

Health Factors and Risk of All-Cause, Cardiovascular, and Coronary Heart Disease Mortality

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Editorial

Despite recent declines in age-standardized death rates in high-income countries, Cardio Vascular Diseases (CVD), such as Coronary Heart Disease (CHD) and stroke, and cancer remain the leading causes of morbidity and mortality in the United States, most Western and Eastern countries, and the world. The decreases in CVD and other non-communicable disease mortality and morbidity can be linked to a variety of reasons, including improvements in modifiable risk factors. Recent findings from a number of studies have revealed the benefits of low levels of modifiable risk factors, also known as cardiovascular health factors, for all-cause mortality and CVD mortality or morbidity. Several studies, mainly in the US, have shown that alarmingly few adults participating in cohort studies achieved the favourable levels of all 7 most frequently measured CVD risk factors: physically activity, normal blood pressure, glucose and total cholesterol levels, body weight, and healthy diet. Recent findings from a number of studies have revealed the benefits of low levels of modifiable risk factors, also known as cardiovascular health factors, for all-cause mortality and CVD mortality or morbidity. Compared to 210 men per 100,000 and 114 women per 100,000 in 27 European Union countries. Most lifestyle (smoking, overweight and obesity, bad nutrition habits, physical inactivity) and other modifiable CVD risk factors are found in high prevalence in Lithuanian population samples, according to epidemiological studies. These risk factors have been shown to have similar predictive value in the incidence and death from CHD, stroke, and other non-communicable

illnesses in Lithuania. Risk variables, on the other hand, have been researched separately, and their combined effects have not been evaluated. Healthy factors measured at baseline include non-smoking, normal weight, normal arterial blood pressure, normal level of total serum cholesterol, normal physical activity and normal level of fasting glucose. The analytical cohort is made up of survey participants (aged 45–64) from all five polls. The regional mortality record was used to identify deaths among the participants between the baseline (of the relevant survey) and the end of 2011. The International Classification of Diseases (ICD) versions 9 and 10 were used to code the causes of death: deaths from CVD encompassed codes 390–458 of ICD-9 and ICD-10; deaths from CHD contained codes 410–414 of ICD-9 and I20–I25 of ICD-10. Among people who were free of CHD and stroke at baseline surveys, there were 1,219 deaths from any cause, 589 deaths from CVD, and 342 deaths from CHD between 1983 and 2011. For each survey variable, descriptive statistics (prevalence rates, means, and Standard Deviations (SD) were generated. $P < 0.05$ was considered statistically significant. The multivariate regression model was used to calculate the Hazard Ratio (HR) and 95% Confidence Intervals (CI). For all-cause, CVD, and CHD mortality in men and women, Cox proportional hazards regression was used. Age, survey year, education, alcohol intake, antihypertensive treatment, hypoglycemic therapy, and cholesterol lowering treatment were all factors in the model.

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