

Is there a Need to have a Nigeria Artherosclerosis Society (NAS)?

Opinion

The risk factors for atherosclerosis and the consequent coronary artery disease (CAD) exists in Nigeria, and these risks are documented by several studies which document a very high prevalence of the precursor dyslipidaemia and the need for efforts to reduce these risks [1]. One of the ways to do this, is to raise awareness and create avenues for the education of the populace in the amelioration of the scourge. It also includes the efforts of professional association(s) to lead and guide these efforts.

There exists several atherosclerotic societies across the world- the European Atherosclerosis Society (EAS), American Atherosclerosis Society (AAS) etc., which help to tackle the scourge of atherosclerosis, a devastating disease that is on the increase worldwide, Nigeria inclusive. Thus, there is the need to create the Nigerian equivalent, the NIGERIAN ATHEROSCLEROTIC SOCIETY. This is necessary considering where we have been coming from. It was initially stated in earlier studies that dyslipidaemia, the precursor and most significant contributor to atherosclerosis, was uncommon in the Nigerian population [2,3]. Recent studies from all the various regions of the country confirms that it is not only in existence, but has a very high prevalence [4-15].

Clearly, between the earlier and the more recent studies, there has possibly been a drastic epidemiologic shift in the patterns, favouring a tendency to atherosclerosis, and its consequences, further reinforcing the need for something to be done.

A number of our patients are on statins and other lipid lowering therapies, for the control of dyslipidaemia. These medications, like all agents used in therapy, have limiting adverse reactions to their use. The statins are not spared in this scourge.

Recently the EAS came out with guidelines in the evaluation and management of symptoms associated with muscle adverse effects of statins, the most common adverse event with their use [16]. This reinforces the value of such professional associations, further justifying this call for an Atherosclerosis society in Nigeria.

References

1. Oguejiofor OC, Onwukwe CH, Odenigbo CU (2012) Dyslipidemia in Nigeria: Prevalence and pattern. *Ann Afr Med* 11(4): 197-202.
2. Onyemelukwe GC, Stafford WL (1981) Serum lipids in Nigerians: The effect of diabetes mellitus. *Trop Geogr Med* 33(4): 323-328.
3. Kesteloot H, Oviasu VO, Obasohan AO, Olomu A, Cobbaert C, et al. (1989) Serum lipid and apoprotein levels in a Nigerian population sample. *Atherosclerosis* 78(1): 33-38.
4. Odenigbo CU, Oguejiofor OC, Odenigbo UM, Ibeh CC, Ajaero CN, et al. (2008) Prevalence of dyslipidaemia in apparently healthy professionals in Asaba, South South Nigeria. *Nig j Clin Pract* 11(4): 330-335.

Opinion

Volume 6 Issue 6 - 2016

Joseph Ikhidero*

University of Benin Teaching Hospital, Nigeria

*Corresponding author: Joseph Ikhidero, University of Benin Teaching Hospital, Ugbowo, Benin City, Nigeria, Tel +2348038416528; Email: jikhidero@yahoo.com

Received: October 20, 2016 | Published: October 24, 2016

5. Agboola-Abu CF, Onabolu A (2000) Plasma lipid levels in patients attending Igbinedion hospital and medical research Centre, Okada, Edo State, Nigeria. *Nig Med J* 38: 1-5.
6. Osuji CU, Nzerem BA, Meludu S, Dioka CE, Nwobodo E, et al. (2010) The prevalence of overweight/obesity and dyslipidaemia amongst a group of women attending "August" meeting. *Niger Med J* 51(4): 155-159.
7. Sani MU, Wahab KW, Yusuf BO, Gbadamosi M, Johnson OU, et al. (2010) Modifiable cardiovascular risk factors among apparently healthy adult Nigerian population-a cross sectional study. *BMC Res Notes* 3: 11.
8. Odenigbo CU, Odenigbo UM, Oguejiofor OC, Okonkwo UC, Oguanobi NI (2010) Prevalence of dyslipidaemia in elderly subjects in Asaba, South South Nigeria. *J Indian Acad Geriatr* 6: 160-164.
9. Ogera AO, Fasanmade OA, Chinenye S, Akinlade A (2009) Characterization of lipid parameters in diabetes mellitus-a Nigerian report. *Int Arch Med* 2(1):19.
10. Okafor CI, Fasanmade OA, Oke DA (2009) Pattern of dyslipidaemia among Nigerians with type 2 diabetes mellitus. *Nig J Clin Pract* 11(1): 25-31.
11. Idogun ES, Unuigbo EI, Ogunro PS, Akinola OT, Famodu AA (2007) Assessment of serum lipids in Nigerians with type 2 diabetes mellitus complications. *Pak J Med Sci* 23(5): 708-712.
12. Agaba IE, Anteyi EA, Puepet FH, Omodu PA, Idoko JA (2002) The clinical pattern of diabetic nephropathy in type 2 diabetes mellitus in North Central Nigeria. *Journal of Med Tropics* 4(2): 10-14.
13. Akintunde AA, Ayodele EO, Akinwusi OP, Opadijo GO (2010) Dyslipidaemia among newly diagnosed hypertensives: Pattern and clinical correlates. *J Natl Med Assoc* 102(5): 403-437.
14. Oji DB, Ajayi SO, Mamven MH, Antherton J (2009) Prevalence of dyslipidaemia in normoglycaemic subjects with newly diagnosed high blood pressure in Abuja Nigeria. *J Clin Lipidol* 3(1): 51-56.
15. Isezuo SA, Badung SL, Omotosho AB (2003) Comparative analysis of lipid profiles among patients with type 2 diabetes mellitus,

hypertension and concurrent type 2 diabetes, and hypertension. A view of metabolic syndrome. *J Natl Med Assoc* 95(5): 328-334.

16. Stroes ES, Thompson PD, Corsini A, Vladutiu GD, Raal FJ et al. (2015) Statin-associated muscle symptoms: impact on statin therapy-

European Atherosclerosis Society Consensus Panel Statement on Assessment, Aetiology and Management. *Eur Heart J*. 36(17): 1012-1022.