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Prevalence and Cardiovascular Health Impact on Family

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Abstract

Because family history is a proven risk factor for heart disease, it's critical to assess its public health impact in terms of population prevalence of heart disease in the family, as well as the burden of heart disease caused by family history. Whether the family history of heart disease interacts with modifiable risk factors.

Keywords: Cardiovascular disease prevention • Cardiovascular disease risk factors • Cardiovascular disease

Introduction

Despite lowering Cardiovascular Disease (CVD) death rates, heart disease remains the primary cause of death. Family history of heart disease is a significant risk factor that has long been linked to heart disease. The INTERHEART (Effect of Potentially Modifiable Risk Factors Associated with Myocardial Infarction) study was used to determine the relationship between Myocardial Infarction (MI) and parental history of MI. Shared genetic, environmental, and behavioural factors may contribute to an elevated risk of heart disease due to family history. With the early beginning of heart disease in the family and the number of persons affected, genetic factors play a larger role in the increased familial risk of heart disease. Genetic conditions, most commonly familial hypercholesterolemia, account for a small proportion of excess familial risk, but causes of most familial cases of heart disease remain unknown. Because a positive family history of early heart disease is a known risk factor for heart disease, it's crucial to assess its public health impact in terms of population prevalence of family history of heart disease, as well as the burden of heart disease attributed to family history. Because the survey is population-based, representative, and weighted, and collects information on heart disease, heart disease risk factors, and family history of premature heart disease, NHANES (The National Health and Nutrition Examination Survey) provides a unique opportunity to conduct such an analysis.

Discussion

Our data support the public health significance of family history as a CVD risk factor. We show that reported FHPHD is widespread in the United States using a population-based representative survey (12.5%, or 27.8 million people over age 20). These findings show that utilising family history, millions of persons at risk for CVD in the United States can be identified. In the United States, 7.4% of adults aged 20 and up had cardiovascular disease, with about 13.4% of those with CVD having a family history (burden of 2.3 million people). Only a few risk calculators include a family history of CVD to assess a patient's risk, and no version of the Framingham risk score includes it to estimate CVD risk. Because the number of first-degree relatives affected, the type of relatives and the age of onset of CVD all affect the risk of coronary heart disease, it has been demonstrated that using more sophisticated definitions of family history variables compared to a simple binary approach significantly improved the predictive ability of coronary heart disease risk models.

Conclusion

Millions of people who are at high risk of having cardiovascular disease could be identified using FHPHD. FHPHD can become an important component of public health campaigns that address modifiable risk factors that plan to reduce the overall risk of heart disease.

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