

CORONARY HEART DISEASE IN A MALE POPULATION

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Coronary heart disease (CHD) is now reported as a leading cause of death among Sri Lankans (Registrar General 1978). However in Sri Lanka information on leading causes of death obtained from death certificates may be very defective as death certificate data is often unreliable. The prevalence of coronary heart disease among Sri Lankans has hitherto not been studied.

The survey was launched at a medical exhibition held at the Faculty of Medicine, University of Peradeniya. People from the Central Province and the Uva Province visited this exhibition. The total population in these two provinces is approximately 2.9 million. A total of about 200,000 people visited the exhibition over a period of one week. In the Internal Medicine Section of the exhibition a free cardiovascular examination was done on all male volunteers above the age of 20 years. 10,048 males requested a free cardiovascular examination. Of them, 2,000 males were randomly selected for the study. A wide range of social and occupational classes were represented.

Standardised procedures were used to assess the history of CHD and electrocardiogram². The criteria used for the diagnosis of CHD was as follows: a clear cut history of angina or a history of myocardial infarction or electrocardiographic changes of major Q/QS abnormality (Minnesota code 1-1-1 through 1-1-7).

The overall percentage prevalence of CHD among Sri Lankan males above 20 years of age was found to be 6.3%. The percentage prevalence of CHD above the age of 40 years was 8.5%. Major Q/QS abnormalities were present in 2.3% of individuals. For those over 40 years the percentage of major Q/QS abnormalities was 3.9

Reid *et al* (1967) surveyed a group of about 600 middle aged men in England and United States for the prevalence of angina and electrocardiographic evidence of cardiac pain. The prevalence obtained for Sri Lankans in this study are less than that for American men and comparable to English men.

The high CHD prevalence in Sri Lankans found in the present study is consistent with the high mortality and morbidity rates of CHD reported in the National Vital Statistics.

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References

1. Reid *et al* 1967 *Lancet* (2) 1375
2. Rose, G.A. Blackburn. H. (1968) Cardiovascular survey methods. WHO monograph series 56.