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**CARDIOVASCULAR DISEASE**  
**AND THE MAIN STRATEGIES FOR ITS PREVENTION**  
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Modern society has brought with it profound changes in lifestyle and an increased incidence of cardiovascular disease (CVD) which is the number one cause of death in all the countries of the European Region and worldwide. In Belarus CVD is estimated to account for 63 % of all deaths. The lifetime risk of atherosclerotic CVD for persons at age 50 years, on average, is estimated to be 52% for men and 39% for women, with a wide variation depending on risk factor burden.

The findings of the Framingham Heart Study which revealed that much of the premature mortality due to CVD and stroke occurred in individuals generally prone to atherosclerosis encouraged physicians to place a greater emphasis on prevention, as well as on detecting and treating other risk factors. The main recognized risk factors for cardiovascular disease in general, and coronary heart disease in particular, are hypertension, high blood cholesterol, and tobacco smoking. Interrelated factors include obesity, inadequate physical activity and faults of diet. Assessing patients' CVD risk may be used for the targeting of preventive treatment.

Current guidelines provide advice on screening and identifying asymptomatic individuals at risk of developing CVD. The objectives of these guidelines are to reduce the incidence of first or recurrent clinical events due to coronary heart disease, ischemic stroke, and peripheral artery disease. The focus is on prevention of disability and early death. To this end, the current guidelines address the role of lifestyle changes, the management of major cardiovascular risk factors and the use of different prophylactic drug therapies in the prevention of clinical CVD. The first step in this process is the calculation of individual cardiovascular risks which may be considered as screening tests that help physicians to rationalize the selection of patients to implement different possible primary prevention strategies and their intensity.

Considering that cardiovascular diseases continue to be the leading cause of mortality worldwide, more effort is required to reduce the burden of these diseases. In this context, lifestyle modifications based on avoiding smoking, taking regular physical exercise and improving control of hypertension could be the most effective intervention at the population level. According to certain estimates avoiding smoking and promoting physical activity could reduce the number of coronary heart disease deaths by 20% and 18% respectively; controlling hypertension could reduce the number of cerebrovascular disease deaths by around 20%-25%.

Appropriate intervention, guided by risk assessment, has the potential to bring about a significant reduction in population levels of risk.