



Heart disease and South Asians 50?years later: a time for change

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The Author's reply: I am grateful to Dr Lozano for his supportive comments.¹ I entirely agree that it is appropriate to emphasize the benefits of successful revascularisation in patients with stable angina even when prognostic improvement may be less clear cut. Specifically, an improvement in symptoms, better quality of life and reduced requirement for anti-anginal medication are clearly of great clinical value and should not be underestimated, particularly if it is the context of anti-intervention propaganda for its own sake. By the same token, again as discussed in the original paper, it is imperative that practitioners of PCI are scrupulous in their ambition to offer stents only to patients with clear cut angina and objective evidence of ischaemia. The great debate should focus not on whether removal of symptoms is valuable, because this is self evident, but upon exactly which patients achieve additional prognostic benefit by virtue of PCI above and beyond optimal medical therapy and how we can tailor our revascularisation therapy most accurately. Many questions remain. Are there patients outside the context of acute coronary syndromes who may benefit prognostically from PCI, even when they have minimal or absent symptoms? Which patients with stable angina achieve improved clinical outcome? How accurate do we need to be to stent (or graft) the appropriate coronary stenotic target to achieve this benefit? If we identify one vessel that is 'ischaemic' can we stent (or graft) just this target and leave other stenoses for OMT if they are not 'ischaemic'? Is the diagnostic angiogram the ideal time to obtain lesion specific ischaemia data in order to target our revascularisation strategy? Further data, from studies such as FAME II and RIPCORD, may help us to understand and answer this question. In the

meantime, reduction of symptoms and improved quality of life is surely not to be sniffed at?

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Heart disease and South Asians 50 years later: a time for change

To the Editor: Chen and Whitlock mention differences in risk for heart disease among South Asians, Chinese and others, in seeking to unveil the causes of heart disease in China, regionally and globally.¹ Continuing disparities and high rates of diabetes and premature heart disease continue among the 25 million South Asians abroad and the 1.3 billion in South Asia, with initial low rates in China and the Chinese diaspora now increasing.

The first research submitted showing differences in heart disease between South Asians and Chinese was to this journal (then the *British Heart Journal*) in February 1959 by Muir, published January 1960, exactly 50 years ago.² This necropsy study showed disproportionate early mortality in South Asians in a study of seven racial groups in Singapore from 1948 to 1957.² The first research published was by Danaraj *et al*, submitted April 1959 and published October 1959 in the American Heart Journal, from similar necropsy studies in Singapore from 1950 to 1954, showing similar results, and reprinted January 2010 with an accompanying editorial.^{3 4}

Credit for first publication and citations have gone to Danaraj, who became an

esteemed physician and leader in Malaya. Muir, with scant reference to his publication in the extensive literature on this subject, became an acclaimed leader in cancer research in Scotland and globally.

Time to publication was longer for Muir, likely since the British Heart Journal was a quarterly then and the American Heart Journal, monthly, explaining earlier submission and later publication. The lack of credit and citations likely stems from the inadvertent omission of Muir's publication from the 131 references in the 1989 definitive review, and a typo in the text mentioning the first publication by Danaraj as 1957 rather than October 1959, making Muir's, in January 1960, seem much later.

The 50th Anniversary of Muir's neglected landmark publication in this journal is an opportunity to correct this, to recognise Muir and Danaraj's equally pioneering research on disparities in health and an opportunity to review and reduce continuing disparities.⁴ With the causes of heart disease mostly unveiled, we now have a golden opportunity to change the course of heart disease for South Asians and for all communities globally.⁴

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