



One CVD death in China every 10 seconds

European Society of Cardiology to present Scientific Programme at the Great Wall International Congress of Cardiology

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Sophia Antipolis, 12 October 2012: Urgent actions including smoking bans in public places, salt restrictions and improved blood pressure control are needed to fight rising cardiovascular disease in China. Half of male physicians in China smoke and they can lead the way to healthy lifestyles by kicking the habit.

Cardiovascular disease is the top cause of death in China and causes more than 40% of all deaths.

“Every year three million Chinese people die from cardiovascular disease and every 10 seconds there is one death from CVD in China,” said Professor Dayi Hu, chief of the Heart Centre at the People’s Hospital, Peking University and president of the Chinese Society of Cardiology (CSC) (1). He adds: “Prevention has not been a priority in China because for the last 20 to 30 years the medical system has mainly been treating the late stages of heart disease. The number of patients treated with stents has increased dramatically.”

Professor Hu was speaking ahead of the 23rd Great Wall International Congress of Cardiology and Asia Pacific Heart Congress, which take place 11-14 October 2012 in Beijing, China. The European Society of Cardiology (ESC) will present a full day of scientific sessions at the event, on Saturday 13 October, as part of its Global Scientific Activities (GSA) programme.

ESC President Panos Vardas will head the European delegation (2). He said: “The ESC is delighted to return to China, where I anticipate fruitful discussions between Chinese and European experts on how the latest ESC Clinical Practice Guidelines on Prevention can be applied. I also look forward to comparing the results of Chinese and European registries, since we know that registries are an important tool for monitoring lifestyle behaviours and implementation of guidelines.”

China has experienced fast industrialization. In just over 30 years GDP per capita increased by nearly 80-fold, from 381 Yuan in 1978 to 29,748 Yuan in 2010. The country has also had fast urbanization. In 1978 just 18% of the population lived in cities. This had risen to 50% by 2010 and is predicted to reach 55% by 2015. These social transformations have led to dramatic changes in the lifestyle of the entire population.

Smoking is a massive problem in Chinese men – 54% of men smoke. “Half of male physicians are smokers and one-third of Chinese male cardiologists are smokers, so it’s a real problem,” said Professor Hu.

There are a total of 350 million smokers in China and this is expected to rise to 430 million by 2032. The average age to have the first cigarette is decreasing. In men this dropped from 22 years of age in

1984 to 19 years in 1996 and 18 years in 2002. In women the age fell from 25 years in 1984 to 22 years in 1996 and 20 years in 2002.

There is an increasing epidemic of hypertension in China. Some 200 million Chinese people have hypertension and the rate of hypertension is rising in all age groups. But awareness, treatment and control of hypertension are low. Just 30% of patients with hypertension in China are aware they have it, compared to 80% awareness in the US. Only 24% of Chinese patients with hypertension receive treatment (vs 73% in the US) and only 6% of patients have their blood pressure under control (vs 50% in the US).

“We need to work together with the big hospitals to improve the control of hypertension,” said Professor Hu. “It will also be important to measure blood pressure levels of people living in rural areas so that we can identify people with hypertension.”

There are 92 million with type 2 diabetes in China. In the urban population, levels of diabetes increased by more than 50% over a 5-year period, from 6% in 2002 to nearly 10% in 2007. Hospital admission rates for acute complications of diabetes are extremely high, and were reported at 160 per 100,000 in 2008. This is more than 16 times the rate in the Netherlands of less than 10 per 100,000 in 2005. Professor Hu said: “The numbers are big and the control is low.”

CVD accounted for nearly half of the burden of disease in China in 2010, as measured by disability adjusted life years (DALYs) which indicates the number of years lost due to ill health, disability or early death. It is predicted that by 2030, CVD will be top cause of future total DALY lost in China. But tobacco control could avert around 10 million DALYs at just a few cents (US) or less than 0.04 Yuan per capita annually.

Tobacco control measures include: Banning smoking in public places, increasing taxes on tobacco, enforcing bans on tobacco advertising, promotion and sponsorship and helping smokers to quit and warning about the dangers of smoking.

China does not have national laws to ban smoking in public areas and there is no central government policy. There are some smoke free hospitals and some cities and provinces have instigated smoking bans in public areas but Professor Hu said these efforts are not sufficient.

He said: “The government needs to make strict laws to prohibit smoking in public places. The Chinese Society of Cardiology plans to work with the government to control tobacco. Given the high level of smoking in male physicians and cardiologists, efforts to quit should start with them.”

Salt intakes are also high. More than 80% of Chinese adults living in urban areas consume more than five grams of salt each day. Reducing daily salt intake from 10 grams to 5g could reduce stroke rates by 23% and CVD rates by 17% at a cost of less than US\$1 per person per year if combined with a tobacco control strategy.

Strategies for reducing salt intake include: Developing nutrition guidelines that are easily understood by the general population, making healthy food more available and affordable through voluntary or legislated pricing and food labelling, encouraging food manufacturers to reduce levels of salt, educating the public and monitoring dietary intake of the population.

“In China we should educate the public through television to eat less salt,” said Professor Hu. “We also need to promote healthy cafeteria food with a lower salt content because many children eat in the school cafeteria and many working people eat lunch and dinner in the company cafeteria rather than at home.”

Obesity has increased in China, with unhealthy lifestyles starting at a young age. Professor Hu said: “We should do more health promotion and health education at a population level, starting with children, to encourage people to do more exercise and to eat healthy food.”

"I think a healthy China has to be started from the healthy physician," said Professor Hu. "Physicians and cardiologists need to quit smoking, eat healthily, exercise and control their body weight so that they can be a good example for patients and the public, and effectively promote CVD prevention measures with the government, pharmaceutical companies and food manufacturers. I believe that if there is no healthy physician there will be no healthy China."

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