

PREVALENCE OF SYMPTOMATIC CORONARY HEART
DISEASE IN A RURAL POPULATION

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The prevalence of coronary heart disease (CHD) in a rural population in Sri Lanka has hitherto not been studied. A survey was carried out in Wavgampaha Village in Mahiyangana. 250 households were randomly selected from the electoral list. The participation rate was 78 percent. 290 males and 250 females between 30 and 70 years of age took part in the study. Standard procedures were used to assess the history of CHD and electrocardiogram. (Rose and Blackburn 1968). Symptomatic Coronary heart disease was arbitrarily defined as angina pectoris or pain of possible myocardial infarction with resting ECG changes of ischaemia. ECG abnormalities were defined as Minnesota codes 1:1-2, (major Q/QS) or 7:1 (left bundle branch block), or 1:3 (Minor Q/QS), or 4:1-3 (ST depression), or 5:1-3 (T-wave flattening/inversion).

The overall percentage prevalence of symptomatic CHD was 7.9 percent for males and 6.5 percent for females. These results are comparable to prevalence of CHD reported in male volunteers (Mendis & Ranasinghe 1986).

Any definition of 'a case' of CHD is arbitrary. CHD is defined in this study in terms of what has actually been measured. Less specific ECG criteria of ischaemia such as ST, T and minor Q/QS items have been considered only when accompanied by angina or pain of myocardial infarction. Since those with a history suggestive of angina without ECG changes were not considered in the final analysis the true prevalence of symptomatic CHD is probably higher than that reported in this study.

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References

1. Mendis, S. & Ranasinghe, P. (1986). Coronary heart disease in a male population. *Proc. Sri Lanka Ass. Adv. Sci.* 42, 8-9
2. Rose, G.A. & Blackburn, H. (1986) Cardiovascular survey methods WHO Monograph 56.

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