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THE PLACE OF HEART DISEASE AND CARDIOMYOPATHIES IN THE TROPICAL ENVIRONMENT

It is only possible to increase our knowledge of the incidence, prognosis and treatment of cardiovascular diseases by a united effort. There is already some international cooperation, such as the ISFC and the WHO. Two programs underway congestive myocardial disease and endomyocardial fibrosis should serve as examples of cooperative association. This is one of the goals to be developed in 1982.

The year 1982 is a milestone in the history of the International Society & Federation of Cardiology. At the suggestion of Professor Dalmo Amorim, of Brazil, and encouraged by Dr. Eckhardt Olsen, chairman of the ISFC Council on Cardiomyopathies, the Executive Board of the ISFC designated 1982 as the Year of Tropical Cardiology. Under the guidance of Dr. Olsen, many meetings and seminars have been arranged in diverse areas at which experiences and views on problems of cardiovascular disease in the tropics will be discussed and debated by experts.

While it must not be forgotten that rheumatic heart disease still forms the major cardiovascular threat developing societies, of which there are many in the tropical world, other diseases are also of great importance. Hypertension is common in many areas while coronary heart disease is looming large on the horizon, perhaps because of more affluent dietary habits among the wealthier inhabitants, and more cigarette smoking. But cardiomyopathies, which are "Disorders of heart muscle of unknown cause", and the allied "Specific heart muscle diseases" which are due to a known infective or other agent^{1,2}, form a very important aspect of cardiology in the tropics.

In Latin America for example, especially in Venezuela and Brazil, Chagas' disease (an example of specific heart muscle disease) is a major problem. Much has been achieved since the pioneer work of Chagas and Koberle by experts such as Amorim in Brazil and Puigbo in Venezuela. But still problems of epidemiology, prevention, diagnosis and treatment remain and assume great importance because Chagas' disease attacks the young and otherwise healthy.

Difficulties in distinguishing Chagas' heart disease from congestive cardiomyopathy are real because the causes of congestive cardiomyopathy are not understood and a very similar haemodynamic clinical picture can result from both.

Endomyocardial fibrosis occurs in tropical Africa, India and Latin America, being well recognized in Northern Brazil and in Central Africa and South India. It can mimic other cardiac diseases, such as tuberculous pericarditis, rheumatic heart disease and various cardiomyopathies. Thus, its true incidence is often difficult to determine.

These and many other tropical cardiac muscle diseases contribute to the overall cardiovascular problems of developing nations. More knowledge regarding incidence, prognosis and treatment is needed, and the exchange of information that will result from the ISFC's Year of Tropical Cardiology will contribute significantly to the advance of knowledge.

The problems of heart muscle diseases that is the cardiomyopathies and specific heart muscle disorders, will be seen against the stark backdrop not only of rheumatic heart disease and hypertension, but also of the emerging atherosclerotic arterial diseases of affluent societies typified by coronary heart disease. The International Society & Federation of Cardiology plays an important role in stimulating research, sponsoring meetings and seminars, and informing the public about the problems of heart disease.

Since its formation, the ISFC through its Scientific Council on Cardiomyopathies under the direction of Dr. Olsen, has organized and

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is supervising two major multicentre research projects into cardiomyopathies. These are on congestive cardiomyopathy and on Löffler's endomyocardial disease and endomyocardial fibrosis, respectively. By collecting data in the field and submitting them to detailed analyses at special centres such as the Royal Post graduate Medical School (Hammersmith Hospital) and at the National Heart Hospital in London, much useful information is accumulating. The ISFC's limited financial resources have been unstintingly used to help to fund these projects, but more resources are urgently needed to augment and develop the scientific research programmes. The ISFC also helps in the fight against heart disease by sponsoring every four years a World Congress of Cardiology, and by arranging public education workshops on such topics as hypertension and coronary heart disease.

In all these activities, the World Health Organisation is a valued and helpful contributor whose collaboration is much appreciated and whose cooperation in the activities in the Year of Tropical Cardiology will be of great assistance.

RESUMO

O aumento de conhecimentos sobre incidência, prognóstico e resultados de tratamento das doenças cardiovasculares (DCV) só poderá ser possível através de trabalho associativo. Já há cooperação internacional, de que são participantes a ISFC e a WHO. Dois desses programas - cardiomiopatia congestiva e endomiocardiofibrose - podem servir como exemplos e gerar estímulos para um aumento da associação cooperativa. Essa é uma das metas para os trabalhos que se desenvolvem no ano de 1982.

REFERENCES

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