

Burden of Cardiovascular Diseases in Bangladesh

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Suffering from diseases and death go in line with inception of human beings. Extension of environmental factors, interventional enhances - including cellular and genetic factors alone or their interaction lead to diseases and dishonor causing suffering of the peoples in general. In addition cultural and behaviour a factors of different geographical and ethnic cultural groups are responsible for injury and death. Scientific experimental studies, discovery and achievement alter and reduce the effect of offending biological and chemical agents on the human and other living bodies.

Industrialization and economic development change the pattern of the diseases in the different countries leading to transformation. This social economics transformation changes the pattern of disease in the developing countries. In the developing country the load of infectious diseases are not yet been controlled but the non

communicable diseases including cardiovascular diseases, cancer, COPD and road traffic accident are increasing rapidly. Bangladesh is not the exception in this milieu.

Prevalence of congenital heart disease was 3 per thousand, Rheumatic Fever and Rheumatic Heart Diseases 4 per thousand in 1990s. In 2009 rheumatic fever prevalence is 1 per thousand in pediatric age group. Hypertension prevalence is increasing from 12% in 1980s to 24% in 2000 in adult population of Bangladesh. Ischemic heart disease was 3% in 1980s and 10% in 1990s in urban population, and 2 to 3% in rural population. Extra population of this figure in the mass population gives us the burden of the cardiovascular disease among the Bangladeshi population.

A nation wide cardiovascular survey is the need of time. Otherwise nation will be deprived of the actual scenario of cardiovascular disease in Bangladesh.