FOCUS

"Is your Calendar Age the same as your Heart Age?"

Dr. A. V. Ganesh Kumar
Interventional Cardiologist
Hiranandani Hospital, Powai, Mumbai
http://www.drganeshkumarcardiologist.com/

What do you mean by Calendar Age and Heart Age?
Calendar age is to do with date of birth; it has little to do with Healthy Heart function. Healthy Arteries and Healthy Heart Muscle determine the age of Heart. Due to lack of Physical Exercise the Heart Muscles become flabbier and arteries start getting blocked. One could be young according to Calendar year but the heart could have aged.

What is the prevalence of Heart Disease among Indian Youths and Why?
Prevalence of Heart disease among Indian youth is certainly growing. There are various reasons for this, first being the lifestyle, lack of exercise, poor dietary habits.

Are we Indians genetically vulnerable to Heart Disease?
The chances of having a heart disease among Indians is higher, first is the type of food we eat in India and the subcontinent at large which is carb-rich. Right from childhood we are less involved in sports and outdoor activities. Genetics also play a role, but blaming on genes is not the answer. It is like a loaded gun but the trigger is in our hand.

At what age should a person start getting routine cardiac checkup done?
If your family has a history of heart trouble, for example either of the parents has a cardiac event or you are a smoker, diabetic, hypertensive then you should start going for cardiac checkup from your mid-20.

If you are a normal person with no cardiac diseases in the family then one can start the health up after the age of 30.

Are there any Diagnostic tools and tests available which can Predict Heart Attack?
There are various test to understand how the heart is functioning. Noninvasive test like Electrocardiogram (ECG), stress test, echo, at time nuclear imaging or CT Coronary angiography. However, the gold standard still remains an Invasive Coronary Angiogram. For a particular person, his or her cardiologist can decide what is best for them.

What are the different treatment options available?
There are three main types of treatments available,
Non Invasive Treatments which typically include medications, diet and exercise
Minimally Invasive procedures can require catheterization, during which the physician enters the heart through arteries in the legs or arms. Once in the heart they use special tools to inject dye,
clear blocked arteries or insert a stent when needed

Surgical Procedures requires the patient to stay in the hospital for a few days. A surgeon opens the patient chest to repair damages to the heart tissue, valves, arteries or vessels

Are there any new Innovation to meet these Challenges?
There are various research works going on under stem cell therapy, but the latest innovation is the Bioresorbable Vascular scaffold (BVS), a non-metallic mesh tube designed to treat coronary artery disease. The prospect of a temporary vascular stent has been always a goal of the interventional community. Such a device would provide support by opening the narrowed artery to restore blood flow to the heart. BVS gradually dissolves once the artery has the ability and strength to stay open on its own. This is similar to the way a cast supports a broken arm and is then removed. This has been ordained as the 4th revolution in Interventional Cardiology.

How has your experience been with BVS (Bioresorbable Vascular scaffold)?
Our experience with BVS has been good and till date there have been more than 10,000 patients who have benefited from this therapy in India. Globally BVS is now available in more than 60 countries and has become an accepted therapy for patients undergoing PCI (Percutaneous Coronary Intervention).