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## NEWS ITEMS

# Global prevention news update

Global prevention news update is produced by ProCOR, a health communication network that utilizes email and the internet to promote cardiovascular health in developing countries and other low-resource settings. We welcome you to participate in global knowledge sharing by joining ProCOR's electronic community and contributing regional and local news and relevant resources.

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### **Global: Global mortality and burden of disease projections, 2002–2030**

The World Health Organization has updated its Burden of Disease Study projections for 2002–2030 to identify trends in global health and to support international health policy over the next several decades. Results suggest that in the next 25 years, life expectancy will generally increase throughout the world, with a shift in distribution of deaths from younger to older ages and with considerably fewer younger children dying. Consistent with these trends, global deaths attributed to cancer and heart disease will increase. Deaths from infectious diseases will decline overall, whereas mortality attributed to HIV/AIDS will continue to increase. The results depend strongly on the assumption that future mortality trends in poor countries will have a relationship to economic and social development similar to those that have occurred in the higher-income countries.

“Projections of Global Mortality and Burden of Disease from 2002 to 2030”

PLoS Medicine 2006; 3: e442. <http://medicine.plosjournals.org>

### **Global: New award recognizes innovative approaches to promoting cardiovascular health**

Individuals and groups working to promote heart health in developing countries and other low-resource settings are encouraged to apply for the new Louise Lown “Heart Hero” Award. This award honors Mrs. Lown’s lifelong commitment to the rights and well being of others through her work as a social worker, activist, and writer. Applicants for the annual US \$1000 award must build awareness or support action that promotes heart health; innovatively respond to local health needs; demonstrate success; be cost-effective and potentially sustainable; have been in operation for a minimum of one year; and have the potential to be adapted or replicated.

Information and the application are available online at [www.procor.org](http://www.procor.org) or by contacting Juan Ramos, ProCOR Program Coordinator, [jramos3@partners.org](mailto:jramos3@partners.org)

### **Eastern Mediterranean: Childhood obesity in the Eastern Mediterranean region**

Childhood overweight and obesity are emerging problems among children in many developing countries still grappling with the public health effects of malnutrition, particularly in the Eastern Mediterranean region. Prevalence of overweight among preschool children ranges from 3% in the United Arab Emirates, Iran, and Pakistan to 8.6% in Egypt. Among older children and adolescents (6–18 years), prevalence of overweight among girls ranges between 6.3% in Bahrain to 31.8% in Kuwait and among boys between 4.9% in Saudi Arabia to 30% in

Kuwait. Sedentary lifestyles, consumption of low-nutrient but energy-dense foods, and public beliefs that excess weight is a sign of health and beauty are among the major factors contributing to obesity in this region.

“Childhood Obesity in the Eastern Mediterranean Region”

Global Dimensions of Childhood Obesity, Nova Science Publishers, 2006, pp. 71–89. <http://www.novapublishers.com>

### **Europe: Smoking trends among adolescents**

The Health Behaviour in School-aged Children Study of gender-specific daily smoking trends among 14–15-year-olds indicates that adolescent girls in Europe are at an earlier stage of the smoking epidemic curve than boys. The study calculated sex ratios by country for four survey periods between 1990 and 2002. Daily smoking prevalence in 2002 ranged from 5.5% in Sweden to 20.0% in Latvia for boys and from 8.9% in Poland to 24.7% in Austria for girls.

“Smoking Trends Among Adolescents from 1990 to 2002 in 10 European Countries and Canada”

BMC Public Health 2006; 6: 280. <http://www.biomedcentral.com>

### **Finland: Sustained reduction in diabetes incidence by lifestyle intervention**

A follow-up to the Finnish Diabetes Prevention Study confirms findings from earlier studies that interventions can have long-term effects on lifestyle that reduce diabetes incidence, even after individual lifestyle counseling ends. A total of 522 overweight, middle-aged men and women with impaired glucose tolerance participated in the study. After a median of four years of active intervention, participants who were still free of diabetes were further followed up for a median of three years, with median total follow-up of seven years. During the total follow-up, type 2 diabetes incidences showed a 43% reduction in relative risk, which was related to weight loss, reduced intake of total and saturated fat, increased intake of dietary fiber, and increased physical activity. Beneficial lifestyle changes were maintained after the discontinuation of the intervention, with 36% reduction in relative risk during the post-intervention follow-up.

“Sustained Reduction in the Incidence of Type 2 Diabetes by Lifestyle Intervention: Follow-up of the Finnish Diabetes Prevention Study”

Lancet 2006; 368: 1673–79. <http://www.thelancet.com>

### **Germany: Reduction of CVD risk factors in obese children after exercise program**

Regular exercise can help reduce—and may even help reverse obese children’s risk of developing cardiovascular disease, including atherosclerosis, which starts during childhood in the presence of such risk factors as obesity and sedentary lifestyle. A small study of 67 obese children in Rostock, Germany assigned participants to either a control group, which added no exercise to normal routines, or an exercise group that engaged them in either swimming, team sports, or walking three times a week. After six months, youth who exercised regularly significantly improved the flexibility of their arteries and reduced other risk factors for CVD, including BMI, triglyceride and cholesterol levels, and blood pressure.

“Improvement of Early Vascular Changes and Cardiovascular Risk Factors in Obese Children After a Six-month Exercise Program”

Journal of the American College of Cardiology 2006; 48(9): 1865–70. <http://content.onlinejacc.org>

### **Iceland: Fruit and vegetable consumption among schoolchildren in Iceland**

Fruit and vegetable intake of 11-year-old children can be explained, in part, by environmental and personal factors, according to a study of 1235 Icelandic children from 32 schools. Nearly 65% of the children ate fruit less than once a day and 61% ate vegetables less than once a day. About 7% and 13% of the variance in fruit and vegetable intake, respectively, was explained by perceived physical-environmental determinants, mainly by availability at home. About 18% and 16% of the variance in fruit and vegetable intake, respectively, was explained by personal determinants such as preference, liking, knowledge of recommendations, and self-efficacy.

“Determinants of Fruit and Vegetable Intake Among 11-year-old Schoolchildren in a Country of Traditionally Low Fruit and Vegetable Consumption”

International Journal of Behavioral Nutrition and Physical Activity 2006;3:41. <http://www.ijbnpa.org>

### **Iran: Smoking behavior in Iranian adolescents**

Smoking is becoming a major public health threat among Iranian youth. Between 2003–2004, 11 966 adolescents (ages 11–18) from 20 provinces in Iran completed a self-administered questionnaire, which was based on WHO’s Global School Health Survey and

the WHO STEPwise approach to NCD. Survey results revealed a 14.3% smoking prevalence (18.5% in boys and 10.1% in girls). Rates differed by province and ranged from a low of 3.8% to 30.1%. Prevalence was higher among high school students (17%) compared to middle-school students (11%). Among daily smokers, the average number of cigarettes smoked per week was 23 for boys and 15 for girls. The person who first offered respondents their first cigarette was most often a friend or relative and having a sibling who smoked increased the likelihood of young men and women becoming smokers.

“Smoking Behavior and Its Influencing Factors in a National-representative Sample of Iranian Adolescents: CASPIAN Study”  
Preventive Medicine 2006;42:423–26. <http://www.sciencedirect.com>

### **Micronesia: Links between foreign dependence, global food trade, and obesity**

Increased reliance on imported, rather than traditional, foods in Micronesia has resulted in obesity rates that are among the world’s highest—almost 90% of adults on Kosrae, Micronesia, are overweight and 59% are obese. Although genetic studies in Kosrae show that obesity may be a heritable trait, Kosraeans have not always been overweight, indicating possible social and developmental causes. After a long history of foreign rule, rapid changes over the last 100 years resulted in dietary change, sedentary lifestyle, and ill health. People may prefer fresh local foods but with changes in global trade these may be less available or less affordable than imported nutrient-poor foods. The author notes, “Due to the widespread availability of low-cost fat, even people from lower income countries consume a higher percentage of calories from fat.”

“Overweight in the Pacific: Links Between Foreign Dependence, Global Food Trade, and Obesity in the Federated States of Micronesia”  
Globalization and Health 2006;2:10. <http://www.globalizationandhealth.com>

### **Nigeria: Prescription pattern for antihypertensive drugs**

Severity of hypertension and knowledge of available medications influenced prescription patterns for antihypertensive drugs, according to a study conducted at the University of Nigeria Teaching Hospital in Enugu, Nigeria. Of 421 patients selected for the study (55% male and 45% female), 51% had severe hypertension and 6.5% were

mildly hypertensive. Monotherapy was observed in 41% of the patients and polytherapy in 59%. Regroton was the most commonly prescribed drug (20%) and Minizide the least prescribed (0.7%). The 51–60-year-age group had the highest incidence of both mono and polytherapies, and the >80 years age group had the least.

“Initial Antihypertensive Therapy: Prescription Pattern at the Out-patient Cardiology Clinic of University of Nigeria Teaching Hospital, Enugu”  
Journal of College of Medicine 2006;11(1):8–14. <http://www.ajol.info>

### **South Africa: Heart awareness days**

An innovative pilot project developed by the “Heart of Soweto” study of the Soweto Cardiovascular Research Unit in Soweto, South Africa, is organizing “heart awareness days” at a busy taxi rank in a black residential neighborhood. South Africa’s public transport system is dominated by minibus taxis, and in Soweto, the “busiest taxi rank in the world” is located in front of the CH Baragwanath Hospital. On “heart awareness days,” people waiting for taxis are offered screenings and heart health education. A team of ten nurses and dietitians working in two large tents measure height, weight, blood pressure, glucose, and cholesterol. At the last event, more than 200 people were tested per day; half were found to be obese and about 40% had high blood pressure, glucose, or cholesterol levels.

Soweto Cardiovascular Research Unit. <http://www.socru.org>

### **United States: Boston Best Bites project**

A program that encourages neighborhood restaurants to offer heart-healthy menu items is being implemented in areas of Boston, Massachusetts, USA, that have high rates of obesity and overweight. Twelve local restaurants currently participate within a 25-square mile project area that has a population of 341,000—more than half of Boston’s total population and 70% of the city’s under-18 residents. The project targets all residents of these neighborhoods, with particular focus on racial and ethnic minorities. To join Boston Best Bites, a restaurant must propose one or more menu items that they believe will qualify as a “Boston Best Bite.” Nutritionists from Brigham and Women’s Hospital analyze the menu item and calculate its calories, saturated fat, trans fat, and sodium content. Menu items that meet the criteria are awarded a “Boston Best Bites” designation and

participating restaurants receive promotional materials and advertising opportunities connected with the project. If menu items do not meet the criteria, nutritionists work with restaurant owners and chefs to modify recipes.

Boston Public Health Commission. <http://www.bphc.org/bostonsteps>

#### Resource Update

Recent resources relevant to the promotion of cardiovascular health.

#### African Regional Health Report (English and French versions)

World Health Organization

<http://www.who.int/bulletin/africanhealth/en/index.html>

#### Basic Indicators: Health Situation in the Americas 2006

Pan American Health Organization.

PDF in English (8.23 MB): <http://www.paho.org/English/DD/AIS/BI-brochure-2006.pdf>

PDF in Spanish (7.33 MB): <http://www.paho.org/Spanish/DD/AIS/BI-brochure-2006.pdf>

#### IDF Consensus Worldwide Definition of the Metabolic Syndrome

International Diabetes Federation

PDF (741 KB): [http://www.idf.org/webdata/docs/IDF\\_Meta\\_def\\_final.pdf](http://www.idf.org/webdata/docs/IDF_Meta_def_final.pdf)

#### Physical Activity and Health in Europe: Evidence for Action

World Health Organization

[http://www.euro.who.int/eprise/main/WHO/InformationSources/Publications/Catalogue/200611-15\\_2](http://www.euro.who.int/eprise/main/WHO/InformationSources/Publications/Catalogue/200611-15_2)

#### Preventing Chronic Disease: A Vital Investment

(Arabic, Chinese, English, French, Italian, Portuguese, and Spanish versions)

World Health Organization

[http://www.who.int/chp/chronic\\_disease\\_report/contents/en/index.html](http://www.who.int/chp/chronic_disease_report/contents/en/index.html)

#### Stress and Cardiovascular Disease

European Heart Network

PDF (225 KB): <http://www.ehnheart.org/files/StressReportweb-144302A.pdf>

#### Turning a New Leaf: Women, Tobacco, and the Future

International Women Against Tobacco

PDF (936 KB): [http://www.inwat.org/pdf/newleafdoc\\_06-28-06.pdf](http://www.inwat.org/pdf/newleafdoc_06-28-06.pdf)

#### Western Pacific Country Health Information Profiles

World Health Organization

<http://www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=52&codcch=93>

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