

Cardiovascular disease is responsible for the largest number of deaths in Malaysia.ⁱ According to the Information and Documentation System Unit of the Ministry of Health of Malaysia, data shows that cardiovascular disease has been the principal cause of death in government hospitals; accounting for 23%-26% of deaths from 1994-2001. Furthermore, of cardiovascular disease admissions and deaths in government hospitals from 1985-2000, ischaemic heart disease accounted for 25%- 33% of admissions and 27-35% of deaths. A National Health and Morbidity Survey, NHMS, concluded that 61% of Malaysians, in 1996, had one or more cardiovascular risk factor.ⁱⁱ Heart disease continues to be the largest cause of death in the UK also.ⁱⁱⁱ

The more recent NHMS of 2006 has shown that the prevalence of a significant risk factor for heart disease, hypertension, among adults 30 years and above, was 43%. This was a relative increase of 30% from the figure ten years earlier. It is currently estimated that there are 4.8 million individuals with hypertension in Malaysia.^{iv}

Although there has been an increase in the treatment rate among those who have been diagnosed, the control rate remains poor. The NHMS has also revealed that among patients with hypertension who were on drug treatment; only 26% achieved the target blood pressure. This finding is also consistent with a separate survey conducted by the Institute of Health Management of hypertension in government clinics. Only 28.5% of patients treated for hypertension in government clinics achieved the target blood pressure. Currently, The Clinical Practice Guideline is utilised by doctors in order to optimise control of hypertension in Malaysia.^v

Hypertension is the most prevalent risk factor in Malaysia; however, many are unaware of it. Two main approaches in order to prevent it exist: the Polypill and the Polymeal. These methods are thought to help decrease the prevalence of heart disease and stroke, and even prolong life expectancy. The Polypill has been in use since 2003 and is a combination of anti-hypertensives as well as homocysteine. According to the British Medical Journal, taking the pill lowers the risk of myocardial infarction by 88% and stroke by 80%. The Polymeal, on the other hand, is a diet plan that includes red wine, dark chocolate and fruit and vegetables that can reduce the number of patients suffering from cardiovascular disease by 76%. People are encouraged to consult their doctors regarding these approaches.^{vi}

Another important risk factor for heart disease in Malaysia, and in fact worldwide, is raised body mass index, BMI. A BMI of greater than 25 is thought to increase in females over the next 10 years, but is predicted to remain relatively constant in men.^{vii} Further gender differences include the fact that presenting symptoms for chronic disease and stroke in women may be atypical. Additionally women have a higher prevalence of cardiovascular risk factors with increasing age. This is due to the physiological changes associated with mid-life, i.e. the menopause, in which women lose their protective oestrogen effect.^{viii}

Through avoidance of smoking, ensuring regular exercise and eating a healthy balanced diet to reduce cholesterol; at least 80% of premature heart disease, stroke and type two diabetes can be avoided.^{ix}

Many cost-effective interventions exist and employ a range of approaches, as mentioned above, combined with specific interventions for individuals. As well as conservative measures such as the polymeal, drug therapy for established disease also improves outcome.^{iv}

Anti-platelets such as Aspirin, are used in low doses for secondary prevention following myocardial infarctions, stroke and in patients suffering from angina or peripheral vascular disease. Beta blockers are used in angina, in hypertension, heart failure and as antidysrhythmics. Diuretics have a role in the treatment of hypertension also. Calcium channel blockers are used in hypertension and in the treatment of angina. Statins are used to reduce cholesterol and Ace inhibitors are widely used to control hypertension.

In terms of Malaysia's plan to improve its health service, 2.0 billion RM has been spent on developing rural health services; an increase of more than 150% from 2001-2005. As there is a shortage of doctors and other medically trained personnel, recruitment has increased and scholarships to study medicine abroad have also increased.^{vi}

In larger hospitals, Cardiology departments exist with specialists; however, in smaller district hospitals such as Langkawi hospital, there are no specialist cardiologists- but rather medical officers who are able to deal with medical conditions as and when they arise, across a breadth of specialities. Outpatient clinics exist to follow up treatment and monitor control of risk factors. Control is also monitored in the community.

In summary, like the UK, Malaysia faces an increasing burden on health services related to cardiovascular disease. Many health initiatives exist in order to prevent and tackle the risk factors known to be associated with cardiovascular disease. Increased awareness, early and appropriate investigations, such as ECG, exercise ECG, cardiac catheterization and echo; and management of cardiovascular disease is essential to improve the quality of life and prognosis.

Although the management of cardiovascular disease has changed from the traditional single risk factor approach to a more comprehensive global risk factor approach, the optimum management of individual risk factors must not be overlooked.

References

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