

Cardiovascular Disease Burden in Sri Lanka: A Comprehensive Analysis

Cardiovascular diseases (CVDs) pose a significant health burden worldwide, including Sri Lanka. This comprehensive report aims to analyze the prevalence, risk factors, and impact of CVDs in Sri Lanka. Through an examination of epidemiological data, healthcare infrastructure, and preventive strategies, this report provides insights into the challenges and opportunities for addressing the CVD burden. It also explores initiatives undertaken by the Sri Lankan government and healthcare organizations to mitigate the impact of CVDs. The findings highlight the need for continued efforts in prevention, early detection, and management of CVDs to reduce the associated morbidity and mortality in Sri Lanka.

Introduction

Cardiovascular diseases, encompassing conditions such as coronary artery disease, stroke, and hypertension, are the leading cause of morbidity and mortality globally. In Sri Lanka, CVDs contribute significantly to the overall disease burden. Understanding the prevalence, risk factors, and impact of CVDs in the Sri Lankan population is essential for developing targeted interventions and healthcare policies.

Prevalence of Cardiovascular Diseases in Sri Lanka

The prevalence of CVDs in Sri Lanka has been steadily rising over the past few decades. According to the World Health Organization (WHO), CVDs accounted for more than 40% of all deaths in Sri Lanka in 2021. Ischemic heart disease and stroke were identified as the leading causes of mortality, accounting for approximately 20% and 10% of all deaths, respectively.

Risk Factors for Cardiovascular Diseases

Several modifiable and non-modifiable risk factors contribute to the high burden of CVDs in Sri Lanka.

a. Modifiable Risk Factors:

- **Hypertension:** Hypertension prevalence in Sri Lanka is estimated to be around 25%, significantly contributing to CVD incidence.
- **Diabetes:** Diabetes is a significant risk factor for CVDs, and the prevalence of diabetes in Sri Lanka has been increasing, particularly among urban populations.
- **Dyslipidemia:** High cholesterol levels and dyslipidemia are prevalent in Sri Lanka, posing a substantial risk for CVD development.
- **Tobacco Use:** Smoking and smokeless tobacco consumption are prevalent among certain segments of the population, increasing the risk of CVDs.
- **Unhealthy Diet and Physical Inactivity:** Changing dietary patterns, increased consumption of processed foods, and sedentary lifestyles contribute to obesity, another significant risk factor for CVDs.

b. Non-Modifiable Risk Factors:

- Age and Gender: The risk of CVDs increases with age, and males have a higher prevalence of CVD-related deaths compared to females.
- Family History: A positive family history of CVDs increases the risk for an individual.
- 4. Impact of Cardiovascular Diseases in Sri Lanka: Cardiovascular diseases have a significant impact on public health, healthcare resources, and the economy of Sri Lanka.
 - Morbidity and Mortality: CVD-related hospital admissions and deaths contribute to the burden on healthcare facilities, leading to increased healthcare costs and strain on the healthcare system.
 - Economic Impact: The direct and indirect costs associated with CVDs, including medical expenses, lost productivity, and disability, place a substantial economic burden on individuals, families, and society as a whole.
 - Quality of Life: CVDs can cause long-term disability and decreased quality of life for individuals and their families, affecting their social, economic, and emotional well-being.
- 5. Healthcare Infrastructure and Prevention Strategies: Sri Lanka has made notable strides in developing its healthcare infrastructure and implementing preventive strategies to address the burden of CVDs.
 - Primary Healthcare: Sri Lanka has a robust primary healthcare system that focuses on prevention, early detection, and management of non-communicable diseases, including CVDs. Primary healthcare centers play a vital role in health promotion, screening, and risk factor management.
 - National Policies and Guidelines: The Sri Lankan government has implemented national policies and guidelines to tackle CVDs. These initiatives include the National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases and the Salt Reduction Strategy.
 - Screening and Treatment: Efforts are being made to enhance screening programs, improve access to diagnostic tests, and expand the availability of essential medicines for CVD management.
 - Health Promotion and Education: Public awareness campaigns and educational programs targeting risk factor modification, healthy lifestyle choices, and early recognition of CVD symptoms are being conducted to empower individuals to take control of their cardiovascular health.

Some statistics

Ischemic Heart Disease (coronary artery disease):

1. Ischemic heart disease is a leading cause of cardiovascular morbidity and mortality in Sri Lanka.
2. The prevalence of ischemic heart disease is estimated to be around 10-15% of the adult population.

Stroke:

1. Stroke is another significant cardiovascular disease contributing to the disease burden in Sri Lanka.
2. The prevalence of stroke is approximately 2-4% of the adult population.

Hypertension:

1. Hypertension (high blood pressure) is a major risk factor for cardiovascular diseases.
2. The prevalence of hypertension in Sri Lanka is estimated to be around 25% of the adult population.

Rheumatic Heart Disease:

1. Rheumatic heart disease, primarily resulting from untreated streptococcal infections, remains a concern in Sri Lanka.
2. The prevalence of rheumatic heart disease has decreased over the years but still affects a significant number of individuals, particularly in rural areas.

Congenital Heart Disease:

1. Congenital heart disease refers to structural abnormalities present at birth.
2. The prevalence of congenital heart disease in Sri Lanka is approximately 1-2% of live births.

Conclusion

The burden of cardiovascular diseases in Sri Lanka is significant and continues to grow. Prevalence rates, coupled with a rise in modifiable risk factors, necessitate urgent action to curb the impact of CVDs. Efforts should focus on strengthening primary healthcare services, implementing preventive strategies, and promoting lifestyle modifications. Collaborative efforts between the government, healthcare organizations, and the community are crucial for reducing the burden of CVDs, improving health outcomes, and ensuring a healthier future for Sri Lanka's population.

References:

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