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African-Americans can prevent heart disease

By Dr. Wayne Kong and Dr. Adel Eldin, guest columnists

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In addition to Earl Woods (Tiger Woods' father), who never got the chance to meet his beautiful granddaughter, the lives of several other African-American celebrities have been cut short by preventable disease: Maynard Jackson at 65; Richard Pryor at 65; Reggie White at 43; Yolanda King at 51; Luther Vandross at 54; Gerald Levert at 40; Billy Preston at 59; Ronald Winans at 48; and Paul Winfield at 62.

They all died from cardiovascular disease. While the disease is the leading cause of death in the world, it is particularly devastating to African-Americans regardless of socioeconomic status. We should be outraged that this disease kills and cripples 50 percent of African-American grandparents and is allowed to devastate our community as a silent killer.

The Association of Black Cardiologists was founded in 1974 by 17 cardiologists dedicated to the proposition that this devastation can and must be stopped. The National Minority Quality Forum combines data from all viable sources and publishes maps showing the ZIP codes with the highest rates of heart disease and stroke, and also defines the black community.

Why should where you live determine your health status? Why does a huge gap in mortality and morbidity exist between African-Americans and whites?

If we are ever going to solve our social problems (juvenile delinquency, unplanned teenage pregnancies, underachievement and unhealthy habits), we need more grandparents in our communities. Sociologist Jonathan Crane observes that it takes only a very few role models to have a good effect on the whole neighborhood, but without a critical mass of role models a community will predictably "tip" very quickly in a bad direction. A child is only a grandparent away from growing up to be a wealthy, happy, contributing member of society.

We have a wealth of data about lipid-lowering therapy, diet, control of blood pressure and healthy lifestyle. They will benefit all patients regardless of their skin color, ethnicity and background. Trials of lipid-lowering therapy have shown 20 to 30 percent reduction in mortality and subsequently fewer heart attacks, congestive heart failures, strokes, renal

failures and even cases of colon cancer, as suggested by recent research.

Atherosclerotic plaque is plaque that develops on the inner wall of the arterial tree, from head to toe. If we stabilize the plaque in the carotid artery, it will not grow and cause a stroke in the future.

Similarly, if you have mild plaque in the coronary artery and you stabilize it by lowering your total cholesterol to less than 100 in those patients who have established cardiovascular disease, the patient who already has carotid artery disease or coronary artery disease lessens their risk. These conditions and others are very prevalent in diabetics. Strong emphasis has been directed toward these groups recently.

A large portion of the huge economic burden could be cut if we switched our attention from the treatment of acute disease to actual prevention of the disease, or at least prevented progression of already established disease by preventing recurrent events such as heart attacks, strokes, repeat bypass surgery or more stents. We should change our total vision from looking into a "spot fix" to a comprehensive fix.

Since the founding of the Association of Black Cardiologists 34 years ago, the rate of heart disease and stroke in our community has decreased by 50 percent. In fact, the life expectancy of African-Americans has increased 100 percent over the past 100 years. This trend may reverse, however, because, since 1975, the rate of obesity and diabetes in our community has increased 50 percent every 10 years with devastating effects, and it doesn't seem to be slowing down among our youth. This may be the first generation of children who will not outlive their parents.

Believing that the best strategy for advancing high blood pressure, cholesterol, obesity and diabetes control is to empower patients by educating them, the ABC pioneered many innovative programs. We were the first to organize churches, clubs and barbershops as Health Promotion Centers by training lay volunteers to operate clinics in these convenient locations, starting in 1979. We also developed church programs and community-based interventions that have proved to be effective.

While cardiovascular disease has been viewed as unavoidable in the past, we can now shout from the rooftops that it is, in fact, largely preventable. Dying from heart attack or stroke is no longer a fact of life that we have to accept.