

Letter to the Editor

Coronary Heart Disease Risk Factor Profile of Children in a country with developing economy - an issue that needs prompt attention

Madam, We appreciate the original work published by Aziz et al.¹ This work timely illustrate the alarming facts about the coronary heart disease risk factors among children living in a lower middle class urban community of Karachi. Though, being a study conducted in one selected community of Karachi, the results cannot be generalized for all children of Pakistan, however, authors have pointed out some important information that needs prompt attention.

Coronary heart disease (CHD) is behaving as an epidemic with Pakistan being exception, where morbidity and mortality due to CHD are increasing.² Large number of epidemiological studies revealed that modifiable factors like physical inactivity, unhealthy dietary habits, obesity, smoking, hypertension, diabetes mellitus and dyslipidemia re significantly associated with the development of CHD and prevention and modification of these factors significantly prevent/delay the onset of CHD. In Pakistan, prevalence of these factors is substantially high among adult population.³ In children also, Aziz et al.¹ documented higher prevalence of most of these factors compared to figures reported by Pakistan Medical Research Council.

It is a well-established fact that atherosclerosis, the underlying cause of cardiovascular disease, begins early childhood and manifests clinically in later life. Pakistan, where about half of the country's population comprises of

children⁴ and over one-third of people living below the poverty line⁵ cannot afford the new emerging costly and crippling diseases like CHD.

The best option is to take action while the condition is still in early phase, both clinically and epidemiologically, through attention to health promotion and primary prevention. In this regard, more comprehensive research and cost-effective interventions are required. Interventions related to life style risk factors, if taken earlier in life might control the epidemic of CHD in later life.

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