

## Foreword

Cardiovascular disease is the leading cause of death worldwide: approximately 11 million cardiovascular deaths occur each year, 5 million in the developed world and possibly another 6 million in the developing world. The authors and editor of this supplement have provided a great deal of information which will be of value to readers all over the world as they explore trends in mortality from cardiovascular disease. Above all, it is clear that cardiovascular diseases epidemics are preventable. The great variation in death rates from both coronary heart disease and cerebrovascular disease within countries, between countries, and over time testifies to the central role of environmental factors in causing these epidemics. There are many intriguing patterns which require urgent exploration; for example, the so called “French paradox”. The situation in Japan is even more intriguing, where death rates from stroke have declined dramatically since the early 1960s while coronary heart disease death rates have remained very low, despite the encroachment of western lifestyles.

The most disturbing feature in these data is the high and perhaps still increasing death rates from cardiovascular and also cerebrovascular disease in Eastern European countries. The situation in less developed countries is variable. In some recently developed countries, such as Singapore, death rates from coronary heart disease have increased quite markedly and are now on a par with other industrialised countries in the region such as New Zealand and Australia. A similar pattern seems to have occurred in other developing countries e.g. Mauritius; however, in many developing countries the death rates remain low.

There are also questions to be raised about the data. For example, how reliable are the death certificates on which these trends are based? And have there been variations in their reliability over time? Autopsy rates vary between countries and in many countries are becoming less frequent. The reliability of diagnostic decisions in the elderly is problematic and international comparative studies would be of great interest.

Despite these questions the data presented in this supplement will be of great interest to all concerned with the cardiovascular disease epidemics. Epidemiologists will wish to explore the data in more detail and clinicians will also be interested in comparing patterns of clinical management between the countries described in this report.

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