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An Editorial on the Risk Factors for Cardiovascular Disease

Lina Marcela*

Department of Cardiology, University College London, London, UK

Editorial

The main behavioural risk factors for heart disease and stroke are an unhealthy diet, sedentary lifestyle, cigarette use, and problematic alcohol consumption. As a result of behavioural risk factors, people may experience elevated blood pressure, elevated blood glucose, elevated blood lipids, and overweight or obesity. These "intermediate risk factors" can be seen in primary care settings and point to an elevated risk of consequences like heart attack, stroke, and heart failure. The risk of cardiovascular disease can be decreased by quitting smoking, consuming less salt, eating more fruits and vegetables, engaging in regular physical activity, and abstaining from problematic alcohol consumption [1-3].

For people to adopt and maintain healthy behaviours, health policies that support a climate where healthy options are both affordable and accessible are essential. There are numerous underlying elements that have an impact on CVDs. The main factors influencing social, economic, and cultural change are urbanisation, population ageing, and globalisation. Other CVD risk factors include stress, poverty, and inherited factors. Furthermore, in order to lower cardiovascular risk and stop heart attacks and strokes in persons with these illnesses, pharmacological treatment for hypertension, diabetes, and high blood lipids is necessary.

Often, the underlying blood vessel illness goes unnoticed. A heart attack or stroke could be the initial symptom of a hidden illness. Pain or discomfort in the middle of the chest, as well as pain or discomfort in the arms, left shoulder, elbows, jaw, or back, are all potential signs of a heart attack. Aside from these symptoms, the person may also have trouble breathing or shortness of breath, nausea or vomiting, dizziness or fainting, a cold sweat, and a change in skin colour. Insomnia, vomiting, back or jaw discomfort, and shortness of breath are all more common in women than in males. The inflammation and scarring in the heart muscle and valves brought on by rheumatic fever is what gives rise to rheumatic heart disease. Rheumatic fever is brought on by an aberrant immunological response to a streptococcal bacterial infection, which typically manifests in children as tonsillitis or sore throats [4,5]. Children in impoverished nations are most commonly afflicted by rheumatic fever, especially in regions where poverty is endemic. Around 2% of all deaths from cardiovascular disease are caused by rheumatic heart disease worldwide..

Rheumatic heart disease symptoms include shortness of breath, exhaustion, irregular heartbeats, chest discomfort, and fainting. Symptoms of rheumatic fever include fever, vomiting, nausea, stomach cramps, and joint pain and swelling. Typically, abrupt events like heart attacks and strokes are brought on by a blockage that stops blood from getting to the heart or brain. Fatty buildup on the inner walls of blood arteries that supply the heart or brain is the most frequent cause. Blood clots or bleeding from a blood artery in the brain can both cause strokes. A significant risk factor for heart disease is having high blood cholesterol. Every cell in your body has cholesterol, a fat-like molecule present in your blood.

When you eat meals with animal origins (meats, eggs, and dairy products) or foods with a lot of saturated fat, your body absorbs extra cholesterol. Low-density lipoprotein (LDL, sometimes known as "bad cholesterol") builds up on artery walls and causes plaque, which starts the atherosclerosis disease process. You are more prone to experience a heart attack if plaque builds up in the coronary arteries, which carry blood to the heart. For diabetics, heart issues are the major cause of death, especially for individuals with adult-onset or Type 2 diabetes (also known as non-insulin-dependent diabetes). Some racial and ethnic groups are more likely to have diabetes than others (African Americans, Hispanics, Asian and Pacific Islanders, and Native Americans).

The American Heart Association estimates that cardiovascular disease accounts for 65% of deaths among diabetic people. Since effective blood sugar control can reduce your risk, if you already know you have diabetes, you should be receiving care from a doctor. Consult your doctor to have testing done if you think you may have diabetes but are unsure. A heart attack is more likely to happen to inactive people than to frequent exercisers. Exercise helps to maintain a healthy weight, manage cholesterol and diabetes, and may lower blood pressure since it burns calories. Exercise also makes the heart muscle stronger and makes the arteries more flexible.

Conflict of Interest

None.

References

1. Garcia-Palmieri, Mario R, Raul Costas Jr and Mercedes Cruz-Vidal. "Increased physical activity: A protective factor against heart attacks in Puerto Rico." *Am J Card* 50 (1982): 749-755.
2. Folsom, Aaron R., Donna K. Arnett and Richard G. Hutchinson. "Physical activity and incidence of coronary heart disease in middle-aged women and men." *Med Sci Sports Exerc* 29 (1997): 901-909.
3. Hein H.O, P. Suadicani and F. Gyntelberg. "Physical fitness or physical activity as a predictor of ischaemic heart disease? A 17-year follow-up in the Copenhagen Male Study." *J Intern Med* 232 (1992): 471-479.
4. Kannel, William B, Albert Belanger and Ralph D'Agostino. "Physical activity and physical demand on the job and risk of cardiovascular disease and death: The Framingham Study." *Am Heart J* 112 (1986): 820-825.
5. Morris, Jeremiah N., D.G. Clayton and M.G. Everitt. "Exercise in leisure time: coronary attack and death rates." *Br Heart J* 63 (1990): 325-334.

***Address for Correspondence:** Lina Marcela, Department of Cardiology, University College London, London, UK, E-mail: LinaMarcela25@gmail.com*

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