



COMMENTARY



Prevention of Cardiovascular Diseases through Medication

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Description

Heart and blood vessel illnesses fall under the category of Cardiovascular Disease (CVD). Heart attacks and other Coronary Artery Disorders (CAD) like angina are included in the category of CVD. Depending on the ailment, different underlying mechanisms apply. 53% of CVD deaths are thought to be related to dietary risk factors. Atherosclerosis is a factor in peripheral arterial disease, coronary artery disease, and stroke. This may be brought on by, among other things, high blood pressure, smoking, diabetes, obesity, high blood cholesterol, poor diet, excessive alcohol use, and restless sleep. According to estimates, 13% of CVD deaths are caused by high blood pressure, compared to 9% by cigarette use, 6% by diabetes, 6% by inactivity, and 5% by obesity. Untreated strep throat may be followed by rheumatic heart disease.

According to estimates, up to 90% of CVD may be avoidable. In order to reduce risk factors, one must practise healthy diet, exercise, abstain from tobacco use, and consume alcohol in moderation. Treatment of risk factors such diabetes, high blood lipids, and high blood pressure is also advantageous. Antibiotic therapy for strep throat patients can reduce their risk of developing rheumatic heart disease. It is unknown whether taking aspirin while otherwise healthy has any advantages.

Medications

Blood pressure medication: Regardless of age, baseline cardiovascular risk, or baseline blood pressure, blood pressure medications prevent cardiovascular disease in patients who are at risk. The routinely prescribed medication regimens are equally effective in lowering the risk of all major cardiovascular events, while there may be varia-

tions in the capacity of various medications to avert particular outcomes. Greater blood pressure reductions result in greater risk reductions, and the majority of high blood pressure sufferers need more than one medication to obtain a sufficient blood pressure drop. There is not enough data to say if text messaging on mobile devices has changed secondary prevention of cardiovascular disease, despite attempts to increase prescription adherence. Adherence to drugs is frequently poor.

Statins: When a person has a history of cardiovascular disease, statins are beneficial at preventing additional heart disease. Men are better able to notice the drop in occurrences than women since men have a higher event rate than women. Statins reduce the risk of death and combined deadly and non-fatal cardiovascular disease in those who are at risk but have no history of the condition (primary prevention). However, the advantage is negligible. According to a US recommendation, statins should be taken by people who have a 12-percent or higher chance of developing cardiovascular disease within the next ten years. While niacin, fibrates, and CETP inhibitors may raise HDL cholesterol, they have no impact on a person's risk of cardiovascular disease if they are currently taking statins. Fibrates reduce the risk of coronary and cardiovascular events, however there is no proof that they also cut overall mortality rates.

Anti-diabetic medication: Although the evidence is inconclusive, anti-diabetic medicine may lower cardiovascular risk in persons with Type 2 Diabetes. A 2009 meta-analysis of 27,049 participants and 2,370 major vascular events revealed a 15% relative risk decrease in cardiovascular disease during an average follow-up time of 4.4 years with more severe glucose lowering, but an increased

risk of serious hypoglycemia.

Aspirin: As the risk of significant bleeding is nearly equivalent to the benefit with regard to cardiovascular issues, aspirin has only been demonstrated to be of small benefit in persons at low risk of heart disease. It is not advised in people at very low risk,

including people over 70. The United States Preventive Services Task Force advises avoiding using aspirin for prevention in women under the age of 55 and in men under the age of 45; however, some people who are older do.