

## **EDITORIAL**

# **MILLION HEARTS PROGRAMME --- LESSONS FOR PAKISTAN**

Over the last couple of decades, atherosclerotic coronary artery disease has been at the front line in causing disability and death. Long term population based observational studies viz The Framingham Heart Study carried out by William B Kannel has placed major risk factors on a solid, valid scientific platform. The steep decline in mortality from coronary artery disease in the west and the rising toll in our country calls for a timely preventive doable plan for implementation. Doubtless is the fact that the interaction of genetic and life style factors plays a major role in the etiology of atherosclerotic coronary artery disease. Thus, preventative efforts must be directed to positively affect these factors. From a thorough in depth review of the pertinent and sound, dependable scientific evidence Nine Donts and Eleven Dos are summarized.

### Dont's.

1. Smoking
2. Saturated Fat intake
3. Sugars
4. Salt
5. Soda
6. Starch
7. Sedentary Life Style, less than Six thousand steps a day
8. SleepLess Nights
9. STRESSFULL Days

### DO's

1. Salicylic Acid
2. Statins
3. Seventeen Kilometer Walk per Six days a week
4. Sleep Seven Hours (Sound sleep)
5. Smile all day, especially when upset
6. Scaly, Fatty FISH.(Sole, Seabass, Salman)
7. Sun Flower ,Soya Oil for cooking.
8. Salads, Squash, Sweet Peas. Straw berrys and Sweet Oranges

9. Seventeen Almonds daily But only Seven if Over Weight.
10. Scaphoid Abdomen Less than 90cms.
11. Skin Fold Thickness. Less than 100 mm.

These are easy to remember and convenient to put to practice. However to Start is Similar to. Starting a car. Ist Gear being most demanding smoothly cruising in to TOP gear. The initial few weeks will need definite mental resolve, disengagements and commitment before it becomes part of ones routine.

The above regimen, if followed will benefit greatly, both in the setting of primary as well as secondary prevention. Training of doctors, paramedical personnel, volunteers from the target communities, policy makers, family members responsible for purchase and cooking food items, workplace acquisition and cooking staff, food vendors, Policy makers of food chains will need a giant effort by a Joint government, non-government and professional societies.

As an initial step, pilot projects in a few cities are of prime importance to establish the scientific validity of these protocols in our communities.

Resource allocation managers are facing acute shortages of funds in the curative side of the disease process, especially in emergency care and thus need much more debate to be convinced of investing in strategies of delayed future returns. Time, money and resource allocated to prevent atherosclerotic coronary artery disease is no doubt the best investment and a clarion call to start a concerted effort.

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