

Decline In Heart Disease Death Began On Coasts

By DAVID WILLIAMSON

The strong decline in heart disease death rates in the United States, which has puzzled health workers for the past decade, began on the East and West coasts and in the cities, scientists at the University of North Carolina at Chapel Hill School of Public Health have found.

Only after the declines in heart disease mortality were well-established on the coasts and in metropolitan area did they extend to America's heartland, the UNC research indicates.

"One thinks of fads and fashions beginning in Northeastern states such as New York and in Pacific states like California and later spreading to more isolated regions," said Dr. Steve Wing, assistant research professor of epidemiology.

"Apparently that's just what happened when heart disease death rates began to decline."

Wing is principal investigator in a study that examined mortality records from 1968 to 1978 for 200 cities and 300 rural areas across the country. The purpose of the study, which will be published in the American Journal of Public Health this fall, was to determine whether there were geographic differences in when heart disease mortality began to fall.

Such information is important, he said, because it may help researchers pinpoint why the nation's heart disease epidemic is tapering off.

"Heart disease is still this country's number one killer, accounting for more than half a million deaths each year," Wing said. "But for the nation as a whole, rates have declined 30 percent since the early 1960's, and in some areas, they have dropped more than 50 percent."

Almost everyone who's interested in the topic, it sometimes seems, has his own theory about why deaths have been reduced and wants to claim credit, Wing said. And often, the speculation reflects the interests of the people doing the speculating.

"Exercise enthusiasts say it's because people are jogging, surgeons say it's heart surgery and people who work on coronary care units claim they have had an impact," he said. "Some epidemiologists say it's because people are eating less fat, while other say it's because the percentage of smokers has been reduced."

But the conclusions various groups have reached aren't necessarily correct, Wing said.

During the early part of the 20th century, for example, there was a rapid drop in infectious diseases that occurred at about the time scientific medicine was beginning to be practiced widely. As a result, many people attributed the drop in infectious diseases to scientific medicine with its germ theory, antibiotics and other innovations.

"Subsequent research has shown that the decline in infectious diseases preceded many of the medical breakthroughs, and can be attributed in large part to general improvements in housing, sanitation and nutrition," he said.

Wing and his colleagues examined mortality data for white men, ages 35 to 74, in 507

divisions of the continental U.S. known as State Economic Areas. That was because national figures won't allow in-depth examination of where trends begin, and figures for smaller area fluctuate too much each year to be useful.

In addition, they could not look at data before 1968 because of major changes that year in how heart disease mortality is recorded.

The UNC researchers found that two-thirds of the State Economic Areas they examined were experiencing a steady decline in heart disease mortality for the entire 11-year period. But in about a third, chiefly the South, the South-Central, Mountain states and rural areas, heart disease rates tended to climb until the early 1970's before turning downward.

In 100 percent of New England cities, where heart disease rates traditionally have been high, rates had begun falling by 1968. By contrast, in the rural South, where they also have been high, only half of non-metropolitan areas experienced the same early decline.

"One of the things this paper shows is that there turns out to be a tremendous amount of geographic variation in when the

drop in heart disease began," Wing said. "This is a piece of evidence that will have to be addressed by people who argue that various treatments have been responsible for the downturn. Is it reasonable to assume, for example, that there has been so much variability by region in what physicians do?"

The scientist said the pattern appeared to him to resemble patterns of cultural change

across the nation in such areas as jobs, industry, education and diet.

Co-authors of Wing's paper, all members of the UNC School of Public Health's epidemiology department, are Dr. Carl Hayes, Dr. Gerardo Heiss, Dr. Herman A. Tyroler, Esther John and Marilyn Knowles. Dr. Wilson Riggan of the UNC Department of Biostatistics also participated in the research.

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