

## Is the Epidemic of Heart Disease Really Over or Just Evolving?



To the Editor:

We were surprised to read that Dalen et al<sup>1</sup> confidently predict that the 20th century is likely to be the only one in which heart disease is the most common cause of death among Americans. Perhaps this is explained by the authors' rather narrow definition of what constitutes heart disease?

There has been a decline in the age-adjusted incidence of clinically overt coronary disease, but age is a major determinant of risk and the lower annual incidence of coronary disease is offset, at a population level, by greater longevity. Moreover, myocardial infarctions in older patients are often not attended by symptoms that bring them to immediate medical attention.<sup>2</sup>

However, heart failure has, for a long time, been a more common cause of hospital admission than acute coronary syndromes. Indeed, few people die of coronary disease without first developing heart failure,<sup>3</sup> but only a minority of cases of heart failure have a history of acute coronary syndrome.<sup>4</sup> Hypertension, atrial fibrillation, chronic kidney disease, and valve disease are alternative pathways to heart failure, all of which are increasing in prevalence as longevity increases.

Heart failure may be a much larger problem than currently appreciated. There are no robust data on the prevalence of heart failure due both to a lack of an agreed diagnostic standard and to diagnostic inertia. Breathlessness is often inadequately investigated. Adoption of a sedentary lifestyle avoids symptoms induced by exertion. Prescription

of powerful loop diuretics exceeds the reported prevalence of heart failure by several fold. The reason for prescribing loop diuretics is usually unclear, but patients rarely receive the investigations required to exclude heart failure.<sup>5</sup>

Despite a substantial body of research, patients with heart failure often remain neglected "second-class" citizens when it comes to diagnosis and care; many do not even get to see a cardiologist. Perhaps coronary care units should switch some of their resources to tackle heart failure, a much larger, more difficult and deadly problem than acute coronary syndromes. The epidemic of coronary disease may be over, either because of human intervention or other factors, but other more common and deadly forms of heart disease are on the increase.

Pierpaolo Pellicori, MD<sup>a</sup>

John G. F. Cleland, MD<sup>b</sup>

<sup>a</sup>Department of Academic Cardiology  
Hull and East Yorkshire Medical Research and Teaching Centre  
Castle Hill Hospital

Cottingham, Kingston upon Hull, United Kingdom

<sup>b</sup>National Heart & Lung Institute

Imperial College

London, United Kingdom

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