Heartfile

CVD Prevention

global news update September-December 2007

CVD Prevention global news up date is produced for Heartfile by ProCor

Heartfile and ProCor celebrate 10 years!

Founded ten years ago, Heartfile today is recognized worldwide for its pioneering contributions in health policy, public health planning, disease prevention and control. Heartfile was created in 1997 by Sania Nishtar, a Pakistani cardiologist with a desire to promote the health of communities instead of performing costly cardiac surgeries on the few individuals who could afford them. Working in a converted poultry shed on her farm, Dr. Nishtar launched a public information campaign promoting awareness of heart health. Other early activities included a case control study that demonstrated an alarming prevalence of CVD, and demonstration projects engaging health professionals in CVD prevention. Heartfile later developed a national action plan on non-communicable diseases that is implemented though public private partnerships. Today, Heartfile has expanded its scope of work to broader health policy and strategy areas and is recognized as a civil society health sector think tank working with diverse national and international partners to promote health and strengthen health systems locally and globally. **Congratulations, Heartfile!**

Also in 1997, ProCOR was founded by Dr. Bernard Lown to address the emerging epidemic of cardiovacular disease in developing countries. Using low-earth orbit satellites, ProCor provided relevant, timely medical information to health workers in low-resource settings. As technology evolved ProCor grew to be a “net-work of networks’ working around the world to pro-mote heart health. Today ProCor engages more than 1000 email subscribers and hundreds of thousands of website visitors in a global exchange of knowlege about preventive strategies in clinical, community, and policy settings.

More information about Heartfile and ProCor appears on page 8.

Inside this issue

Clinical encounter

Social activity--not just physical activity--is important for heart health

Brian Bilchik, MD, Lown Cardiovascular Group Director, ProCor

As cardiologists, we want to promote good health. Not only to sustain longevity, but also to improve quality of life. We advise our patients about healthy habits, nutritional food choices, and physical activity. But we often ignore the importance of social activity. Being alone or lonely may exacerbate cardiac and other risk factors. Alternatively, participating in community activity, volunteering, or working part time can be a protective factor in heart health among older people. A long-time patient of mine illustrates this.

I first saw Mrs. J. three years ago in the emergency room of a local tertiary-care hospital. At that time, she was 92 years old and was sent to the ER by her primary care physician after experiencing chest pain. I noted that she exhibited no EKG changes and no chest discomfort despite walking at a rate and duration that increased her heart rate from 55 to 100. I had to argue with the ER physician to allow her to return home.

Over the next months, she occasionally experienced discomfort in the left breast area; each time she complained to her primary care physician, he sent her to the ER.

I continued to see her every six months to manage her hypertension (which is beautifully controlled with salt restriction, adequate hydration, and low-dose hydrochlorothiaziade every other day). She's now 95 years "young." Mrs. J. was scheduled to see me for one of these routine visits on a snowy day last winter. That day happened to be February 14-Valentine's Day-and Boston was experiencing a severe snowstorm which made roads nearly impassable. I was surprised to hear that Mrs. J. had called to let us know that she would be a few minutes late. The significance of her call was not that she would be late, but that she was coming at all. Each of

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Health Indicators of Pakistan: Gateway Paper II

"Health Indicators of Pakistan: Gateway Paper II" was recently published by Heartfile to strengthen the evidence base for health reforms in Pakistan and to offer recommendations to strengthen Pakistan's health information system. The reports are available in PDF format on Heartfile's website: www.heartfile.org.

A summary focusing on chronic disease prevention is provided below. Links to the relevant chapters are cited.

Common Risks for NCDs

http://heartfile.org/pdf/4-HO-C-NCD-a-CR.pdf (.98 MB)

Non-communicable diseases (NCDs) and injuries are among the top ten causes of mortality and morbidity in Pakistan, and are estimated to account for approximately 55% of total deaths.

Lifestyle risks

According to the 1990-1994 National Health Survey of Pakistan, 54% of men and 20% of women consumed tobacco in any form. More recently, the NAP-NCD First Round of Surveillance 2005 showed a prevalence of 33% in men and 4.7% in women for tobacco smoking.

More than 65% of urban and 79% of rural populations consume less than one serving of fruit per day and more than 90% of all Pakistanis consume less than two servings of vegetables per day. Level of physical activity during transport in urban and rural populations was 88%, but 90% of the population reported to be inactive during leisure time, according to the NAP-NCD First Round of Surveillance 2005.

Biological risks

A total of 45% of the urban population and 31.2% of the rural population is overweight or obese, according to the World Health Organization definition (overweight = BMI >=25, obese = BMI >=30), and 62.6% and 48.6%, respectively, according to Asian criteria (overweight = BMI >=23, obese = BMI >=25).

The National Health Survey of Pakistan 1990-1994 reported high cholesterol in 20% of the population over age 15 years (random blood cholesterol >=200 mg/dl). High cholesterol levels are at 34.7% based on fasting serum cholesterol >=200 mg/dl.

Over 17% of the population over age 15 years and 33% over age 45 years was hypertensive according to the JNC 6 definition (>= 140/90 mmHg). More than 24.3% of the population over age 18 years in Rawalpindi was hypertensive according to the JNC 7 definition (>=120/80 mmHg).

Coronary Artery Disease and Stroke

http://heartfile.org/pdf/4-HO-C-NCD-b-CAD.pdf (2.17 MB)

A recent survey of individuals above age 40 years showed an overall prevalence of coronary artery disease of 26.9% in men and 30% in women. Thus, approximately one in four middle-aged adults in the city of Karachi, Pakistan, has prevalent CAD, with the risk uniformly high in the young and in women.

Currently, population-based data on CAD is available from only one Pakistani city. The feasibility of introducing a module into instruments such as the NAP-NCD First Round of Surveillance and the Second National Health Survey of Pakistan should be explored with careful attention to complexities in the diagnosis of CAD at the population level and the validity of existing instruments for the Pakistani population.

No nationally or regionally representative population-based data on stroke exist in Pakistan. Data on stroke in this document come from a cross-sectional survey con-ducted on one ethnic community within the city of Karachi as this is the only population-based data available; notwithstanding issues of representativeness, this does provide an insight into the existing burden of stroke within an urban community, showing that 4.8% of the adult population over age 40 years suffered from a stroke, which represents a fairly high burden. With reference to ongoing data collection on stroke, the two options include: using risk factor burden (raised blood pressure) as a proxy for the burden of stroke or the setting up of population-based stroke registries, which can enable the collection of mortality and morbidity data on stroke in populations.

Diabetes Mellitus

http://heartfile.org/pdf/4-HO-C-NCD-c-DM.pdf (1.68 MB)

Glucose intolerance (diabetes and IGT combined) was present in 22-25% of subjects examined during the National Diabetes Survey of Pakistan in the mid 1990s. In urban areas, prevalence of diabetes ranged from 10.8 % in Balochistan to 16.5% in Sindh; in rural areas, prevalence ranged from 6.39% in Punjab to 13.9% in Sindh. Prevalence of IGT ranged from 5.3-11.5%.

Overall prevalence in women was found to be 3.5% in urban and 2.5% in the rural areas; among men, it was 6% in urban and 3.3% in rural areas. IGT in urban versus rural areas was 6.3% in men and 14.2% in women against 6.9% in men and 10.9% in women, respectively. Overall glucose intolerance (DM+IGT) was 22.04% in urban and 17.15% in rural areas.

Journal Summary

European concensus statement on managing cardiovascular risk in peri-menopausal women

Juan Ramos
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The European Heart Journal recently published "Management of cardiovascular risk in the peri-menopausal woman: a consensus statement of European cardiologists and gynecologists" European Heart Journal 2007; 28(16): 2028-40).

Over their lifespan, women are more likely to experience cardiovascular disease (CVD) and disability than men. However, most women do not perceive CVD as an important health concern and report that they are not well informed about their risk. Primary-care physicians, gynecologists, and cardiovascular physicians often fail to identify cardiovascular risk factors and under diagnose and under treat women with cardiovascular risk.

As a result, cardiovascular risk is often poorly managed in women, especially during the menopausal transition when susceptibility to cardiovascular events increases. Key risk factors that need to be controlled in peri-menopausal women are hypertension, dyslipidemia, obesity and other components of the metabolic syndrome, and diabetes. It is increasingly recognized that hormone therapy is inappropriate for older post-menopausal women no longer displaying menopausal symptoms. However, whether the findings generating concern for the detrimental effect on cardiovascular events in older post-menopausal women can be applied to younger peri-menopausal women is unknown.

The European Society of Cardiology's "Women at Heart" program has identified the following practice points:

1: Increases in the incidence of cardiovascular morbidity in women, in particular myocardial infarction and angina pectoris, coincide with menopause. Typically, women are about 10 years older than men when they develop CVD. Although cardiovascular events are a rare occurrence in pre-menopausal women, incidence increases markedly after the age of 45-54 years.

2: Hypertension, smoking, dyslipidemia, diabetes, body mass index, physical inactivity and metabolic syndrome are predictors of cardiovascular events. Cardiovascular risk associated with hypertension, triglyceridemia and diabetes increases in women following menopause and with increasing age. Risks associated with smoking are higher in women than men. Prevalence of diabetes increases with age and is higher in older women than in older men. Obesity is more prevalent in females than in males with coronary heart disease.

3: Estrogen deficiency associated with menopausal transition negatively impacts quality of life. Improved quality of life is achievable with hormone replacement therapy due to the alleviation of troublesome menopausal symptoms.

4. Hormonal changes at menopause result in changes in the individual components of the metabolic syndrome and increase the likelihood of diabetes and CVD.

5. Hormone replacement therapy in peri-menopausal women reduces vasomotor symptoms.

6. Cardiovascular risk associated with hormone therapy exceeds the benefit in elderly postmenopausal women; hence, hormone therapy should not be used for the primary or secondary prevention of CVD in older women. In younger, peri-menopausal woman benefits should be weighed against the potential risks.

7. Every opportunity should be taken when managing menopausal women to identify the extent of cardiovascular risk.

8 .Lifestyle changes and pharmacological intervention should be introduced in peri-menopausal women to minimize cardiovascular risk.

9. Peri-menopausal women are increasingly likely to become hypertensive and will require blood pressure-lowering measures to reduce the incidence of target-organ damage. Even slightly elevated blood pressure poses a risk and should be addressed.

10. The renin-angiotensin-aldosterone system plays a major role in the control of blood pressure, with both angiotensin II and aldosterone contributing to ensuing target-organ damage.

11. Treating hypertension with angiotensin-converting enzyme-inhibitors or angiotensin receptor blockers may be particularly appropriate.

12. Statins should be first-line therapy in preventive strategies for lipid lowering, the goal being those recommended by the National Cholesterol Education Program Adult Treatment Panel III.

13. In managing peri-menopausal women, cardiologists and gynecologists should work together to assess and control cardiovascular risk and to minimize vasomotor symptoms. For the primary prevention of CVD, gynecologists should advise patients about the importance of lifestyle modification.

Heart Health and Anxiety

Charles M. Blatt, MD
Lown Cardiovascular Center

A long-standing subject of research interest at the Lown Cardiovascular Research Foundation has been to understand the impact of our patients' psychological and emotional state on their heart health. If a physician asks a patient, "Why did the heart attack occur when it did?" the answer is usually not a reflection on high blood pressure or cholesterol, patients tend to report, "I was under such stress" or "I was terribly anxious" before the heart attack. The general public does not require a scientific study to recognize the interrelatedness of the emotional state and the heart, but our cardiology colleagues do.

The Lown Foundation has engaged in long-term research to better understand the link between the brain and the heart. Our study of over 850 patients with coronary artery disease started in 1992 and continues today. This project has proven to be a unique and valuable source of information (see www.lownfoundation.org).

Most recently, the study yielded significant findings which were reported in "Anxiety Worsens Prognosis in Patients with Coronary Artery Disease" in the Journal of the American College of Cardiology (May 22, 2007). We reported on 516 patients with coronary disease who completed an extensive questionnaire once a year which provided a measurement of the patient's level of anxiety. From the data collected, we were able to divide the participants into two groups: one group showed low levels of anxiety and the second set exhibited high levels of anxi--ety. Carefully following our patients over several years, we were able to assess the trend of their emotional state.

Analysis revealed that if a patient's anxiety level starts high and then declines over several years of follow up, his or her risk of a heart attack is substantially lower than the patient whose anxiety level rises during that time. These findings were independent of whether the individual had high blood pressure, diabetes, or high cholesterol, or whether the individual smoked cigarettes. Furthermore, we found that the risk of having a heart attack doubled for patients whose anxiety scores rose during the study. A single assessment of a patient's anxiety did not predict an increased risk for a heart attack - it was the fact that we were able to assess patients repeatedly that provided this unique insight into the effect of anxiety on the occurrence of heart attacks.

What lesson do we draw from these results? At the Lown Cardiovascular Center we have always emphasized the importance of putting patients at ease while treating heart disease. We believe that reducing a patient's anxiety about their cardiac and other medical issues will improve their overall heart health. We emphasize exercise and proper medications to control blood pressure and cholesterol levels, but we equally emphasize the importance of spending time with patients, getting to know them as unique individuals, learning and understanding what makes them anxious, and doing what we can within the doctor-patient relationship to help dispel that anxiety.

We believe that these principles are the very essence of good doctoring. We all intuitively know the value of being less anxious and the benefits of a calm state of mind for our physical wellbeing. Now we have firm evidence confirming that patients who experience a decline in anxiety have a dramatic reduction in the risk of having a heart attack or dying from their coronary disease.

[Adapted from "Heart Health and Anxiety," originally published in *The Lown Forum,* Summer 2007 (www.lownfoundation.org)].

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my younger patients chose to stay at home that day.

When she arrived, I voiced my surprise at seeing her. She explained that she volunteers at a local children's hospital, providing companionship for children who are hospitalized, alone, and frightened, in order to promote healing. She reminded me that today was Valentine's Day and she was determined that the children at the hospital who call her "Granny" received their dose of loving care right on schedule that day. I admire many of my patients but Ms. J. is in a category all her own. And even though local shops were unable to deliver flowers that day, she drove her car to the hospital and then to my office.

Ultimately we determined that her chest pain was muscular in origin, perhaps because she spent so much time holding babies.

Her story is encouraging and inspiring. A sense of companionship, purpose and relevance can make a real difference in people's lives. Whether connecting with animals or humans, there are many ways of achieving a sense of purpose. Beyond taking care of oneself, engaging in relationships or contributing to the community enhances not only longevity but also quality of life.

[Adapted from "Valentines Day storm reveals true strength of heart," originally published in The Lown Forum, Summer 2007 (www.lownfoundation.org)].

Genomewide Association Analysis of Coronary Artery Disease

NJ Samani, J Erdmann, et al.
N Engl J Med 2007; published online 18 July 2007,
http://content.nejm.org/cgi/content/full/NEJMoa072366v1

Reviewer: Carlos Mendoza Montano, PhD ProCor contributing editor, APRECOR, Guatemala (projhouse@intelnet.net.gt)

Problem addressed: Coronary artery disease (CAD) and its main complication, myocardial infarction, are leading causes of death and disability worldwide. Lifestyle and environmental factors play an important role in their development. In addition, CAD clusters in families suggesting a substantial genetic cause. Identification of genetic contributors to CAD could provide more precise estimates of risk while defining important pathways in individual patients, revealing new targets for intervention, and enabling a personalized approach to care. Despite extensive exploration of many genes, strong evidence of a molecular genetic association with CAD remains to be obtained, since numerous previous studies have reported associations of candidate genes that were not replicated.

The present study used a different approach--a genomewide association study--to identify chromosomal loci associated with coronary disease in two relatively large cohorts, from the Wellcome Trust Case Control Consortium (WTCCC) study and the German MI [Myocardial Infarction] Family Study. This work is still years from enabling personalized coronary care or elucidating new mechanisms, but it provides important proof of concept for the power of the genomewide approach and insight into the nature of genetic coronary risk, while implicating several genetic loci not previously linked to CAD.

Purpose of study: To identify chromosomal loci associated with CAD using genomewide association analysis.

Location of study: United States, using multinational population samples.

Study design: Genomewide association studies involve an unbiased scan of genomic sequence variants. Current technology enables examination of hundreds of thousands of single-nucleotide polymorphisms (SNPs) in affected and in unaffected persons, to search for statistical association with disease. Samani et al. performed a genomewide association analysis in samples from the WTCCC and German MI studies, each selected for early presentation and a strong family history of CAD, to increase the chances of finding genetic contributions. The authors used three approaches. First, more than 350,000 genotypes were analyzed in the nearly 5000 case subjects and controls of the WTCCC cohort. Replication of the SNPs most strongly associated with CAD was then sought in the German MI Family Study. In a second set of analyses, Samani et al. combined the data from both populations to identify all SNPs that were significantly associated with CAD in either study and had a high likelihood of a true association. Third, the investigators examined their data for associations with CAD among SNPs previously reported to be associated with the disease.

Findings: Of thousands of chromosomal loci studied, the same locus had the strongest association with CAD in both the WTCCC and the German studies: chromosome 9p21 .3. Overall, the WTCCC study revealed nine loci that were strongly associated with CAD. In addition to chromosome 9p21 .3, two of these loci were successfully replicated in the German study: chromosome 6q25.1 (rs6922269) and chromosome 2q36.3 (rs2943634). The combined analysis of the two studies identified four additional loci significantly associated with CAD and a high probability (>80%) of a true association: chromosomes 1 p13.3 (rs599839), 1q41 (rs17465637), 10q11.21 (rs501120), and 15q22.33 (rs17228212).

Comments: These studies represent an important advance in medicine for they convey novel, unbiased information about the heritable basis of disease at a level of detail that has not been previously possible. For CAD, the data implicate the presence of specific inherited DNA variants that can be considered risk factors for that condition. This study differs from previous genetic analyses in its unprecedented level of sequence detail and genome coverage. The challenge that is ahead for researchers is to explain how variation in the function of these genes leads to clinical CAD because the study reported in this article tells us that particular genes are important in the pathogenesis CAD, but does not tell us the mechanism that is responsible. Once we achieve this understanding, we should have the keys that will lead us to eventual improvements in patient care. Publishing the results of this type of genetic study is a new endeavor for medical journals, but according to an accompanying editorial, similar studies are likely to continue to appear with reasonable frequency.

Additional References:

1. Christensen K, Murray JC. What genome-wide association studies can do for medicine? N Engl J Med 2007; 356: 1094-97. 2. Wellcome Trust Case Control Consortium. Genome-wide association study of 14,000 cases of seven common diseases and 3,000 shared controls. Nature 2007; 447: 661 -78.

Prevention activities *around the world*

Global: Approximately 1.4 billion people in the world are overweight compared to only 800 million who are undernourished, primarily because of changing diets and lack of physical activity. In many part of the world, diets are shifting from grains to animal products and vegetable oils. Motorized transport and television viewing have replaced physical activity. America and Australia have the highest obesity rates in the world, while Japan has one of the lowest, but the burden of obesity is shifting from developed countries to the developing ones in both urban and rural settings. A recently proposed strategy to address these trends recommends subsidizing fruit and vegetable production to increase their consumption.

26th Conference of the International Association of Agricultural Economists (www.iaae-agecon.org)

China/India: China and India have joined the international network of government-backed clinical trials registers coordinated by the World Health Organization. The network aims to increase accountability and transparency for global health research and to improve the quality of data. *World Health Organization (http://www.who.int/trialsearch)*

Ghana: Ghana Food @ 50, a food festival held in July in Accra to celebrate the country's 50th anniversary of independence, emphasized the heart-healthy qualities of traditioanl cooking. Hajia Ramatu Mahama, the wife of the Ghanaian vice-president, called for Ghanians to eat local food. Ms. Mahama stressed the health benefits of Ghanaian food, calling it "healthy and nutritious." Ghanaians were urged to "eat what they grow and grow what they eat." Ghana Food @ 50 is part of a movement to revitalize Ghanaian cooking and revive "lost and forgotten nutritious Ghanaian dishes."
The Daily Graphic, 12 July 2007

India: The blood pressure of school children should be routinely screened during physical examinations and cut-off points anchored to metabolic risks may be essential to assess obesity, according to a study of schoolchildren in Pune, India. The study of 1146 boys and 1077 girls aged 9-16 years with urban affluent backgrounds revealed that 27.5% of boys and 20.9% of girls were overweight. Nearly 10% of girls and 12.0% of boys had high systolic BP. *"Blood pressure among overweight adolescents from urban school children in Pune, India" European Journal of Clinical Nutrition 2007; 61: 633-41*

Indonesia: A small survey in Jogjakarta, Indonesia, concludes that Indonesian physicians are not routinely asking patients about tobacco use or offering advice on how to quit smoking. Of 447 physicians surveyed, 22% of males and 1% of females were current smokers. Approximately 72% of those surveyed did not routinely ask patients about their smoking status, and 80% believed that smoking up to 10 cigarettes a day was not harmful for a patient's health. Physicians who perceived themselves as sufficiently trained in smoking cessation. were significantly more likely to advise patients to quit. *"Physician assessment of patient smoking in Indonesia: a public health priority"*
Tobacco Control 2007; 16: 190-96

Malaysia: The Global Reality of Attitudes on Stroke Prevention and Hypertension (GRASP) study recently conducted among Asian physicians revealed widespread misperceptions about hypertension treatment. The study queried 200 physicians from China, South Korea, Taiwan and Malaysia on how they treat hypertensive patients. The findings showed that although 80% of Malaysian physicians believe that treating hypertension can prevent most first strokes, only 26% treat hypertension with therapies proven to reduce the risk of stroke. These findings corrolate with the 1996 Malaysian National Health and Morbidity Survey that found only 6% of hypertensives are treated well enough to have their blood pressure under control. Most Malaysian physicians consider the incidence of heart attack to be higher than that of stroke, according to the survey.
The Star Online

Nigeria: The Lagos state government now offers free diabetes and high blood pressure screenings for all residents in the state. The free screenings are part of the state government's efforts to emphasize preventive rather than curative healthcare. In a two-week period in July, the health team in Lagos saw over 800 patients from across the state. All Africa.com

Taiwan: Health taxes on cigarettes as a smoking control policy tool benefits both government and consumers, according to researchers who found that a health tax on cigarettes will reduce cigarette consumption by 27% and also reduce betel nut consumption by 20.07% and alcohol consumption by 7.5%. *"The synergistic effect of cigarette taxes on the consumption of cigarettes, alcohol and betel nuts." BMC Public Health 2007; 7: 121*

Resource Update

ProCOR's "Resource Update" highlights relevant materials, many of which are newly available, in a variety of formats. Additional resources are available in the Related Links section of the ProCOR website (www.procor.org).

"Acute Ischemic Stroke" Free Recording Online

Complete, unabridged reading of a Clinical Practice article entitled "Acute Ischemic Stroke" (van der Worp HB and van Gijn J. Acute Ischemic Stroke. Audio player provided on the site, or download it for use on a portable audio device. NEJM is seeking feedback on whether readers would them to continue to produce these audio versions of articles in the Clinical Practice series. Other thoughts related to this idea can be emailed to beta@nejm.org.
New England Journal of Medicine
NEJM 2007: 357(6); 572-79)
http://beta.nejm.org/AudioArticle/20070809/?query=TOC

Essential Health Links

Provides more than 600 websites for health professionals, medical library communities, publishers and NGOs in developing and emerging countries. Note: Compilers do not have sufficient resources to evaluate the scientific accuracy of each website that is included in Essential Health Links.
AED-SatelLife
http://www.healthnet.org/essential-links/

BioMed Central Open Access and the Developing World Portal

Provides resources on open access and internet technologies in the developing world. Emphasizes benefits of increased internet technologies and open access to research. Also features a blog.
Biomed Central
http://www.biomedcentral.com/developingcountries/

Crossing Sectors: Experiences in Intersectoral Action, Public Policy and Health

Provides an overview of approaches to intersectoral action at the global, sub-regional, national, sub-national, and community levels. Intended to contribute to the WHO Commission on Social Determinants of Health.
http://www.phac-aspc.gc.ca/publicat/2007/cro-sec/pdf/cro-sec_e.pdf (1.32 MB)

Health in all Policies: Prospects and Potentials

Highlights the role of health across all government sectors and the need for policies to protect health. Includes a chapter on the promotion of heart health. Developed for the Finnish Presidency of the European Union.

draft draft draft draft draft draft draft draft draft

http://www.euro.who.int/document/E89260.pdf (1.22 MB)

Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals

Designed to improve awareness, knowledge and skills of health providers regarding poverty and gender concern in the prevention and control of noncommunicable diseases.
World Health Organization
http://www.who.int/bookorders

MENTOR: Monitoring and Evaluation Network of Training On-line Resources

Web-based compilation of free training materials and tools on health-related monitoring and evaluation topics for researchers, program managers, trainers, policymakers, students and other public health professionals.
http://www.cpc.unc.edu/measure/training/MENTOR

Public Health and Emerging Risks: Emerging Countries' Responsibility and International Cooperation

Argues that global problems require local solutions and outlines efforts to link health to foreign policy and to support countries' articulating their own needs. Outlines the unique role emerging countries have to play in reducing global health inequalities and in assisting developing countries in improving the health of their populations.
Social Science Research Network:
http://ssrn.com/abstract=1 002426

Rheumatic Heart Disease Network

Promotes rheumatic fever and rheumatic heart disease control through the use of register-based secondary prevention. Provides register databases, rheumatic fever/rheumatic heart disease guidelines, educational and training materials, available free of charge. Provides an email contact for asking questions and sharing information and experience on rheumatic heart disease control.
World Heart Federation Rheumatic Heart Disease Network: http://www.worldheart.org/rhd

World Heart Federation Website

Features new sections on cardiovascular health, news, newsletters and global facts. Showcases the only Centre of Excellence on Rheumatic Heart Disease Control.
http://www.world-heart-federation.org/

Global CVD Calendar

World Heart Day
30 September 2007
www.worldheartday.com

Seventh International Congress on Coronary Artery Disease: From Prevention to Intervention
7-10 October 2007 Venice, Italy
www.kenes.com/cad
E-mail: iccad2007_reg@kenes.com

12th World Congress on the Internet in Medicine: MEDNET 2007
7 October 2007 Leipzig, Germany
www.mednet2007.com
E-mail: info@hhl-healthcare.de

Global Forum for Health Research-Forum 11
29 October-2 November 2007 Beijing, China
www.globalforumhealth.org
E-mail: info@globalforumhealth.org

Sixth Annual Conference of the International Society for the Prevention of Tobacco Induced Diseases
2-4 November 2007 Little Rock, Arkansas, USA
www.isptid2007.org
E-mail: contact@isptid2007.org

International Courses in Modern Methods in Epidemiology and Biostatistics
12 November-7 December 2007 Rome, Italy
www.rm .unicatt.it/igiene/epidemiology
E-mail: parisi@rm.unicatt.it

World Health Care Congress—Middle East 2007
12-14 November 2007 Dubai, United Arab Emirates
www.worldcongress.com
Email: ron.cornell@worldcongress.com

World Diabetes Day
14 November 2007
www.worlddiabetesday.org

Second International Conference on Hypertension, Lipids, Diabetes and Stroke Prevention
6-8 March 2008 Prague, Czech Republic
www.kenes.com/strokeprevention
E-mail: strokeprevention08@kenes.com

Heartfile (www.heartfile.org) is a Pakistan-based non-profit, health-sector NGO recognized worldwide for its pioneering contributions in health policy, public health planning, and disease prevention and control. Heartfile focuses on developing innovations in the health sector, contributes to knowledge in the areas of health policy and public health planning for low-resource settings, and forms the empirical basis for health system reforms within the framework of an integrated approach to the prevention and control of chronic diseases.

ProCOR (www.procor.org) is a global health communication network promoting cardiovascular health in low-resource settings. ProCOR uses email and the internet for the exchange of timely, accurate, and relevant information among a global community involved in medicine, public health, policy, and research.

The CVD Prevention global news update compiles recent news about advances in heart health knowledge and practice around the world. To receive regular email updates and become part of ProCOR's discussion forum, send an email to procor-join@healthnet.org or visit www.procor.org. For more information or to contribute to the next issue, contact Catherine Coleman, editor in chief, ccoleman5@partners.org

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Global CVD Calendar / continued from left

57th Annual Scientific Session—American College of Cardiology
29 March-1 April 2008 Chicago, Illinois, USA
www.acc08.acc.org
E-mail: acc@itsmeetings.com

World Congress of Cardiology 2008
18-21 May 2008 Buenos Aires, Argentina
www.worldheart.org
E-mail: wcc2008@congresosint.com.ar, congress@worldheart.org

World Library and Information Congress: 74th International Federation of Library Associations and Institutions (IFLA) General Conference and Council
10-15 August 2008 Québec, Canada
www.ifla.org/IV/ifla74/index.htm
E-mail: ifla@ifla.org