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Editorial

Pakistan's Silent Epidemic: The Growing burden of cardiovascular disease and Diabetes

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In Pakistan the agenda of being healthy is dominated by outbreaks such as— polio, dengue, typhoid — are the types of spectacular emergencies that make headlines and draw attentions of media, with international support. But the country's serious health challenge is not the epidemic at all. It is steady, chronic, and preventable: heart disease and diabetes now take more lives and cripple more people in Pakistan than any other infectious danger, and yet the health system acts as if it weren't real [1].

Pakistan has the world's highest person-to-person diabetes prevalence, with approximately 33 million humans, or 26% of adults, living with the disease [2]. Age-adjusted diabetes prevalence stands at 30.8%, along with hypertension in 37% of adults and smoking in type of 1 / 4 of associations [3]. Deaths from cardiovascular disease increased from about 170,000 in 1990 to 340,000 in 2019, and the age-standardized prevalence of cardiovascular disease in Pakistan, 918 per hundred,000, sits above one hundred and six hundred. with mortality gaps similarly widened [4]. Nearly one in five households in a nationwide survey of 34 million homes self-reported cardiovascular disease [3].

Pakistan already has a considerable problem of cardiovascular diseases and diabetes, but its health care system is still concentrating more on acute infections. Consanguineous marriages which are common, and almost 58% of all marriages in Pakistan have such a union, may cause a higher genetic risk of cardiometabolic disease [3]. Though health care expenditures have increased, investment still concentrates more on hospitalization and specialization than on prevention and screening programs [4]. The absence of a national cardiovascular disease program leads to late detection, often during severe complications [3]. Effective strategies include taxing soda and cigarettes, community screening initiatives, and integrating non-communicable disease services in primary care settings [5].

To address the growing challenges: Strengthen primary healthcare by expanding screening for hypertension, diabetes, and cardiovascular diseases. Develop a National NCD Strategy for prevention and management of these

conditions. Increase public awareness through health education campaigns promoting healthy lifestyles. Implement evidence-based fiscal policies like taxing tobacco and sugary drinks. Integrate NCD care into primary services and enhance community-based programs. Improve healthcare workforce training and establish robust surveillance systems. Support research to inform policies and foster multisectoral collaboration, prioritizing prevention over treatment. The problem does not exist because of the absence of data but due to the absence of political will.

Conflicts of Interest

The author states that there is no conflict of interest.

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