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EDITORIAL *VAN DIE REDAKSIE*

Outlook For Coronary Heart Disease : Sanguine or Sombre?

Within the last few years numerous endeavours have been made, in regard to coronary heart disease, to examine the relevance and weight of the risk factors, the amelioration of which might assist in the primary and secondary prevention of the disease.

Not long ago, authorities such as Stamler *et al.*[1] in Chicago, Rinzler *et al.*[2] in New York, and Hickie[3] in Australia, were very hopeful. From risk factor data it was believed that corrective measures to reduce serum cholesterol levels, to lessen elevated blood pressure, to stop smoking, and so forth, would markedly reduce the prevalence, or at least delay the onset, of coronary heart disease.

In a recent contribution on 'Coronary heart disease epidemiology revisited', Epstein[4] asked: 'To what extent is prevention on the community level warranted, pending the results of controlled prophylactic trials?' He arrived at the conclusion that 'advice on preventive measures to the population at large is justified at this time, based on education and planned changes, but short of an all-out campaign which must await conclusive data from intervention studies'. With the implementation of this advice, Epstein maintained that 'the ultimate target was to get the vast majority of the population into the low-risk range presently enjoyed by only a minority'.

Recently, however, others have concluded that efforts at 'predicting coronary heart',[5] on the basis of risk factor information, have been disappointing, that is, apart from the consideration of those at the extremes of risk positions. The writer of the Leading Article[6] stated blandly, 'At best a doctor asked by a patient to assess his chances of developing coronary thrombosis can only make a rough guess. If the person concerned is muscular, obese, carries much responsibility and works long hours, smokes heavily, takes little exercise, is bald, has xanthelasma, an arcus, and raised blood pressure, and his parents had arterial disease, he would obviously be at high risk. If his physical build, personal habits, blood pressure, and other attributes were at the opposite, he would have a low risk'.

It must be recognised that there are some who view the future with deep misgiving. For example, Meade and his associate workers[6,7] regard the outlook as sombre. Meade is attached to the Epidemiology and Medical Care Unit of the UK Medical Research Council and Department of Health and Social Security. In an examination of 'Arterial disease research: observation or intervention',[6] it was stated, 'known "risk factors" for ischaemic heart disease account for only a modest proportion of its incidence; in particular, dietary fat intake and blood cholesterol levels explain less than is often claimed. Intervention studies are, with few exceptions, not at present likely to improve understanding of aetiology or pathogenesis very substantially. The foreseeable chances of successful primary intervention on any major scale are slender, particularly by modification of personal habits. There is a pressing need for prospective observational studies in which new risk factors are identified, particularly those likely to give a more direct measure of thrombotic tendency' . . . 'Within any risk group, prediction is poor; it is not at present possible to express individual risk more precisely than as about a 1 in 6 chance of a hitherto healthy man developing clinical ischaemic heart disease in the next 5 years if he is at high risk. Such a prediction would be

incorrect five times out of six, which clearly emphasises the practical limitations of current knowledge'. In a later publication, Meade stated, 'If fat consumption were to revert to its level of about sixty years ago . . . we could expect not more than an 8% fall in ischaemic heart disease incidence, and for the sake of discussion this can be taken as a not entirely speculative measure of "effectiveness" under conditions where 100% of the population adopt the suggested dietary change' . . . 'These considerations indicate that there is at present hardly a basis for recommending restrictions on any large scale in dietary fat, or any other nutrient or group of nutrients, so far as the prevention of ischaemic heart disease goes'.

Real progress, as Meade and others have emphasised, can be measured only as reductions occur in the mortality rate from the disease. This desirable situation may not be forthcoming for a long while, for, even provided that benefits to health became increasingly demonstrable from pilot and larger studies, the Herculean task would be to persuade the adult masses, young and old, at least those in high-risk categories, that the adoption of the change required would be eminently worth while. They would certainly be worth while even if they led only to a fall in the prevalence of hypertension, and the ceasing of cigarette smoking.

1. Stamler, J., Berkson, D. M., Lindberg, H. A., Hall, Y., Miller, W., Majonnier, L., Levinson, S., Cohen, D. B. and Young, Q. D. ((1966): Med. Cl.n. N. Amer., **50**, 229.
2. Rinzler, S. H., Archer, M. and Christakis, G. J. (1967): Amer. Heart J., **73**, 287.
3. Hickie, J. B. (1968): Med. J. Aust., **1**, 159.
4. Epstein, F. W. (1973): Circulation, **48**, 185.
5. Leading Article (1972): Brit. Med. J., **4**, 3.
6. Meade, T. W. and Chakrabarti, R. (1972): Lancet, **2**, 913.
7. Meade, T. W. (1973): Proc. Roy. Soc. Med., **66**, 644.

Oop vir Bespreking

Gedurende enige simposium of kongres is die besprekingstyd 'n belangrike deel van die verrigtinge, en nogtans is dit juis dié aspek van die byeenkoms wat dikwels swak hanteer word. In wese is enige wetenskaplike kongres 'n samekoms van navorsers en klinici waar gedagtes gewissel kan word. As die samespraak nie plaasvind nie, het die vergadering geen bestaansreg nie, want dan kon die referate net sowel gepubliseer gewees het.

Wanneer die voorsitter die byeenkoms oopstel vir bespreking, gebeur gewoonlik een van twee dinge: òf almal sit afwagtend en kyk wie eerste iets te sê gaan hê, òf een of ander afgevaardigde probeer van die geleentheid gebruik maak om 'n eie, onaangekondigde referaat te lewer. In die eersgenoemde geval gebeur dit dan dikwels dat daar 'n harmansdrupagtige traagheid is om die besprekings op dreef te kry, totdat die tyd byna verstreke is; dan het almal skielik 'n eiertjie by te lê. In die tweede geval gaan daar soms 'n hoorbare sug van die gehoor uit omdat die diskussant sy saak al by herhaling gedurende vorige kongresse gestel het en almal die afgrond in verveel het.

Wat behoort te gebeur? Die organiseerders moet sorg dat die mikrofone so geplaas is dat 'n minimum tyd verlore gaan voordat enige deelnemer reg kan staan om sy sê te sê. Die gewoonte om die vrae skriftelik aan die voorsitter te gee om te lees, loop byna altyd op 'n fiasko uit want die handskrifte is onleesbaar. Voorts moet die voorsitter en die gehoor onthou dat die bespreking nie noodwendig tussen een van die referente en 'n lid of lede uit die gehoor hoef plaas te vind nie. As dit die geval was kon die persone mekaar maar net sowel oor 'n koppie tee of koffie ontmoet het. Dit is die saamdoen deur die hele vergadering wat die besprekingstyd so interessant en waardevol maak.

As dit lyk asof daar traagheid is om aan die gang te kom, kan die ervare voorsitter een of ander spesifieke lid van die gehoor nooi om die bal aan die rol te sit, deur vooraf met hom so te reël of vanuit die voorsitterstoel op sy nommer te druk.