

# Behavior of Heart Diseases in Cuba from 2017-2021: A Brief Update

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## ABSTRACT

Heart diseases have been the leading cause of death in Cuba since 1970. During the period 2017-2021, was observed a trend towards an increase in the population, which contribute to the consumption of health resources, so the rational use of resources through better cost/effectiveness in interventions is a priority for Public Health in the country. The current risk factors profile includes moderate prevalences of hypercholesterolemia, hypertension and diabetes, but high rates of smoking. A change in intervention strategies is considered necessary to reduce morbidity and mortality values.

**Keywords:** Noncommunicable Diseases; Heart Diseases; Risk Factors

## Introduction

Noncommunicable diseases and their risk factors are the leading causes of morbidity, mortality and disability in the Americas, causing approximately 5.8 million deaths per year, which represents 81% of all deaths in the region. In particular, it is estimated that by 2030, almost 23.6 million people may die because of some type of cardiovascular disease [1].

### Heart Diseases, their Relationship with Sex, Cause and Age Group

Heart diseases have been the leading cause of death in Cuba since 1970, except in 2012, 2013 and 2014, when they were surpassed by malignant tumors [2]. 60% of them occur due to ischemic diseases, of which 37.4% due to acute myocardial infarction. Hypertensive diseases, heart failure and cardiomyopathy also contribute with high numbers annually. During the period 2017-2021, a trend towards an increase in the population was observed, manifested in a mortality rate that ranged between 241.9 and 384.9 per 100,000 inhabitants and also, in the sudden increase to 4.3 years of potential life lost [3]. In 2021, by sex, the male mortality rate was 1.1 times higher than the

female mortality rate for heart diseases. There was a significant increase of 8,343 and 7,496 cases of men and women respectively, in the numbers reported in 2021 compared to 2017. In the age groups there was a quantitative increase in premature mortality of 1,000 deaths in the 40-59 group, while in the 60-79 group was 63.51% in 2021 compared to 2017 [4]. In this sense, it is considered that 80% of premature deaths can be avoided if tobacco, unhealthy diets, physical inactivity and harmful alcohol consumption are eliminated [5]. Currently, mortality from heart diseases in Cuba contributes to the consumption of health resources, so the rational use of resources through better cost/effectiveness in interventions is a priority for Public Health in the country. There is no doubt that, if the incidence of coronary heart disease could be reduced by modifying the risk factors that enhance its appearance in the population, the effect of counteracting mortality would be greater and the costs of diagnosis and invasive and complex treatments would decrease. In addition, it should be noted that, despite the efforts made, it has not been possible to reduce the out of hospital mortality, which has remained constant since 2000, where approximately 1/3 of those who suffered acute myocardial infarction died without having the possibility of receiving medical attention

[6]. This could be due to insufficient education about the symptoms and poor guidance to the population on what to do and where to go with chest pain. Intervention on high-risk groups, as well as thorough stratification of each patient, could represent a radical strategic shift to reduce mortality [7,8].

### What about the Risk Factors?

A recent health report, shows the incidence in the Cuban adult population of risk factors, where, the percentage of the diabetic population in the 2014 ranged from 9.6% in women to 7.3% in men. In 2015, 16.9% of women and 20.9% of men suffered from high blood pressure. In 2016, 62.5% of women and 54.5% of men were overweight or obese. 42.8% and 30.9%, respectively, had insufficient physical activity regimen. Regarding tobacco and alcohol consumption, around 57.3% of men and 17.1% of women are regular smokers and the per capita alcohol consumption was around 6.1 liters [9]. In 2017, the prevalence of cardiovascular risk factors in the Cuban population such as: overall overweight 43.8%, insufficient physical activity 40.4%, high blood pressure 30.9%, smoking 23.7%, dyslipidemia 19.3%, harmful alcohol consumption 7.8% and insufficient intake of fruits and vegetables 61.1% led to mortality for these reasons in the country. The current profile includes moderate prevalences of hypercholesterolemia, hypertension and diabetes, but high rates of smoking [10].

### Final Considerations

Recognizing that all people do not understand the same thing when saying “health”, allows us to improve the reconceptualization of medical practice referred to promoting, maintaining and recovering it from a perspective based on equity and rights. Whatever the notion of “health” or “risk” that a given community has, it guides the way its members act. It is worth clarifying that, as with “health”, the conception of “disease” is a cultural product that emanates from society and evolves over time. Nowadays, it can be seen that “prevention” shows a lagging position in facing the voracious scourge of heart disease, despite being a first-order claim. Unfortunately, the health sector considers itself the protagonist of the prevention approaches and conceives the affected populations as passive subjects, waiting for “those who know to do it for them”. It is considered that the transformation of representational elements in communities regarding the perception of cardiovascular risk and individual responsibility with self-care of health, will depend on how much the knowledge, beliefs, norms, traditions and values that conform the personality of individuals and groups are taken into account. Although Cuba has public policies, with scientific support and a solid health system of universal scope and full coverage, designed for the conservation of cardiovascular health,

work is still needed to assume a new perspective on prevention. It is about identifying the real health needs and demands, and then involving the population from the first years of life, the different sectors and the socializing agencies and agents, in the common vision of controlling the known risk factors to reduce morbidity and mortality. We’re still on time!

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### Competing Interests

The authors do not declare competing interests.

### Author’s Contribution

All authors have actively participated in the writing and critical review of the final versión of the scientific text that supports the present research.

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