

### THE CASE FOR A STUDY OF CORONARY DISEASE

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There is today in Malaysia an increased awareness and fear of coronary disease. This feeling is not entirely due to the rising incidence and dramatic nature of the disease itself but to the advertising publicity given by the pharmaceutical and food industries as they seek to promote their 'cures' and preventive agents. Our population now living to an older age is being subjected to new ways of life with trends towards westernization, urbanization and industrialization. These changes create new stresses and strains which some claim, predispose to coronary disease on individuals in the Society. The WHO has warned that coronary disease has now reached epidemic proportions in some parts of the world, but, where do we stand?

For a long time, doctors in this country have been diagnosing and treating patients with coronary disease by conservative methods at home or hospital but now coronary care units are very much in vogue. Mobile coronary care ambulances are also being contemplated. In the U.S.A., the approach is even more aggressive. Coronary artery surgery with saphenous venous bypass is very common and infartectomy is considered not too radical! Results attained with all these approaches have in general been good but yet not satisfying and many now wonder whether we are proverbially forgetting the woods in our quest for the trees! Thus renewed attention and interest are being increasingly directed to preventive aspects of coronary disease.

In this country, we have not had the chance to jump on the band wagon of any particular expensive fad in coronary care or treatment, simply because we have sadly not been able to afford the equipment or the manpower! However, as we see and hear the

glamorous progress and claims of results from abroad, there is the temptation to embark on piecemeal isolated efforts to set up such facilities. Though in the interests of research, medical science and progress, we may bemoan our cardiac care facilities, one must first be convinced of the need for such expensive sophisticated forms of patient care in the context of the magnitude of the problem. This, therefore, should motivate us in the profession to make useful and reliable studies on the true incidence, morbidity and mortality of coronary disease in this country.

The diagnosis of coronary disease is primarily based on a good history, electrocardiogram and enzyme studies. All practitioners would have access to the first but, with some effort, an ECG could be easily obtained. The Serum Transaminase and Lactic Dehydrogenase can also be requested. Even simple epidemiological data such as age, sex, ethnic origin, occupation, mode of presentation, association of other diseases eg. Hypertension, Diabetes, Obesity, Smoking Habits etc. could provide useful information in the assessment of this disease in our Community. The College of General Practitioners of Malaysia, which appears to be a robust 'baby' in this country, could perhaps launch a nationwide co-operative study. A Cardiac Society could be formed to co-ordinate all interested bodies to work with the College. The time has come for such organizations to take the initiative in launching properly conducted local surveys and studies without falling back on the Ministry of Health for all data on health matters. The Ministry will not only welcome but probably support all such attempts to collect data which could lead to valuable knowledge regarding disease trends as it affects our own communities.