

LETTER TO THE EDITOR

Prediction of cardiovascular disease from the early stages of life: A forgotten issue?

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Nowadays, risk prediction is being focused as a key element in identifying risk factors for cardiovascular disease (CVD).¹

The publication of the Third Report of the National Cholesterol Education Program's Adult Treatment Panel (ATP-III)² in 2001, among other work,³ was paramount for risk prediction becoming the cornerstone in the field of CVD prevention, particularly in adulthood.

However, considering the title of the present publication, the author puts forward the following question: where do we stand in relation to the prediction of CVD that is focused on the early stages of life, i.e., childhood or adolescence?

An extensive search on the subject in Medline yielded little evidence to suggest the development of models aimed to predict CVD in adulthood on the basis of cardiovascular risks in the early stages of life.

Nevertheless, prediction of cardiovascular risks since childhood and adolescence is essential and constitutes a key issue in cardiovascular epidemiology. There are conditions such as arterial hypertension (HTN) for which the former statement can be fully justified, taking into consideration its increasing prevalence in the early stages of life.⁴

The author of this letter published one scientific paper,⁵ where two risk scores were proposed to assess the likelihood of hypertension in adulthood after analyzing cardiac risk factors in Cuban adolescents.

It is thus justifiable to give a wake-up call to the medical community to go to the root of the problem (childhood and adolescence) where the genesis of hypertension occurs. A management strategy should then be adopted to prevent the increased chances of developing hypertension in adulthood. This can also apply to other conditions such as familial hyperlipidemia, diabetes and obesity, involving the broad class of CVD.

This demonstrates the importance of developing a new model of CVD risk factors to predict CVD from childhood and adolescence.

The benefit will be far less when addressing these risk factors once damage is already established.

I strongly believe that the correct identification and management of risks in terms of prediction is decisive in preventing clinical vascular events in adult life.

Keywords: prediction, cardiovascular disease

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