

Role of Family Physicians in Cardiovascular Disease Management

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Cardiovascular disease (CVD) is a major cause of disability and premature death throughout the world, contributing substantially to the escalating costs of health care, taking an estimated 17.9 million lives each year. Among the main causes for global mortality, CVD is the leading cause representing 31% of all global deaths. Of these deaths, 7.2 million were due to heart attacks and 5.7 million due to stroke.

The leading global risks factor for CVD mortality include hypertension (13%), smoking (9%), diabetes mellitus (6%), physical inactivity (6%), overweight, and obesity (5%). Cardiovascular diseases share an enormous proportion of the non-communicable diseases in developing countries with an estimated 80% mortality.

Epidemiological studies have shown that the major risk factors for CVD like hypertension, diabetes, and hyperlipidemia are on the rise, especially in developing countries.

People with cardiovascular disease with modifiable risk factors such as obesity, smoking, hypertension, diabetes often known as silent killers and hyperlipidemia need early detection and management. Modification of these risk factors using counseling and medicines, as appropriate has been shown to reduce mortality and morbidity in patients. Most cardiovascular diseases can be prevented by addressing behavioral risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity, and harmful use of alcohol using population-wide strategies.

Family physicians can play a major role in management of these risk factors. The mass of hypertension, diabetes, and respiratory illness are commonly encountered by family physicians. Counseling regarding healthy diet, physical activity is an integral part of a family practitioner's work and for that improved communication skills and motivational strategies need to be adapted to help patients adopt healthy way of life and avoid modifiable risk factors.

Family physicians as primary health care providers can help compress the saddle of CVD by providing their patients counseling

and appropriate management for modifiable risk factors, diagnosing CVD earlier, and providing effectual prophylaxis as well as cost-effective early management. They can also liaison with specialists to assure appropriate follow-up for patients who need infrequent connoisseur intercession.

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