# Factors Involved in First Myocardial Infarction its Complications and Thrombolytic Pattern in Selected Hospitals of Nepal

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**Background**

World Health Organization has predicted that by 2020 AD up to three quarters of deaths in developing countries would result from non-communicable diseases and that coronary heart disease will top the list of killers. Data also indicate that epidemiological transition, which is characterized by ageing and changing life style and culminates in epidemics of hypertension and coronary heart disease, is rapidly occurring in India and other developing countries.

**Methods**

This was a multi-centric prospective observational study with five centers in the Kathmandu valley. The present study consisted of 213 cases of first acute myocardial infarction seen in National Academy of Medical Sciences Bir Hospital, Tribhuwan University Teaching Hospital, Medicare National Hospital and Research Center, Norvic Escorts International Hospital and in the Sahid Gangalal National Heart Center during the period of one year (1 October 2001 to 30 September 2002). All the cases were closely interrogated, examined and investigated. Serial electrocardiogram and cardiac enzymes were done. Blood sugar done in all cases and lipid profile in 148 cases.

**Results**

The commonest risk factor for coronary heart disease was smoking 154 (72.3%) in this study. Hypertension was found in 94 (44.1%) and its incidence has increased by 16%.Diabetes Mellitus was found in 62 (29.1%) and has increased by 15%. Family history positive for coronary heart disease was found in 44 (20.7%). Total serum cholesterol was found abnormal in 83 (55.7%). Triglyceride was found to be above150 mg % in 111 (75%). 35.1% had LDL above 130 mg% while 73 (64.2%) patients had HDL less than 40 mg%. Out of 213 cases, 192(90.14%) were STelevation Myocardial Infarction. Commonest complication was ventricular arrhythmia 111 (52.1%).

**Conclusions**

Coronary heart disease should be considered as one of the major health problem now and in near future. Coronary heart disease prevention should be seen as being synergistic with poverty reduction strategies and addressed in development initiatives.

**Keywords:** age; coronary heart disease; first acute myocardial infarction; Nepal.