

# Editorial

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*“There is no human activity, eating, sleeping, drinking, or sex which some doctor somewhere won’t discover leads directly to cardiac arrest.”*

*John Mortimer*

*British lawyer and writer  
The Observer 1978*

This issue of *Dialogues in Cardiovascular Medicine* is devoted to *Lifestyle, Diet, and the Heart*, a subject that has received considerable impetus from the World Health Organization MONItoring trends and determinants in CARDIOvascular diseases (MONICA) project, a 10-year study of trends in disease and risk factors in 100 000 people in 21 countries. This, the largest ever study of cardiovascular disease confirmed smoking, high low-density lipoprotein (LDL) cholesterol, high blood pressure, lack of exercise, and obesity as major risk factors for the heart disease that kills millions of people annually. More recently, the INTERHEART study of 29 000 people in 52 countries added further support by identifying nine factors that collectively predict more than 90% of the risk of a heart attack. The factors: smoking, abnormal blood lipid ratios, high blood pressure, diabetes, obesity, stress, lack of fruit and vegetables and inadequate daily exercise point again to the importance of lifestyle as a determinant of cardiovascular disease. Several of these factors have already received our attention with issues of *Dialogues* devoted to *Atheroma* (and dietary lipid reduction) (1999), *Diabetes and the Heart* (2000), *Sport, Exercise, and the Heart* (2002), and the *Metabolic Syndrome* (2004). In this issue, we focus further on lifestyle and cardiovascular disease—the good, the bad, and the ugly. Dr Scott Grundy from the Center for Human Nutrition in Dallas has contributed enormously to our understanding of the biology of lipids and their role in the genesis of atherosclerotic cardiovascular disease. In his Lead Article, Dr Grundy provides compelling arguments for intensive public health preventative campaigns, hand-in-hand with clinical treatment, as a means of lowering cardiovascular risk in whole populations through the promotion of healthy lifestyles. Reflecting the conclusions of the MONICA project, he focuses on the benefits of smoking cessation, dietary lipid control, blood pressure lowering, weight reduction, and regular physical activity. He also ventures into the fascinating areas of herbal supplements and the possible benefits of moderate alcohol consumption. Dr Grundy’s article not only provides a comprehensive manual for ways





to optimize lifestyle and cardiovascular well-being, but also, in bemoaning the general neglect of proven lifestyle therapies, it clearly illustrates the vital role that can and must be played by health care professionals in reducing the epidemic of cardiovascular disease. Many questions, however, remain, and one of these relates to defining what is the optimal macronutrient consumption for combating coronary heart disease in general and the metabolic syndrome in particular. Professor Paul Nestel, a distinguished expert in nutritional science from the Baker institute in Melbourne, responds to this question by providing detailed consideration and recommendations relating to: reducing the intake of refined carbohydrates, emphasizing unsaturated and marine fatty acids, and the importance of substituting protein in the reduction of total fat. Next, Dr David Sheps from the University of Florida addresses the long held view that stress in various forms contributes to coronary disease. Dr Sheps has achieved international recognition for his pioneering work on psychosocial stress, caused for example by depression, as a risk factor for post–myocardial infarction mortality. He reveals how brief or extended events such as earthquakes, terrorist attacks, anger, and bereavement may contribute significantly to a range of cardiac events, including ventricular fibrillation. Our readers, reflecting on their own stresses of life caused perhaps by an overload of patients, a lack of patience, a rejected grant or manuscript might be forgiven for reaching for a glass or more of wine to sooth their psyche and raise their spirits. Well, read first the contribution by Dr Michael Criqui from the University of California, who, when not joining his fellow Californians worrying about earthquakes, has achieved recognition for his work on alcohol and the heart. While confirming that a small amount of alcohol may confer cardiovascular help to a small subset of the population, the dose-response curve is bell-shaped with the third drink sadly negating the benefit of its predecessors. He argues the risk-to-benefit ratio is such that alcohol would, without doubt, prevent its licensing by any drug regulatory authority. This, of course, poses many dilemmas to physicians in their quest to give appropriate advice to patients.

*“There are two reasons for drinking; one is, when you are thirsty, to cure it: the other, when you are not thirsty, to prevent it... Prevention is better than cure!”*

*Thomas Love Peacock  
1789-1866  
Melincourt Ch 6*