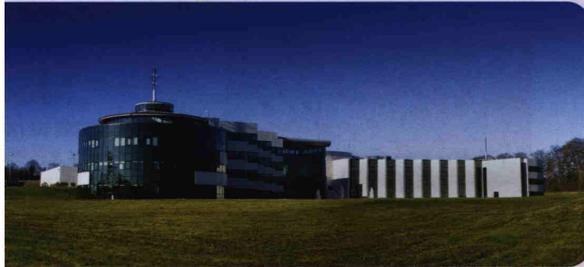




New technologies mean that heart disease can be prevented

Dr Tora Leong MB PhD MRCP explains



The Irish Heart Foundation figures show that cardiovascular disease remains the biggest killer in Ireland, more so than cancer. About 1 in 6 persons in Ireland will die of heart disease. While heart disease manifests in later life, the background disease process has already started in childhood.

Heart disease is preventable, and multiple therapies exist to prevent heart attacks and deaths from heart disease. There are now probably hundreds of known contributors to the development of heart disease, but blood pressure, cholesterol and smoking are by far, the biggest causes. These risk factors have been extensively studied and we have effective therapies to treat them. The challenge in medical practice is there are a large number of people in the community that have mild or moderately raised levels of these risk factors which may not justify treatment per se. However, looking at the community as a whole, it is this group that is affected the most from heart disease. One of the challenges in cardiological practice is to determine who are the higher risk ones that can be offered treatment.

One extensively studied and widely used area is in the field of advanced cardiac imaging. Techniques such as Cardiac MRI are very sensitive to detect heart structure abnormalities which may contribute to the sudden cardiac syndrome in young persons. Another important application is the use of Cardiac MRI with Stress Perfusion which can bring out any underlying compromise to the blood supply of the heart which can be a precursor to heart attacks. Furthermore in people who have had established heart disease, this test can help guide further treatments such as Angioplasty and Stenting that may be required to relieve the area of compromised blood supply. Other tests using CT technology can be used to determine the calcium score of the heart arteries and this may be useful as an early marker of potentially obstructive heart disease. This may lead on to further investigations which actually visualise the heart arteries using an angiogram, or help to re-emphasise that a healthier lifestyle should be adhered to, and to instigate drug therapy for preventive purposes. We now have an ever increasing armamentarium of safe, non-invasive tests in order to help refine cardiac risk evaluation and help identify those at high risk so that we can instigate preventive measures and help stem the tide of this common disease.

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