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Editorial

Cardiovascular Risk Factors in Lebanon

Hiba Deek*
Research Associate, Hariri School of Nursing, American University of Beirut, Riad El-Solh, Lebanon

***Corresponding author:** Hiba Deek, Research Associate, Hariri School of Nursing, American University of Beirut, Riad El-Solh, Lebanon

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Editorial

Ischemic Heart Diseases (IHD) have been the leading causes of death globally since the 1990s [1]. Contrary to other non-communicable diseases, the incidence and mortality rates are on the rise to reach one in four deaths in 2010. The high morbidity and mortality rates of ischemic heart diseases in countries of the South Asian and the Middle East are no exception; in fact, incidence of IHD in this region happens at an earlier age and causes more death [2]. Lebanon is a small country located east to the Mediterranean. Its population reached 4.5 million in 2014; however, this number is underestimating the escalating numbers of refugees from the surrounding countries [3]. Cardiovascular diseases were named by the World Health Organization as the leading causes of morbidity and mortality in Lebanon where mortality rates reached 47% in 2014 [4]. These diseases are therefore, associated with great cost and great burden to the individuals, the community and the healthcare settings.

In addition to the global risk factor to ischemic heart diseases, the Lebanese population has its unique risk factors associated with its culture and the genetics. The most ostensible of which are the high rates of familial hypercholesterolemia which lead to its naming as the "Lebanese allele". It is 10 times more prevalent in this population than in any other, and the main reasons behind these high rates are the heterozygosity of the gene and the higher rates of consanguinity within the Lebanese population. Another unique risk factor to the Lebanese population is the water pipe smoking, also known as arghile smoking which is a habit that starts early among Lebanese adolescents. The reported starting age for cigarette or arghile smoking was 12 years in 2007 and was almost halved between the two sexes [5]. Further, a WHO report outlined the cigarette smoking rates among men and women between the ages of 25 and 64 years to be 47% while 22.4% were arghile smokers [6]. This only leaves 30% of the population to be none smokers, however; the widespread smoking habit presents a risk for non-smokers to be second hand smokers in their societies.

Among the other cardiovascular risks factors are the high rates of overweight or obesity, and the sedentary lifestyles where almost 40% of the Lebanese population was reported to have a sedentary lifestyle with no physical activity and almost 35% reported a sitting time of more than 12 hours/day (Sibai NCD 2009). Furthermore, the poor eating habits and the high fat diet associated with this side of the world pose further risk on the cardiovascular system and cause earlier damage. Although bordering the Mediterranean Sea, the Lebanese diet is far from being Mediterranean. While consumption of olive oil is frequent in cold dishes and salads, animal fats like vegetable oils and butter are mainly used for cooking, in addition to the low consumption of whole grains, beans and seafood. Fish consumption however, is mainly served fried in vegetable oils [7].

These risks are of major concern to the health care system since they contribute to the rising rates of cardiovascular morbidity and mortality. Initiatives to educate the public and promote healthy lifestyles are limited and the need for community and hospital based educational programs is established.

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