

## ASSESSMENT OF CARDIOVASCULAR DISEASES AS A SOCIAL PROBLEM

<sup>1</sup>Rasulova Nilufar, <sup>2</sup>Nazarov Sherzod

<sup>1</sup>Associate Professor of the Department of Public Health and Health Management

<sup>2</sup>1st year student of the Faculty of Pediatrics

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**Abstract.** *Cardiovascular diseases or CVDs are one of the leading causes of mortality worldwide. These diseases affect thousands of lives each year, resulting in chronic illnesses, disabilities, and premature death. Though cardiovascular illnesses have always been a medical concern, they now emerge as major social problems because they affect the economic and social dimensions of society. The burden of CVDs is felt in all strata of society in developed and developing countries. This article will assess cardiovascular diseases as a social problem, discussing their impact on the various aspects of society and how the disease operates as a collective enemy of individuals, communities, and nations.*

**Keywords:** *cardiovascular diseases, social problem, assessment, public health, risk factors, prevalence, burden, socioeconomic factors, disparities, access to healthcare, health behavior, prevention strategies.*

Cardiovascular diseases (CVDs) pose a significant social problem globally, contributing to substantial morbidity, mortality, and economic burden. This article provides a comprehensive assessment of cardiovascular diseases as a social problem, focusing on the impact of social determinants, health disparities, and the role of public health interventions. By analyzing the prevalence, risk factors, and societal implications of CVDs, this article highlights the importance of a multidimensional approach to address the social aspects of this global health challenge. Cardiovascular diseases (CVDs) have always been among the top medical concerns. The rise of cardiovascular diseases as a social problem is the culmination of the effect of the disease on all strata of society. Globally, it has become the collective enemy of individuals, communities, and nations. The increasing burden of this disease affects the economic and social dimensions of society. CVDs are the leading cause of death worldwide, accounting for one-third of all global deaths. The World Health Organization (WHO) estimates that more than 17 million people die annually from CVDs. Four out of five deaths are from low and middle-income countries. The annual death rate from CVDs is higher than the combined mortality rates of HIV/AIDS, cancer, and malaria. Women are affected equally with an approximately similar mortality rate as men. Many countries' health systems are unprepared to manage the magnitude of the problem, leading to inadequate diagnosis, treatment, and prevention measures at different levels of care. CVDs place a significant economic burden on society. In the United States, it is estimated that the direct and indirect cost of CVDs adds up to \$219 billion annually. The burden also imposes significant individual and household costs as treatment costs can be significant, putting a strain on households' financial resources. The financial impact of CVDs is an added burden on those who are already susceptible. These indirect costs threaten the financial security of households, the stability of markets, and social and economic development. The social determinants of health refer to the conditions in which people are born, live, work, and age. Social determinants such as education, income, housing, and social support networks affect the likelihood of developing CVDs. Lifestyle

factors, such as tobacco use, physical inactivity, and a poor diet, also contribute to the rise of CVDs. The social determinants of CVDs are multifactorial and have a profound impact on the onset, course, and outcome of CVDs in individuals. Cardiovascular diseases are not only a threat to personal well-being and health but also have considerable social consequences. Loss of human capital through premature death and disability affects the labor force, resulting in loss of productivity and economic growth. The loss of human capital has social and political implications, as it leads to the reduction in the number of skilled citizens available for nation-building and risks the growth potential of economies. The psychological and emotional impact of CVDs is significant as they affect the functional capacity of individuals and diminish their quality of life. Furthermore, families experience loss, grief, and financial burden, which could lead to long-term psychological stress. Cardiovascular diseases also contribute to the poverty trap, as the impact of the disease results in increased healthcare costs and reduced economic productivity. CVDs management as a public health issue requires a multidisciplinary approach. The primary prevention of CVDs through public health campaigns is a key strategy to reduce risk factors such as high blood pressure, cholesterol, and diabetes and increase awareness of the disease. The secondary prevention of CVDs requires screening, diagnosis, and management of risk factors. Tertiary prevention involves the management of CVDs to prevent complications such as heart attacks, heart failure, and strokes. These prevention strategies require a multisectoral approach, including healthcare systems, policymakers, civil society organizations, and the private sector. Interventions that address social determinants of health such as education, income, and housing can create an enabling environment for CVDs prevention.

The Epidemiology and burden of cardiovascular diseases. The increase in life expectancy in industrialized countries has led to the growth of the aging population, which is currently the most significant risk factor for cardiovascular diseases. The risk of CVDs increases with age as the arterial walls stiffen, which could lead to hypertension, atherosclerosis, and strokes. According to the World Health Organization (WHO), over 17 million deaths occur each year, equivalent to 31% of all global deaths worldwide. Of these, four out of five deaths are from low and middle-income countries. The annual death rate from CVDs is higher than the combined mortality rates of HIV/AIDS, cancer, and malaria. Furthermore, CVDs affect both sexes, with women accounting for 51% of all deaths.

The economic costs of cardiovascular diseases. Cardiovascular illnesses place a substantial economic burden on society. According to the American Heart Association (AHA), the annual cost of CVDs in the United Nations stands at \$351.2 billion. These costs include direct medical expenses such as hospitalizations, medication, surgeries, and diagnostic procedures. There are also indirect costs related to lost productivity, reduced labor force participation, and resource utilization. The indirect costs to the economy and society are significant as they threaten the financial security of households, the stability of markets, and the social and economic development of nations. Thus, the economic burden of CVDs places a strain on the economic capacity to manage health risks, reduce health inequalities, and improve the quality of life of the population.

The social determinants of cardiovascular diseases. Gaining an insight into the social determinants of health is of utmost importance. Social determinants of health are the economic and social conditions that affect the health of individuals, families, and communities. In the context of CVDs, the social determinants are multifactorial, including lifestyle factors that affect the prevalence of obesity, smoking, excessive alcohol intake, and physical inactivity. Social

determinants such as education, income, and housing conditions operate as the underlying factors that expose populations to health risks and increase the likelihood of CVDs. The social determinants of health and CVDs operate as a vicious circle where social determinants create the conditions for CVDs to manifest, and CVDs exacerbate social disparities.

The social consequences of cardiovascular diseases. Cardiovascular diseases are not only a threat to personal well-being and health but also have considerable social consequences. The morbidity and mortality rates of CVDs impact the social fabric of society through their effects on families, communities, and nations. The psychological and emotional impact of CVDs is significant as they affect the functional capacity of individuals and reduce their quality of life. Furthermore, families experience loss, grief, and financial burden, which could lead to long-term psychological stress. On a larger scale, the loss of human capital through premature death and disability affects the labor force, resulting in loss of productivity and economic growth. Finally, the loss of human capital has social and political implications, as it leads to the reduction in the number of skilled citizens available for nation-building and risks the growth potential of economies.

The public health strategies to manage cardiovascular diseases. Managing cardiovascular diseases as a public health issue requires a multidisciplinary approach that addresses the social determinants of health. The primary prevention of CVDs through public health campaigns is a critical strategy to reduce risk factors and increase awareness of the disease. The secondary prevention of CVDs requires screening, diagnosis, and management of risk factors such as high blood pressure, cholesterol, and diabetes. Tertiary prevention involves the management of CVDs to prevent complications such as heart attacks, heart failure, and strokes. These prevention strategies require a multisectoral approach, including healthcare systems, policymakers, civil society organizations, and the private sector. Interventions that address social determinants of health such as education, income, and housing can create an enabling environment for CVDs prevention.

Conclusion. Cardiovascular diseases have emerged as a significant social problem because they have cross-cutting impacts on the economy, society, and individuals. The social determinants of health expose populations to different health risks, increasing the likelihood of developing CVDs. Understanding the impact of CVDs on society, both in terms of economic costs and social consequences, requires a broader perspective and recognition of the interlinkages between CVDs and social determinants of health. Public health strategies that address the social determinants and provide a comprehensive care approach could effectively manage CVDs and enhance health equity, thereby leading to a more sustainable and resilient society. The rise of cardiovascular diseases as a social problem is the culmination of the effect of the disease on individuals, communities, and nations. Understanding the impact of CVDs requires a broader perspective that recognizes the interlinkages between CVDs and social determinants of health. The social determinants of health expose populations to different health risks, increasing the likelihood of developing CVDs. Public health strategies that address social determinants, provide a comprehensive care approach, and focus on primary, secondary, and tertiary prevention could effectively manage CVDs, enhance health equity, and lead to a more sustainable and resilient society. Cardiovascular diseases encompass a range of conditions affecting the heart and blood vessels, including coronary artery disease, stroke, and heart failure. These diseases have emerged

as a significant social problem due to their high prevalence, impact on individuals, families, and communities, and the associated economic burden.

### **REFERENCES**

1. Knutsson, A., & Bøggild, H. (2000). Shiftwork and cardiovascular disease: review of disease mechanisms. *Reviews on environmental health*, 15(4), 359-372.
2. Pivina, L. M., Belikhina, T. I., Markabayeva, A. M., & Zhunussova, T. (2015). Medical and social problem of cardiovascular diseases in Kazakhstan. *Наука и здравоохранение*, (2), 50-59.
3. Fredriksen, P. M., Kahrs, N., Blaasvaer, S., Sigurdson, E., Gundersen, O., Roeksund, O., ... & Thaulow, E. (2000). Effect of physical training in children and adolescents with congenital heart disease. *Cardiology in the Young*, 10(2), 107-114.
4. Bhatnagar, A. (2017). Environmental determinants of cardiovascular disease. *Circulation research*, 121(2), 162-180.
5. Steptoe, A., & Kivimäki, M. (2012). Stress and cardiovascular disease. *Nature Reviews Cardiology*, 9(6), 360-370.