

Editorial

The Miracle of North Karelia: The Magic of Preventive Cardiology

No one who has anything to do with Cardiology can be unaware of the North Karelia Project of Finland. Fascinated as I have been with this more than 20 years old project, it was only recently that I had a chance to see the project in action in Joensuu and surrounding districts and to review the data collected over 20 years with some of the world's greatest living cardiovascular epidemiologists in Helsinki. Never have so few dedicated people made so great an impact as in the case of North Karelia.

We in Pakistan became aware of this pioneering project almost fifteen years ago when we invited the project leader and his associate to conduct a workshop at the NICVD Karachi and invited all Professors of Cardiology in Pakistan to participate in it. The project was in its infancy then. It is now a beacon to Cardiologists all over the world in what prevention can achieve and what co-operation between dedicated workers committed to their purpose and a willing and motivated population can achieve.

When North Karelia realized over twenty years ago that they had the unenviable position of being the heart attack capital of the world, the cardiologists, epidemiologists, primary health workers and the government of Finland decided that they will inform the public and together do something about it. The North Karelia project was planned and after obtaining necessary baseline data, intervention was started. No magic bullet, the same standard risk factor modification as everyone in the world is well aware of. There was major involvement of the community; the common people, the primary health centers, the radio, the T.V., the newspapers, the school, the food stores and the farmers. All involved energetically on a war footing, motivated by a group of dedicated men and women with a single mindedness of purpose hard to match.

Today, the project can justifiably be proud of what they have been able to achieve — over 65% reduction in coronary events. The cardiac wards which were filled with younger people with infarctions now again show an older population. The problem exists but is no longer the acute epidemic that it had become. The efforts now have been extended to all of Finland. There are indeed lessons for the whole world, and, the developing countries in particular, to learn from North Karelia. Everyone who has anything to do with preventive cardiology must study this project and visit North Karelia, if possible, to see the project in action.

One wonders what is most important in the final analysis? Is it a group of knowledgeable, honest and totally dedicated leaders or is it an educated, enlightened, trusting and motivated population that is most important for successful outcome? Obviously, it is both. One cannot clap with one hand. One needs the other!

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Editor.