, with a high triglyceride value.

"CHD is largely preventable by eliminating, or a modification of, risk factors"

Risk factor management in the primary care setting therefore necessitates an inclusive approach assessing cumulative risk. Lifestyle interventions are appropriate for any patient with CHD regardless of the cause. Clearly, patients with insulin resistance will benefit most. We owe it to our patients to inform them of the advances that have been made in the field of preventive cardiology. Even cardiologists are not always aware of the breakthrough made by the research findings of de Lorgeril and associates in the landmark study of the 'Mediterranean alpha-linolenic acid-rich diet in secondary prevention of coronary heart disease'. On this dietary intervention, she found a 70% reduction in all-cause mortality due to a reduction in CHD mortality and comparable large reductions in all cause mortality. And this reduction in mortality was achieved without medications. This might come as a surprise to many clinicians relying mostly on drugs as is customary in the allopathic conventional medical approach. The patients included in the study group were those who have survived their first myocardial infarction (secondary prevention). The effect of this diet was evident from about 6 weeks, in contrast to drug intervention where there is usually a long lag period.

Unlike acute medical and surgical emergencies where modern medicine has had great successes, the progress in the management of chronic and degenerative diseases such as heart disease and cancer has not been so spectacular. In these areas, complementary medical therapies are beginning to gain more acceptances,

because of the more holistic approach, and the emphasis on prevention and the stimulation of healing rather than relying on conventional medical intervention to cure and to rejuvenate. It involves paying as much attention to the underlying causes and deeper relevance of ill health and integrating these into the healing process. It is our intention to focus on the need for lifestyle changes where modern society created a hostile environment for the maintenance of health and happiness of the human being. The General Practitioner has a great responsibility to implement these lifestyle changes in his patient population.

DAVID P VAN VELDEN
Senior lecturer: Department of Family Medicine and Primary Care
University of Stellenbosch

References

1. Pyorala K, De Backer G, Graham I, et al. On behalf of the Task Force, Prevention of coronary disease in clinical practice. Recommendations of the Task Force of the European Society of Cardiology, European Atherosclerotic Society and European Society of Hypertension. *Eur Heart J* 1994;15: 1300 – 1331.
2. Ornish DM, Schwertz LW, Billings JH, et al. Intensive lifestyle changes for reversal of coronary heart disease. *JAMA*. 1998;280:2001-2007.
3. DE Lorgeril M, Salen P, Martin J-L, et al. Mediterranean diet, traditional risk factors, and the rate of cardiovascular complications after myocardial infarction: final report of the Lyon Diet Heart Study. *Circulation*. 1999;99:779-785.

Letters to the Editor

Greetings from Boz Fehler

To the Editor: It is indeed an honour for me to be recognised by the Academy as being one of the founding members of this prestigious body. I recall those days with great pleasure and indeed my many colleagues and I battled against the odds from our specialist colleagues who for reasons best known to themselves were not keen on the establishing the Faculty of General Practice which, eventually evolved to become the Academy.

Due to illness over the past year I was unable to attend the WONCA congress in Durban, in addition my wife & I relocated our home to Israel. We only arrived in this country four days ago and I only received your letter yesterday. I regret not being able to be in Durban where I would have renewed friendships, which go back for many years. I will never forget my days of General Practice in South Africa.

Indeed I was instrumental in gaining membership of WONCA for South Africa in Australia in 1972. This was a very difficult assignment as the majority of members were not keen on South Africa being a member, as it was the height of the Apartheid era and our country was one of the pariahs of the world. We became members and have contributed immensely to many of the committees of WONCA and thus to the field of Family Medicine throughout the world. Some of us held high positions on the executive committees of this body.

May I again thank the Academy for the honour you have bestowed upon me. Please extend my fondest regards to all members like Bruce Sparks, Sam Fehrsen, Basil Jaffe, George Davie and many others.

Dr. B. M. (BOZ) Fehler

Honorary life membership SA Academy of Family Practice/ Primary Care

To the Editor: The Academy has recently awarded Honorary Life Membership to the following distinguished colleagues in recognition of their dedicated and extraordinary service to family practice in South Africa:

- **Dr Basil Jaffe**
  (Founding Chairman Academy)
- **Prof Sam Fehrsen**
  (Founding Member Academy)
- **Prof Andries van den Berg**
  (Founding Member Academy)
- **Dr George Davie**
  (Founding Member Academy)
- **Prof Gawie Pistorius**
  (Founding Member Academy)
- **Dr Boz Fehler**
  (Founding Member Academy)
- **Dr Attie Baard**
  (Founding Member Academy)
- **Dr Joe Levenstein**
  (Founding Member Academy)
- **Prof Wes Fabb**
  (Outgoing WONCA CEO)
- **Dr Garth Brink**
  (Convenor WONCA 2001 Congress)
- **Prof Bruce Sparks**
  (Scientific Chairman WONCA 2001 Congress)

We wish to thank them for their tireless efforts in developing the discipline of Family Medicine in South Africa and internationally.

Marietjie de Villiers
National Chairperson