

ISCHAEMIC HEART DISEASE IN 30-59 YEAR OLD
MALES IN A TOTAL COMMUNITY

Shanthi Mendis

Inst. of Fundamental Studies, Hantana, Kandy and
Dept. of Medicine, Faculty of Medicine, University of Peradeniya.

Ischaemic heart disease is a leading cause of mortality among Sri Lankans.¹ Data on mortality have the obvious limitations relating to accuracy of certification and being confined to the terminal event in the natural history of an illness with a long incubation period. Information on prevalence and incidence yields a more reliable estimate of the burden of this disorder. The data reported here refer to the study of essentially the entire population of males, 30-59 years of age in a rural Sri Lankan community.

A census was taken of Thabildeniya, Paldeniya, Welagederagama and Ullekumbura villages. There were a total of 370 males in the 30-59 year age group in this village community. 357 of them were interviewed and 12 lead electrocardiograms were recorded, in a house to house survey conducted during 1987/1988. The methodology followed were those recommended in cardiovascular survey methods².

The age adjusted prevalence of "angina of effort" as defined in the London School of Hygiene questionnaire², was 6.7 per cent. A history of "possible infarction", defined as a positive answer to the question, "Have you ever had severe pain across the front of your chest lasting for half an hour or more?" was obtained in 3.6 per cent of the subjects. Q/QS items (Minnesota codes 1:1-3) was present in 3.6 per cent of subjects. Among those who had symptomatic or electrocardiographic evidence of ischaemic heart disease 4 per cent were Tamils and the rest were Sinhalese. In the total sample 93.9 per cent were Sinhalese, 5.5 per cent were Tamils and 0.6 per cent were Moors. Among those with evidence of ischaemic heart disease 19 per cent were clerical or sales workers, 35 per cent were farmers, and 38 per cent were labourers. In the total sample 14 per cent were clerical or sales workers, 40 per cent were farmers and 30 per cent were labourers.

The reported prevalence rates for Q/QS items in European communities are 2.8 per cent in Belgium, 45 per cent in Italy and the Netherlands and 5.5 per cent in the USSR³. It has been demonstrated that in epidemiological studies the attribute whose prevalence directly reflects national mortality is Q/QS evidence of ischaemia. Therefore it is significant that the prevalence of Q/QS items in this Sri Lankan sample is comparable to those reported in middle aged European males.

References:

1. Dept. of Census and Statistics (1978). Statistical pocket book of the Democratic Socialist Republic of Sri Lanka Colombo: Dept. of Census Statistics.
2. Rose, G.A. and Blackburn, H. Cardiovascular survey methods. WHO monograph series 56.
3. Rose, G.A., Abmeteli, L., Checcaci, F. et al (1968), Bull World Health Organisation 38; 885-892