

Editorial Comment

INTERNATIONAL SYMPOSIUM ON PREVENTIVE CARDIOLOGY

The Journal prints on page 84, abstracts of papers read at the International Symposium on Preventive Cardiology in St. Vincent's Hospital on September 12th and 13th, 1975. The symposium organised by the Irish Heart Foundation and sponsored by CIBA Laboratories is the second of its kind to be abstracted in this Journal. The quality of many symposia being produced in this country is truly outstanding and it is regrettable that more often than not the proceedings of these events are not available for study and reflection, and that the occasion is lost to posterity. So it is that this Journal hopes in the future to attract the occasional symposium to these pages.

The participants in this symposium were both international and prestigious; much was said in the course of two days but not unexpectedly little that was new emerged from the proceedings. However, a number of established epidemiological facts were reconsidered and debated, the present state and knowledge in this field was reviewed and directives — more often tentative than definitive — were suggested.

Few would have disagreed with the conclusions of Dr. W. B. Kannel of Framingham fame, who stated that although obesity, sedentary living, hypertension, diabetes, hyperlipidaemia and smoking were relevant risk factors, with the exception of smoking there was not as yet statistical validation for active intervention but asked was it not surely logical on general medical principles to modify these factors when present.

Screening programmes for detection of those at risk in the population were presented from a number of countries with Dr. T. Strasser outlining the global involvement of W.H.O. in the prevention of cardiovascular disease. The difficult and controversial problem of screening the community at large was not solved but Dr. R. Mulcahy made a plea for adoption of a simple risk factor screening programme available to the public.

There was general disappointment at the efficacy of drug therapy and in particular lipid lowering agents in the prevention of arterial disease with the only glimmer of hope coming from Dr. S. Taylor of Leeds, who hinted at the potential prophylactic role of beta-blocking drugs.

Both audience and participants were critical of the passivity of the medical profession in influencing government and the public as to the dangers of smoking in relationship to cardiovascular disease; of all the risk factors discussed smoking emerged as the most important and also the one which if corrected gave the most gratifying results.

Although there is little statistical support for exercise programmes in the secondary prevention of coronary heart disease there was encouraging evidence from, among others, Dr. A. Oberman of Alabama and if for no other reason but the general improvement in well-being and morale that results from exercise programmes this relatively new aspect of management is to be welcomed.

All in all a good symposium, which discussed the relevance of different risk factors and concluded that with the exception of smoking there was not as yet statistical evidence to permit active correction of such factors other than on the grounds that intervention made sound medical sense, will probably be shown in time to be beneficial and will not harm the patient.