## MALAYSIA-ACCORD STUDY: TIP OF THE CARDIOVASCULAR ICEBERG - WE MUST DO BETTER

Dear Sir,

The findings of the Malaysia-ACCORD study reported by Ahmad et al make for interesting reading. (1) Premature coronary artery disease (CAD) is an unfolding epidemic in Malaysia, confirmed by the mean patient age of 58 years in this study. Classical CAD risk factors feature prominently in the patient demographics, with only 15% having a non-modifiable risk factor (i.e. family history). Of the 525 patients who presented with unstable angina or a non-ST segment elevation myocardial infarction, almost 40% were diabetic, 66% hypertensive and 21% active smokers. (1)

In addition to education on lifestyle modifications, more aggressive pharmacological control of cardiovascular risk factors is necessary. Only 8.3% of patients were commenced on angiotensin receptor blockers (ARBs), which is alarmingly low, given the preponderance of systemic hypertension. Perhaps this low usage of ARB is due to the unrecorded concurrent therapy with an angiotensin-converting enzyme inhibitor (ACEI). ARB or ACEI have a proven prognostic benefit for hypertensive ischaemic heart disease, and should be more generously prescribed, unless contraindicated.

Multi-vessel and left main stem diseases are not infrequent findings in Malaysian or Asian patients with CAD. Definitive therapy for symptomatic CAD usually requires percutaneous coronary intervention or coronary artery bypass grafting, which was grossly underutilised (despite excellent contemporary outcomes with both therapies in Malaysia), probably reflecting, as suggested by the authors, the lack of specialist cardiac care at two—thirds of the hospitals that participated in the ACCORD study. Greater effort is required to expedite appropriate referral of such patients to a tertiary or specialist center for definitive investigation, surveillance or treatment.

Yours sincerely,

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## REFERENCES

1. Ahmad WAW, Ramesh SV, Zambahari R. Malaysia-Acute CORonary syndromes Descriptive study (ACCORD): evaluation of compliance with existing guidelines in patients with acute coronary syndrome. Singapore Med J 2011; 52:508-11.