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Editorial

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In the developed world, CVD (cardio-vascular disease) accounts for 50 % of mortality whereas it accounts for about 25% of mortality in the developing world and in market economies in transition. It is estimated that by the year 2020, CVD will become the number one killer globally, accounting for at least one in every three deaths.

In Hong Kong, CVD is at present the number two killer, but with our aging population, it will soon surpass cancer as the most frequent cause of death. In the past thirty years, advances in cardiology had been astonishing. It is timely that all practitioners be informed of the latest developments in important areas of cardiology to allow them to best advise their patients on cardiac care.

The modifiable risk factors of CVD are well known to everyone, viz. smoking, hyper-lipidaemia, glucose intolerance, hypertension, obesity and sedentary life style. In the past decade, new concepts of "normal blood pressure" and "normal cholesterol level" had evolved. These resulted from numerous large clinical trials of intervention which showed that great risk reduction could be derived from lowering the blood pressure of patients with readings of only 140/90mm Hg. and for patients with cholesterol levels previously regarded as normal. This is particularly true in secondary prevention and in diabetic subjects.

Syncope is an important mode of presentation of patients suffering from CVD. The episode may be related to malignant arrhythmias, such as ventricular tachycardia or ventricular fibrillation, or to benign ailments as psychogenic syncope. It is only after careful and comprehensive assessment that the true cause can be determined, leading to proper management of the patient. Electrophysiological (E-P) evaluation of cardiac arrhythmias is a highly specialised technique that needs only concern the super-specialists in this field. Nevertheless, it would be good for the general physicians to learn of the basic principles governing the methodology.

Evaluation of patients with significant CVD often requires cardiac catheterisation and angiography, with a view to revascularisation. Recent advances in CT technology (computer tomography) permit good estimation of the coronary anatomical abnormalities prior to catheterisation. Furthermore, development in magnetic resonance imaging (MRI) assists in meaningful assessment of reversible myocardial ischaemia before one embarks on invasive studies. Yet, coronary angiography is essential if recommendation on the mode of definitive treatment is to be made. PCI (percutaneous coronary intervention) and CABG (coronary artery bypass surgery) are very effective means of coronary revascularisation. Although sometimes it is difficult to decide on which procedure is to be recommended, patients however,more often than not prefer non-surgical approach. Yet, it must be remembered that there are clear indications for surgery in certain special situations.