

Editorial Note on Cardiovascular Epidemiology

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Editorial

Cardiovascular epidemiology includes cardiac and vascular diseases and heart stroke provides opportunities for diagnosis, prevention, and treatment of diseases. The cardiovascular epidemiologic research is compatible with academic, clinical, laboratory, industry, government, and other scientific positions. The epidemic of coronary heart disease has been characterized in the 20th century, it was cleared that developed countries were moving from infectious diseases as the leading causes of morbidity and mortality to chronic diseases are associated with aging. Hence there was a growing ability to diagnose acute diseases such as myocardial infarction and a better understanding of pathology of atherosclerosis.

In 1916 Cornelis De Langen, a Dutch physician from Indonesia observed the contrast between Colonial Dutch and native Javanese in the prevalence of cardiovascular and other diseases. He suggested by this result we can differ lifestyles, diet, and blood cholesterol levels in the body. And by the years later, Isadore Snapper, professor from Peking Union Medical School performed a systematic study of ECGs on Asian populations, and reports the rarity of abnormal tracings in Northern Chinese. And In 1941, his well-known book, Chinese Lessons to Western Medicine, suggested to prefer vegetarian diet to protect from vascular diseases. And other people followed their own observation on different population throughout the world. In World War II several additional insights number of studies noted a decrease level in cardiovascular disease deaths in the European countries. In 1950, Malmros noticed a decline disease

rate in Sweden, a country that was neutral in rate during the World War II but majorly suffered by deprivation in food and other amenities in modern life. Malmros suggested that disease mortality is decreased by low intake of dietary fat.

Globally, there is an uneven spreading of age-adjusted cardiovascular disease mortality and the lowest age-adjusted mortality rates are low in the advanced developed countries and some portions in Latin America, whereas the highest rates CVD deaths today mostly found in Eastern Europe and some of the low income countries. For example, age-standardized mortality rates for CVD are high in Russia and Egypt compared to Brazil and China and in between South Africa, India and Saudi Arabia. Not only age-adjusted CVD death rates tend to be higher in developing countries, but also high in younger people in the developing world than in developed countries and for the median age people mostly by ischemic heart disease.

However there are several reasons of CVD deaths and scientists basing on many data sets they followed two different observations and studies. First, cause of the CVD death rates experienced in most of the developing countries. Second, others they have analysed the reasons for the decline experience of CVD deaths in developed countries over the past few years. And the first data indicate that being intake of poor diet, tobacco use, physical inactivity, alcohol are the major causes for CVD increases. Finally Epidemiological evidence suggests that dietary changes with nutritional supplements and decreasing the use of unhealthy fats, oil, sodium, and sugars are tend to decrease the CVD death rates, in the low and middle income countries.

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