**Pulse of Change: Empowering South Asians to prevent Cardiovascular Disease**

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South Asians (SAs), individuals who trace their ancestry to Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka, experience two-times higher risk of cardiovascular disease (CVD).This risk is predominantly driven by a higher prevalence of diabetes, abdominal obesity, and hypertension, among other risk factors. Furthermore, these risk factors are often under-recognized and not optimally treated in these SA individuals.

For SA individuals, understanding risk factors can provide a roadmap to navigate

1. *Prediabetes and diabetes*: SAs have a four times higher risk of type 2 diabetes mellitus (DM) compared with Caucasians. Early and repeated screening for glucose intolerance and type 2 DM may help identify the disease and initiate treatments that reduce the risk of diabetic complications.
2. *Hypertension*: Having elevated blood pressure puts strain on the heart and blood vessels, making it a well-established independent risk factor for myocardial infarction (MI), stroke, and chronic kidney disease. The American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines recommend using lifestyle measures and, if needed, pharmacotherapy to control blood pressure to a ≤ 130/80 mm of Hg.
3. *Obesity*:  Body composition and fat distribution are important determinants of CVD risk in SAs. Screening for an increased waist circumference (>90cm in men and >80cm in women) and targeting a BMI ≤23 kg/m2 helps prevent obesity related comorbidities like diabetes and metabolic syndrome.
4. *Tobacco use*: SA individuals frequently use traditional and cultural tobacco products that include smokeless tobacco. While some individuals believe that these are safe, it is important to note that these products carry similar risks as cigarette use, including an elevated risk of oral cancer. Seeking pharmacotherapy and behavioral interventions can aid in quitting tobacco use.
5. *Exercise and Physical Activity:* Walking is a common form of exercise. A reasonable walking goal is 7,000-10,000 steps per day. For all adults, a minimum of 150 minutes of moderate-intensity exercise per week is recommended. Regular strength training, performed at least twice a week, can help improve muscle mass, strength, and overall physical function, which is beneficial for reducing diabetes and preventing falls in older individuals.
6. *Dyslipidemia*: A screening lipid panel can identify those at high cardiovascular risk from elevated LDL-C levels. Lipid-lowering treatment, for which statins are the cornerstone pharmacotherapy may be considered for SAs with an elevated baseline cardiovascular risk. As a critical component of risk reduction, a lifestyle change, including a reduced intake of saturated fat, is advised.
7. *Diet and nutrition:* Diet is an important component of culture and community. It is important to find healthy eating habits that are sustainable and suit dietary preferences. A whole food plant-based diet higher in fruit, vegetables, nuts, and legumes is associated with a lower prevalence of hypertension, metabolic syndrome and CVD.
8. *Seek opportunities to improve cardiovascular health****:***Many SAs do not seek healthcare for a variety of reasons, ranging from a lack of trust in allopathic medicine to a preference for complementary and alternative medicine and other socioeconomic barriers to accessing healthcare. Recognizing the importance of CVD risk factor screening and working with a clinician with expertise in this field can be vital to optimizing cardiovascular health. Many prevention-specific clinics exist and can serve as valuable resources.

Equipped with this understanding, SAs can take proactive steps to improve heart health by adopting healthy lifestyle habits and making conscious decisions, to ensure the well-being of their hearts, ensuring a lifetime filled with joyful beats.

**References:**

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