Coronary heart disease is the leading cause of mortality all over the world. It is high time that we should discuss prevention. It is said, “prevention is better than cure.” Preventive cardiology means to prevent first and subsequent heart attacks. There are plenty of misconceptions and outdated ideas about prevention. We need to know properly about the myth and reality of risk factors for the prevention of coronary heart disease.

The new wave of prevention in the present era came from the European Society of Preventive Cardiology on 17th April 2021, an online discussion about this hottest science. This provided a stimulus to think and rethink prevention. The author aims to discuss myths and realities related to coronary artery disease (CAD) in India.

**Myth–I**

It is known that CAD common in rich and developed countries is a myth. Rich in living, consuming food rich in cholesterol and fat, calories, alcohol, smoking, and a sedentary lifestyle is known.

Martin is responsible for the area of cardiovascular diseases at the World Health Organization (WHO) state—the issue of rich and poor people regarding CAD and also comments that it is a myth. CAD is equally common in underdeveloped countries and among poor people.

A study by Achutti World Health Organization clearly demonstrates the relationship between poverty and risk factors is awakening. He says the lower the education level, the higher exposure to risk factors. In India, CAD is equally common in poor people. Two-thirds of all death occur in developing countries in poor people. It appears that an increase in risk factors due to economic burden and an increase in life expectancy, and an unhealthy lifestyle may be responsible factors in developing countries.

**Myth–II**

Coronary artery disease (CAD) affects elderly males and is less common in females. CAD is common in elderly males is no more true. It is a matter of concern that CAD is more common in young adults and females. CAD in women is always understood, underdiagnosed and undertreated. It is actually the number one killer in causing one in three females death due to acute myocardial infarction (AMI). CAD rapidly involves women from the age of 25 years. There is more hypertension, diabetes, smoking and stress, and drugs in the young generation. This factor leads to plaque formation of about 40–50%, which can rupture during physical and mental stress, leading to clots in arteries and heart attack.

Martin (WHO) cites that one-third of heart attacks occur below 65 years. One must take seriously about chest pain in females and young adults. CAD in young is called malignant CAD and it is imposed that lipoprotein(a) is a missing factor.

**Myth–III**

Smoking is injuries is not a myth. Tobacco in any form is bad—chewing, smoking, and snuffing are a precursor to thrombosis. Tobacco causes increases in heart rate and blood pressure and enhances atherosclerosis.

Dr Nicolle Kraenkel from the European Society of Cardiology said that e-cigarettes make it easier to quit.

**Myth–IV**

Fats and cholesterol are bad for your heart is not a myth but a reality. Fats are an important part of our diet. Not all fats are bad. Tran’s fat is the worst of all fats and is generally found in baked processed food. It increases the low-density lipoprotein (LDL) cholesterol—called bad cholesterol. Tran’s fats are important and responsible for heart attack, stroke, and diabetes. Saturated fats are found in red meat, butter, coconut oil, etc. As we all know increases your cholesterol and LDL cholesterol and reduces high-density lipoprotein (HDL)—good cholesterol. The higher the HDL—the longer the lifespan; hence consumption of saturated fat in our diet is restricted. Polyunsaturated fats are better and reduce LDL cholesterol. Sunflower oil, flax seeds oil, and Salmon fish are a few examples. Monosaturated fats are also good for use found in olive oil, avocado, peanut oil, etc.

The ideal suggestion is to change the oil every 3 months to get the best of all oils. Replacing saturated and trans fats with monosaturated and polyunsaturated oils helps in reducing LDL cholesterol. Actually, the ideal optimal diet is controversial.

**Myth–V**

Cholesterol-lowering drugs and eating habits—give a wrong sense of security; one can eat anything, and the drug will take care of it is a myth. Your diet should be planned as recommended by your doctor. It is necessary to check your lipid profile every 3 months. Elevated LDL non-HDL, triglycerides, and low HDL are a great risk and need correction from time to time. Lipid-lowering drugs should be taken as per advice from the cardiologist. Newer lipid-lowering drugs are excellent in reducing LDL, non-HDL, cholesterol, and triglycerides. But HDL is a hard nut. Attempts were made to elevate HDL but were unsuccessful. The ideal way is to do exercise every day.

**Myth–VI**

Can you exercise if you have CAD?

Exercise is good. It improves circulation, lowers cholesterol level, increases HDL cholesterol, and strengthen your heart muscle.

You can exercise, but you must know when to stop it. The best exercise is to walk 4 km in 45 minutes every day.

So it is a reality to walk for your heart. “heart says if you walk for me, I will keep beating for you.”

**Myth–VII**

Coronary artery disease (CAD) that runs in families is a reality. If both parents have a heart attack—the child will get 100% prematurely and at a younger age, 50% chance that 1 of the parents having CAD and may escape also.

**Myth–VIII**

Blood pressure and diabetes are important risk factors for CAD is a reality.

Both are known as “silent killer” and untreated hypertension can lead to heart...
attack, stroke, and renal failure. Regular checkups will only make you aware.

**Myth-IX**

What is Heart Failure?

Means heart attack or the heart will stop beating—(cardiac arrest); all three are different.

Heart failure is a heart muscle disease when one becomes weak due to various reasons. Heart attack is due to blockage of the coronary artery and cardiac arrest when the heart stops beating. Heart failure is a serious disease, and newer drugs in the treatment of Heart failure have reduced repeated admissions and prolonged life.

**Myth-X**

Can a Heart Attack Lead to Cardiac Arrest?

**Reality**

The reality in some cases where cardiac arrest is the first and last expression of coronary artery disease. In cardiac arrest—no pulse and no blood pressure. The patient was unconscious, cold and with clammy extremities, and no breath sounds.

**Myth-XI**

Coronary angioplasty is far safer than coronary artery bypass graft in truth and reality. It is a noninvasive procedure, with 90% radial intervention short stay in the hospital for 48 hours, except for patients with heart failure and cardiogenic shock. It’s a short and sweet treatment.

**Myth-XII**

Stress and strain of life lead to CAD, hypertension, and diabetes—lifestyle diseases is a reality. One must learn how to relax in life to avoid these diseases. One must practice yoga and meditation regularly.

During the pandemic—leading expert from Europe and UD Professor Anu Abreu—Congress Chairperson for Edmonton Social Planning Council said social isolation, home working, sedentary lifestyle with increased consumption of high-calorie food and drinks, anxiety, stress, uncertainty strategies to maintain physical and emotional balance and prevent diseases is a reality and all of us have experienced this.

**Myth-XIII**

To relax—one must take out 1 hour for yourself. You should do any activity which gives you relaxation, for example, reading, writing, watching TV, singing, talking to your friend, and ventilating yourself.

Childhood is the best time to adopt a healthy lifestyle is a reality.

Dr Kraenkel said—to focus first on body weight, an effective way of reaching children is school—the best environment, digital technology plays a very important role in prevention.

**Role of Public Press in Prevention? Is a Reality**

Scientific information reaches the public via the lay press that rapidly spread medical terms and practices. The lay public is easily influenced by press and media. This is an ideal way to prevention.

The population will be more beneficial and better diffused by media. Recently we have more number of people doing exercise, the proliferation of fitness centers and change in habit.

We all feel that these measures discussed above will be useful in destroying deeply rooted myths. An important contribution to preventing CAD at individual or collective levels is effectiveness.

**References**

1. ESC Preventive cardiology 2021 – Myths and facts about Prevention of Heart Disease.
2. World Health Organization – 2016
3. American Heart Association – 2018