

1.1 INTRODUCTION

CVDs are responsible for one-quarter of all deaths worldwide. Despite the fact that about half of deaths in developed countries are due to CVDs, numerically, the developing world experiences more CVDs deaths than the industrialized world.

In Africa and elsewhere, development and the accompanying change in diet has occurred over a relatively short period of time, but the modification to the diet are very similar to the alteration in food patterns experienced by modern man as he passed through agricultural revolution and the industrial revolution of the last 8,000-10,000 years, because of the similarities of these a change-research in the developing countries would seem very important for the understanding of genesis of western disease.

It is a sober reflection that after at least three decades of intensive research in the primary or secondary prevention of IHD unequivocal evidence is not yet had that cardiac infarction can be prevented, life prolonged, or death delayed by any means including multifactor, risk reduction, pharmacological, or surgical (black burn 1978) this might suggest that coronary atherosclerosis is almost unique as a disease process, thus is inherently progressive or at least stationary, rarely never stable, but at the same time both a common and a life threatening complaint.

In Sudan up to recently the main cause of morbidity and mortality were attributed to communicable diseases and nutritional disorder. But due to rapid demographic changes NCDs emerged as new problems resulting in a double burden on health and of these NCDs IHD is of the most important.

The disease seems to be uncovered and requires more investigations in a country like Sudan, nevertheless the number of cases increase day by day as the general role of change towards modern life.

1.2 JUSTIFICATION

IHD is nowadays considered as one of the major killing of this third century worldwide.

In the developing countries and Sudan, the incidence of IHD is increasing painfully and represents a major undiscovered, latent or hidden cause of mortality in the society. This mainly attributed to the poverty of education and knowledge of the population about the predisposing risk factors in addition to the lack of organized prevention programmes.

Nevertheless, the scarcity of resources for their diagnoses and medical treatment of IHD patients, including the lack of drugs and appropriate health care services also play a major role in this rise in incidence.

There is lack of information in Sudan regarding the distribution of risk factors for IHD among the population, and little or few studies were made among Sudanese patients to define these risk factors. The accumulated biologic evidence concerning risk factors even if it is considered tentative, offers at the very least on important point to prevention, this fact should be initiative for the launching for words of massive and extensive epidemiological field studies to provide information about the prevalence of the risk factors, their magnitude and distribution in Sudan for the achievement of better health status.

1.3 OBJECTIVES

1. To generable the important risk factors contributing to incidence of IHD in Sudan.
2. To determine prevalence of important risk factors and magnitude of contribution of each of the etiology of IHD.
3. To assess the knowledge and attitude of the study population towards IHD.
4. Sea.
5. Age.
6. Smoking.
7. Alcholal.
- 8.
9. DM.