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Short Notes on Heart Disease Risk Factors

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Introduction

Unhealthy diet, physical inactivity, tobacco use, and harmful alcohol use are the most important behavioural risk factors for heart disease and stroke. Individuals may experience elevated blood pressure, elevated blood glucose, elevated blood lipids, and overweight or obesity as a result of behavioural risk factors. These "intermediate risk factors" are detectable in primary care settings and indicate an increased risk of heart attack, stroke, heart failure, and other complications. Tobacco cessation, salt reduction in the diet, eating more fruits and vegetables, regular physical activity, and avoiding harmful alcohol use have all been shown to reduce the risk of cardiovascular disease [1-3].

Health policies that foster an environment in which healthy choices are affordable and accessible are critical for motivating people to adopt and maintain healthy behaviours. CVDs are also influenced by a number of underlying factors. Globalization, urbanisation, and population ageing are the major forces driving social, economic, and cultural change. Poverty, stress, and hereditary factors are also CVD risk factors. Furthermore, drug treatment for hypertension, diabetes, and high blood lipids is required to reduce cardiovascular risk and prevent heart attacks and strokes in people with these conditions.

About the Study

There are frequently no symptoms of the underlying blood vessel disease. A heart attack or stroke may be the first sign of underlying disease. A heart attack can cause the following symptoms are pain or discomfort in the centre of the chest; and/or pain or discomfort in the arms, left shoulder, elbows, jaw, or back in addition, the person may experience difficulty breathing or shortness of breath; nausea or vomiting; light-headedness or faintness; a cold sweat; and turning pale. Women are more likely than men to experience shortness of breath, nausea, vomiting, and back or jaw pain. Rheumatic heart disease is caused by inflammation and scarring in the heart valves and heart muscle caused by rheumatic fever. Rheumatic fever is caused by an abnormal immune response to streptococcal bacteria infection [4,5] which usually starts as a sore throat or tonsillitis in children. Rheumatic fever primarily affects children in developing countries, particularly in areas where poverty is prevalent. Rheumatic heart disease is responsible for about 2% of all cardiovascular disease deaths worldwide.

Shortness of breath, fatigue, irregular heartbeats, chest pain, and fainting are all symptoms of rheumatic heart disease. Rheumatic fever symptoms include fever, joint pain and swelling, nausea, stomach cramps, and vomiting. Heart attacks and strokes are typically sudden events caused by a clog that prevents blood from flowing to the heart or brain. The most common cause is an accumulation of fatty deposits on the inner walls of blood vessels that supply the heart or brain. Strokes can be caused by blood clots or bleeding

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Future Prospective

Extra cholesterol enters your body when you consume animal-derived foods (meats, eggs, and dairy products) or foods high in saturated fat. When there is too much low-density lipoprotein (LDL or "bad cholesterol") in the blood, plaque forms on the artery walls, triggering the disease process known as atherosclerosis. When plaque accumulates in the coronary arteries that supply blood to the heart, you are more likely to have a heart attack. Heart problems are the leading cause of death among diabetics, particularly those with adult-onset or Type 2 diabetes (also known as non-insulin-dependent diabetes). Diabetes is more common in certain racial and ethnic groups (African Americans, Hispanics, Asian and Pacific Islanders, and Native Americans).

According to the American Heart Association, 65 percent of diabetic patients die from cardiovascular disease. If you know you have diabetes, you should already be under a doctor's care because good blood sugar control can lower your risk. If you suspect you have diabetes but are unsure, consult your doctor to have tests performed. People who are inactive have a higher risk of having a heart attack than those who exercise regularly. Exercise burns calories, which helps to maintain a healthy weight, manages cholesterol and diabetes, and may lower blood pressure. Exercise also strengthens the heart muscle and increases the flexibility of the arteries. People who burn 500 to 3500 calories per week, either at work or through exercise, can expect to live longer than those who do not. Even moderate-intensity exercise is beneficial if done on a regular basis.

Conflict of Interest

None.

Acknowledgement

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References

- Garcia-Palmieri, Mario R., Raul Costas Jr and Mercedes Cruz-Vidal, et al. "Increased physical activity: A protective factor against heart attacks in Puerto Rico." Am J Card 50 (1982): 749-755.
- Folsom, Aaron R., Donna K. Arnett and Richard G. Hutchinson, et al. "Physical activity and incidence of coronary heart disease in middle-aged women and men." Med Sci Sports Exerc 29 (1997): 901-909.
- Hein H.O., P. Suadicani and F. Gyntelberg. "Physical fitness or physical activity as a predictor of ischaemic heart disease? A 17-year follow-up in the Copenhagen Male Study." J Intern Med 232 (1992): 471-479.
- Kannel, William B., Albert Belanger and Ralph D'Agostino, et al. "Physical activity and physical demand on the job and risk of cardiovascular disease and death: The Framingham Study." Am Heart J 112 (1986): 820-825.
- Morris, Jeremiah N., DG. Clayton and M.G. Everitt, et al. "Exercise in leisure time: Coronary attack and death rates." Br Heart J 63 (1990): 325-334.

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