



Guest editor, Mpiko Ntsekhe

Cardiac Clinic, University of Cape Town and Groote Schuur Hospital, Observatory

The burden of cardiac diseases in Sub-Saharan Africa

It is widely acknowledged that sub-Saharan Africa faces a double burden of diseases. On the one hand are the communicable diseases of HIV, tuberculosis and malaria and the other, cardiovascular disease, respectively the commonest and second most common causes of death and disability on the continent. What isn't as widely acknowledged is that cardiovascular disease itself faces a parallel double burden. Whereas most other regions of the world have managed to essentially eradicate cardiac disease that results from infection and deficiency and are now dealing with the more modern chronic diseases of lifestyle, sub-Saharan Africa is increasingly being saddled with both. The region is often described as being in the midst of "an epidemiological transition", the term coined to describe the transition from older diseases such as rheumatic heart disease and hypertension to new age diseases such as coronary disease and ischaemic stroke. It would appear that perhaps the term as applied to Africa is a bit premature or misplaced. Transition, implies moving between places, presumably away from one and on the way to another: In Africa's case, that would have been a positive place as it would mean that we are actually making good progress towards eradicating the old and can focus our attention to preventing the new. However the evidence for the former is quite scant. The epidemiological evidence as presented in several articles in this issue of the journal reminds us that there is in fact a different picture: our burden of old communicable and deficiency diseases has been underestimated over the generations; until recently they have remained neglected and there has been little progress made towards their prevention, better understanding of their etiology or significant improvement in their treatment. Hypertension and its sequelae (including hypertensive heart disease) Africa's greatest cardiovascular public health problem, remains under-recognised, under-treated and ill understood by the majority of those who are afflicted by it.

The argument has been made in multiple forums including this issue of the journal, that there is a real opportunity to prevent a pandemic of vascular diseases resultant from the tobacco, stress, inactivity and

unhealthy diets that are part and parcel of a “modern” lifestyle. The argument continues, now is the time to act by implementing simple cost-effective primary preventive measures. No one can make a reasonable counter argument. However while we look to seize this opportunity to prevent a future potential epidemic we should not perpetuate mistakes of the past by continuing to ignore our fellow citizen’s main current burden of cardiac disease; valvular heart disease, cardiomyopathy (including endomyocardial fibrosis), pericardial disease and hypertensive heart disease. There is a real concern that, for example, ischaemic heart disease is beginning to dominate cardiology curricula from medical schools to subspecialty programmes to academic congresses at the expense of these other important diseases. As a community of heart health care providers and practitioners it will be important for the population at large that we keep our eye on the proverbial ball if progress is to be achieved and the desired transition is to take place. In this regard, groups such as that led by Ana Mocumbi and colleagues from Mozambique (see article on neglected cardiomyopathies in Africa) and the ASAP group in South Africa (see article on rheumatic heart disease) deserve particular mention for making a concerted effort to bring these problems back into focus and on top of our health care agendas.

This issue of the journal brings into focus the whole spectrum of the issues discussed above, many of which were the focus of discussion at the recent 2008 South African Heart Association annual congress. The articles provide us with a global perspective on the burden of cardiac disease in Africa, focus on the basic and clinical science of some of these diseases and review efforts that are under way to improve their prevention and treatment.