

BIOE 301

Lecture 4: Leading Causes of Mortality, Ages 45-60 Global Health Challenges

Geoff Preidis
MD/PhD candidate
Baylor College of Medicine
preidis@post.harvard.edu



Summary of Lecture 3: Leading Causes of Mortality Ages 15-44

- Developing World
 1. HIV/AIDS
 2. Unintentional injuries
 3. Cardiovascular diseases
 4. Tuberculosis
- Developed World
 1. Unintentional injuries
 2. Cardiovascular diseases
 3. Cancer
 4. Self-inflicted injuries

1. HIV/AIDS

- While working at an outreach clinic in Africa, you encounter an HIV-positive woman with a positive pregnancy test.
 - By what routes can her baby contract HIV?
 - What can you do to lower this risk?
 - How effective are the measures you propose?

1. HIV/AIDS



2. Unintentional Injuries

- Do unintentional injuries account for more deaths in developed or developing countries? Give several reasons why.

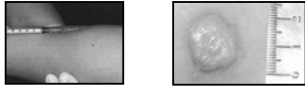


3. Cancer and Cardiovascular Diseases

- Will be discussed today!

4. Tuberculosis

- If your next PPD skin test is positive, what will your doctor do next?



4. Tuberculosis

- Primary or latent?



- Do you worry about resistance?

4. Self-Inflicted Injuries

- What disease ranks #1 in DALYs in developed countries?
- How can we prevent these injuries?

Lecture 4:

Leading Causes of Mortality Ages 45-60

- Developing World
 1. Cardiovascular diseases
 2. Cancer (malignant neoplasms)
 3. Unintentional injuries
 4. HIV/AIDS
- Developed World
 1. Cardiovascular diseases
 2. Cancer (malignant neoplasms)
 3. Unintentional injuries
 4. Digestive Diseases

OPEN ACCESS Freely available online

Combined Impact of Health Behaviours and Mortality in Men and Women: The EPIC-Norfolk Prospective Population Study

Kay-Tee Khaw^{1*}, Nicholas Wareham², Sheila Bingham³, Afssa Welch¹, Robert Luben¹, Nicholas Day¹

ABSTRACT

Background

There is overwhelming evidence that behavioural factors influence health, but the combined impact on the general population is less well documented. We aimed to quantify the potential combined impact of four health behaviours on mortality in men and women living in the general community.

Methods and Findings

We examined the prospective relationship between lifestyle and mortality in a prospective population study of 26,244 men and women aged 45–79 y with no known cardiovascular disease or cancer at baseline survey in 1993–1997, living in the general community in the United Kingdom, and followed up to 2006. Participants scored one point for each health behaviour: current non-smoking, not physically inactive, moderate alcohol intake (1–14 units/week) and plasma vitamin C >50 mmol/l indicating fruit and vegetable intake of at least five servings a day, for a total score ranging from zero to four. After an average 11 y follow-up, the age-, sex-, body mass-, and social class-adjusted relative risks (95% confidence intervals) for all cause mortality (1,987 deaths) for men and women who had three, two, one, and zero compared to four health behaviours were respectively, 1.39 (1.21–1.60), 1.95 (1.70–2.25), 2.2 (2.13–3.00), and 4.04 (2.95–5.54) $p < 0.001$ trend. The relationships were consistent in subgroups stratified by sex, age, body mass index, and social class, and after excluding death within 2 y. The trends were strongest for cardiovascular causes. The mortality risk for those with four compared to zero health behaviours was equivalent to being 14 y younger in chronological age.

Conclusions

Four health behaviours combined predict a 4-fold difference in total mortality in men and women, with an estimated impact equivalent to 14 y in chronological age.

Competing Interests: The authors have declared that no competing interests exist.

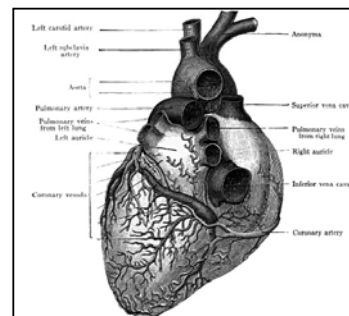
Academic Editor: Alan Lopez, The University of Queensland, Australia

Citation: Khaw KT, Wareham NJ, Bingham S, Welch A, Luben R, et al. (2008) Combined impact of health behaviours and mortality in men and women: the EPIC-Norfolk Prospective Population Study. PLoS Med 5(12): e1000132. doi:10.1371/journal.pmed.0050132

Received: July 14, 2007
Accepted: October 26, 2007
Published: January 8, 2008

Copyright: © 2008 Khaw et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1. Cardiovascular Diseases



70ml per beat... 1.3 gallons per minute... 1,900 gallons per day...
 700,000 gallons per year... 48 million gallons by age 70...

1. Cardiovascular Diseases

- Burden of Cardiovascular Diseases
- Ischemic Heart Disease
 - Epidemiology
 - Pathogenesis
 - Diagnosis
 - Treatment
- Cerebrovascular Disease
 - Epidemiology
 - Pathogenesis
 - Diagnosis
 - Treatment

Burden of Cardiovascular Diseases: Ages 15-44

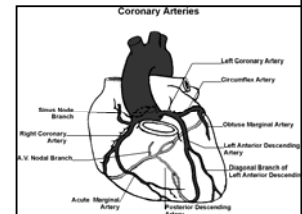
- 768,000 people ages 15-44 die as a result of cardiovascular disease every year
- Most common causes:
 - Ischemic heart disease (286,000 deaths)
 - Cerebrovascular disease (159,000 deaths)

Burden of Cardiovascular Diseases: Ages 45-60

- 2 million people ages 45-60 die as a result of cardiovascular disease every year
- Most common causes:
 - Ischemic heart disease (1 million deaths)
 - Cerebrovascular disease (625,000 deaths)

Ischemic Heart Disease: Epidemiology

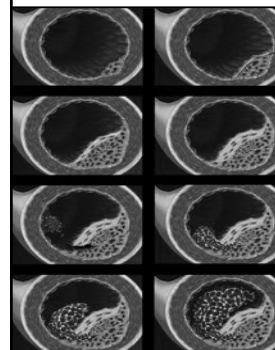
- United States
 - 12 million people have coronary artery disease
 - Causes more deaths, disability and economic cost than any other illness
- Risk factors
 - Positive family history
 - Diabetes
 - Hyperlipidemia
 - Hypertension
 - Smoking



Ischemic Heart Disease: Pathogenesis

- Atherosclerosis
 - Causes decrease in myocardial perfusion
 - Most common symptom is angina
 - Stable angina (75% lumen blockage)
 - Typically a 50-60 yo man or 65-75 yo woman
 - Heaviness, pressure, squeezing, smothering or choking
 - Localized to chest, may radiate to left shoulder and arms
 - Lasts 1-5 minutes
 - Unstable angina (more than 80% blockage)
 - Patients with angina that is:
 - New onset and severe and frequent
 - Accelerating
 - Angina at rest

Ischemic Heart Disease: Pathogenesis



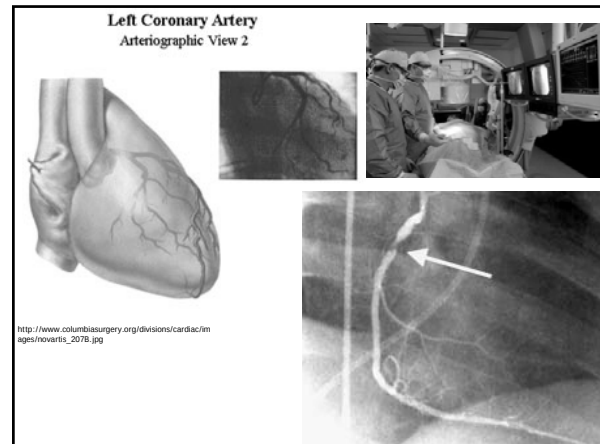
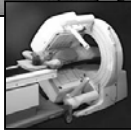
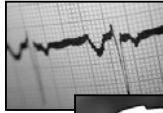
Evolution of a heart attack:

1. Endothelial injury
2. Fatty deposits
3. Fibrous cap with necrotic core
4. Unstable plaques rupture, thrombogenic core causes blood clots
5. Blood clots can lead to complete occlusion
6. Heart muscle supplied by occluded artery dies
7. If patient survives, affected heart muscle is replaced by scar tissue

- In the US, 30% of patients do not survive a first heart attack
- For 50% of CAD patients, their first symptom is a heart attack

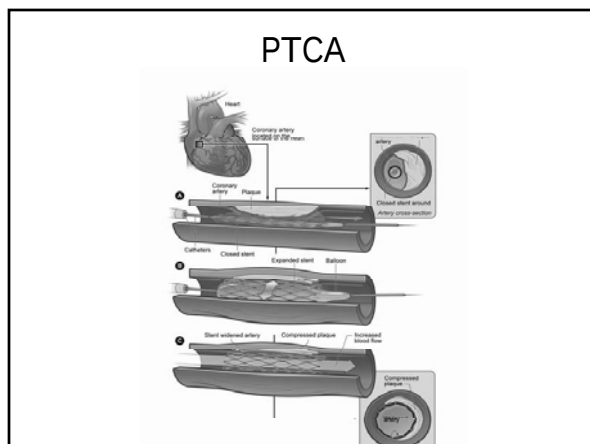
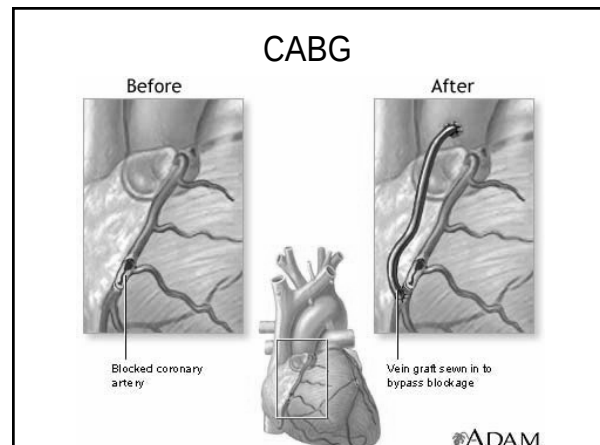
Ischemic Heart Disease: Diagnosis

- Usually made by history
- Physical exam may reveal other disorders
 - Lipid disorders
 - Hypertension
 - Diabetes
- Testing
 - EKG
 - Stress Testing
 - Coronary arteriography



Ischemic Heart Disease: Treatment

- Medical management (may relieve symptoms of CAD, but does not reduce coronary blockage)
 - Nitrates
 - Increase myocardial oxygen supply, systemic vasodilation
 - Beta blockers
 - Inhibit increases in heart rate and contractility
 - Decrease myocardial oxygen demand
 - Calcium channel agonists
 - Coronary vasodilators
- Thrombolysis
- CABG (Coronary Artery Bypass Grafting)
- PTCA (Percutaneous Transluminal Coronary Angioplasty)

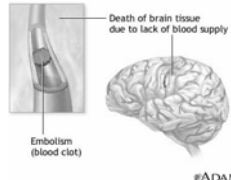


Cerebrovascular Disease: Epidemiology

- Third leading cause of death in the US
- Most prevalent neurologic disorder
- 87% caused by ischemia and resulting infarction

Cerebrovascular Disease: Pathogenesis

- Causes of stroke:
 - Blood vessel supplying the brain is blocked
 - Thrombosis (clot in vessel)
 - Embolism (clot breaks off and lodges in blood vessel in brain)
 - Vasoconstriction or spasm
 - Venous collapse



Cerebrovascular Disease: Pathogenesis

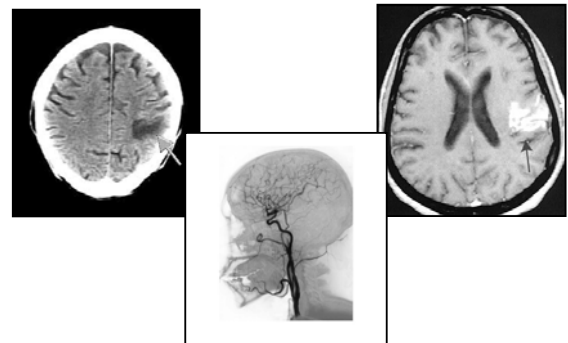
- Abrupt onset with focal neurologic deficit
 - Usually mini-event or warning signs
 - 15% Transient Ischemic Attacks (TIAs)
 - Reversible ischemia
 - Some lasting 24-72 hours
 - Completed stroke
 - Maximal deficit within hours
 - Often patient awakens with completed stroke
 - Usually preceded by TIA Progressive stroke
 - Ischemia worsens min. to min. or hour to hour

Cerebrovascular Disease: Diagnosis

- History
- Exam
- Imaging
 - CT Scan
 - MRI
 - MR Angiography

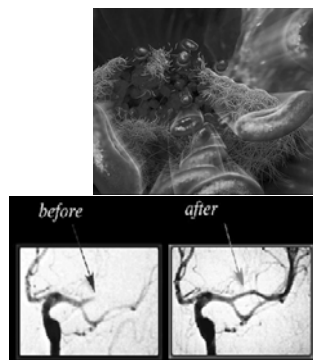


Cerebrovascular Disease: Diagnosis



Cerebrovascular Disease: Treatment

- Thrombolysis
- Rehabilitation
- Experimental
 - Angioplasty
 - Heparin
 - Coumarin
 - Aspirin



2. Cancer

- Cancer Overview
- Burden of Cancer
- Pathogenesis of Cancer
- Cancer Diagnosis
- Treatment of Cancer
- Cancer and Infectious Diseases
- Lung Cancer
 - Epidemiology
 - Clinical Manifestations
 - Treatment

Cancer Overview

- Cancer is a group of diseases characterized by uncontrolled cell growth
- Cancer cells usually form a tumor
 - Abnormal mass of tissue
 - Growth exceeds that of normal tissue
 - Purposeless and preys on host
 - Two types of tumors: Benign, Malignant
- Disease results from:
 - Abnormal growth, loss of normal function
 - Invasion, compression of adjacent tissues
 - Metastases to distant sites in the body

Burden of Cancer

- 2nd leading cause of death in US
- 1 of every 4 deaths is from cancer
- Nearly 1/2 of all men and 1/3 of all women will develop cancer at some point in their lives
- 5-year survival rate: 59%
- Annual costs: \$107 billion

Burden of Cancer, Ages 15-44

- Cancer kills 580,000 people ages 15-44 each year throughout the world
- Most common causes, ages 15-44:
 - Liver Cancer (68,000 deaths per year)
 - Leukemias (65,000)
 - Stomach Cancer (58,000)
 - Breast Cancer (57,000)

Burden of Cancer, Ages 45-60

- Cancer kills 1.5 million people ages 45-60 each year throughout the world
- Most common causes, ages 45-60:
 - Lung cancer (263,000 deaths per year)
 - Stomach cancer (185,000)
 - Liver cancer (179,000)
 - Breast cancer (148,000)

2007 Estimated US Cancer Deaths

	Men	Women		
Lung & bronchus	31%	26%	Lung & bronchus	
Prostate	9%	15%	Breast	
Colon & Rectum	9%	10%	Colon & rectum	
Pancreas	6%	6%	Ovary	
Leukemia	4%	6%	Pancreas	
Esophagus	4%	4%	Leukemia	
Liver & intrahepatic bile duct	4%	3%	Non-Hodgkin lymphoma	
Non-Hodgkin lymphoma	3%	3%	Uterine corpus	
Urinary bladder	3%	2%	Multiple myeloma	
Kidney	3%	2%	Brain/other nervous system	
All other sites	24%	23%	All other sites	

Source: American Cancer Society, 2007.

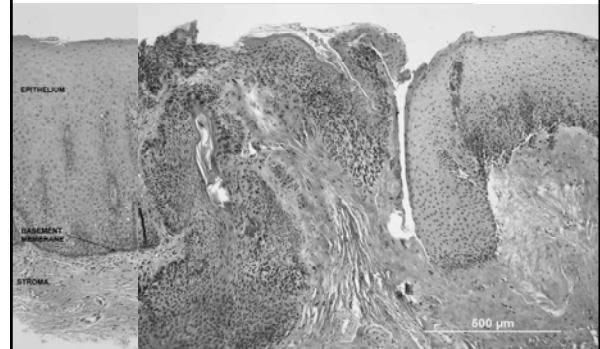
Pathogenesis of Cancer

- Natural history of most cancers include sequential phases:
 - Malignant transformation in target cell
 - Growth of transformed cells
 - Local invasion
 - Distant metastases

Pathogenesis of Cancer

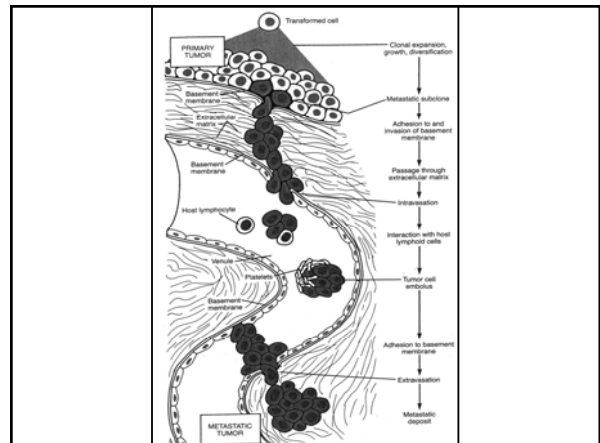
- Malignant Transformation, AKA Carcinogenesis:
 - Result of non-lethal genetic damage
 - Carcinogens, hereditary defects, or both
 - Tumor masses result from the clonal expansion of a single progenitor cell that has incurred genetic damage
 - Often, the host immune system is able to detect and eliminate the abnormally proliferating cells. But when these cells escape destruction...

Pathogenesis of Cancer



Pathogenesis of Cancer

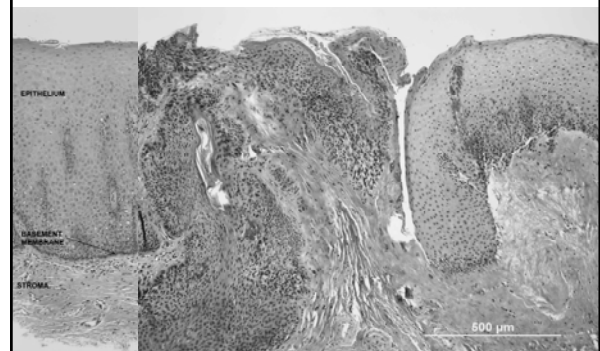
- How do tumors invade?
 - Detach from primary tumor
 - Degrade surrounding matrix
 - Migrate via blood or lymphatic vessels
- Metastasis causes 90% of cancer death

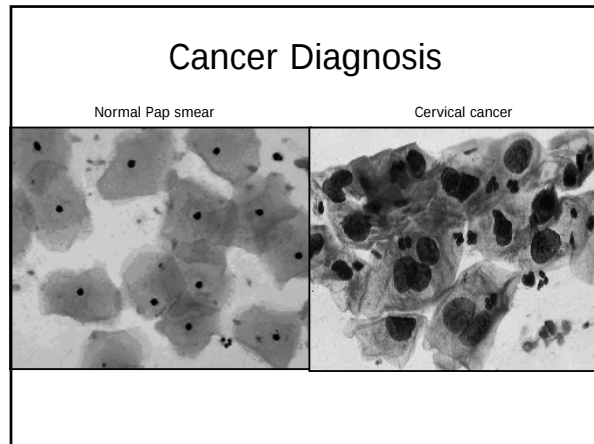


Cancer Diagnosis

- Benign tumors
 - Well differentiated
 - Dysplasia
 - Precancerous condition in epithelial tissue
 - Anaplastic cells in epithelium
 - Dysplasia does not always progress to cancer
- Malignant tumors
 - Range from well to poorly differentiated
 - Anaplasia:
 - Cells and nuclei show pleomorphism
 - Cells contain abundant DNA, coarse, clumped chromatin
 - Large NC ratio (1:1) rather than 1:4 or less
 - Large nucleoli
 - Large # of mitoses

Cancer Diagnosis

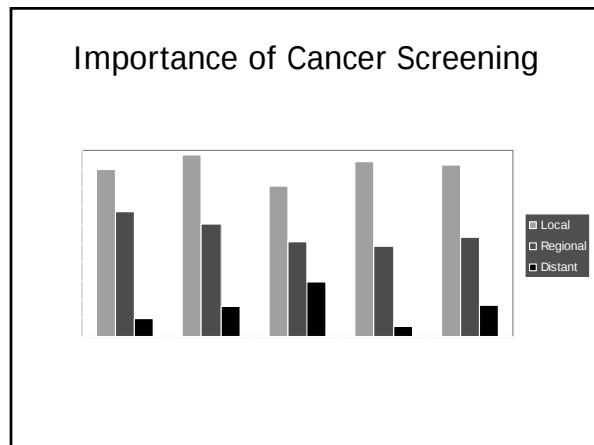




Treatment of Cancer

- Surgical excision
 - The most effective therapy, IF the entire tumor can be resected
 - 90% 5-year survival
 - Often, metastasis has already occurred
- Radiation/Chemotherapy
 - Side effects

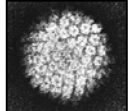




Cancer and Infectious Diseases

- Worldwide 15-20% of cancers are linked to infectious diseases
- These cancers can be avoided by preventing the infection associated with them

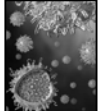
HPV, cervical cancer



H. pylori, stomach cancer



HBV, liver cancer



Lung Cancer: Epidemiology

- United States
 - 89,510 males die per year
 - 70,880 females die per year
 - Five year survival: 16%
 - Only 16% of patients are diagnosed with localized disease
- Risk factors
 - Smoking
 - Active: increases relative risk 13X
 - Passive: increases relative risk 1.5X

Lung Cancer: Clinical Manifestations

- Signs and symptoms
 - Coughing, wheezing, difficulty breathing, recurrent pneumonia
- Diagnosis:
 - Screening:
 - Trials of CXR, sputum cytology NOT SUCCESSFUL
 - Diagnostic:
 - CXR
 - CT directed biopsy
 - Bronchoscopically directed biopsy
- Staging: localized vs. distant disease



Lung Cancer: Treatment

- Localized
 - Small: Possibly surgery
 - Large: Surgery + Adjunct Chemo or Radiation Therapy
- Metastatic:
 - Chemo + Radiation Therapy

3. Unintentional Injuries

- More than 618,000 people ages 45-60 die from unintentional injuries each year
- Leading cause is *road accidents*:
 - 222,000 deaths per year in this age group
- Covered in *Lecture 3*

4. HIV/AIDS

- In the developing world, causes 386,000 deaths in people ages 45-60 per year
- Covered in *Lecture 3*

4. Digestive Diseases

- Burden of digestive diseases
- Normal liver
- Cirrhosis
- Hepatitis

Burden of Digestive Diseases

- Worldwide, 456,000 people aged 45-60 die each year from digestive diseases
- Cirrhosis of the liver
 - Kills 250,000 people each year between the ages of 45 and 60

Normal Liver

- Largest organ in the body
 - Metabolizes fat and glucose
 - Helps remove toxic substances from blood
- Produces:
 - Bile to help absorb fats
 - Proteins that regulate blood clotting
 - Immune agents
- Loss of liver function can produce severe disease and death

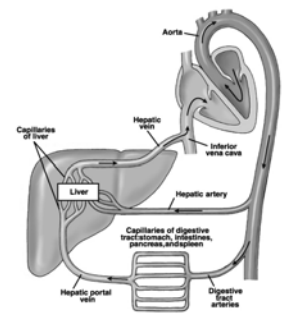
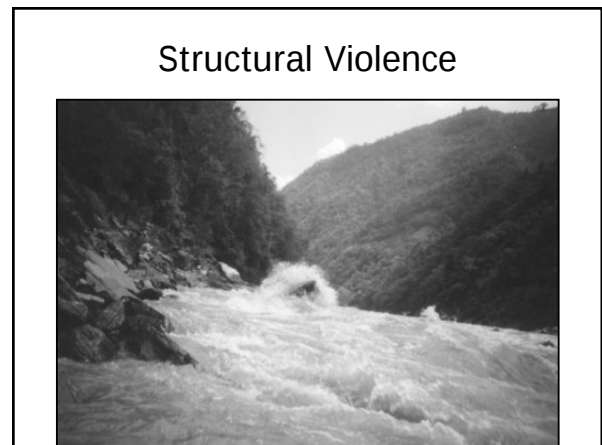
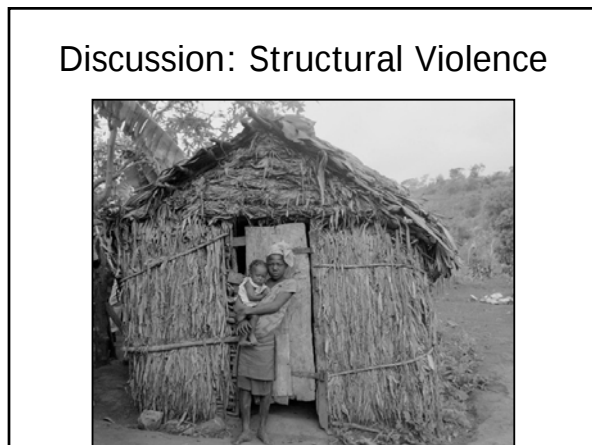
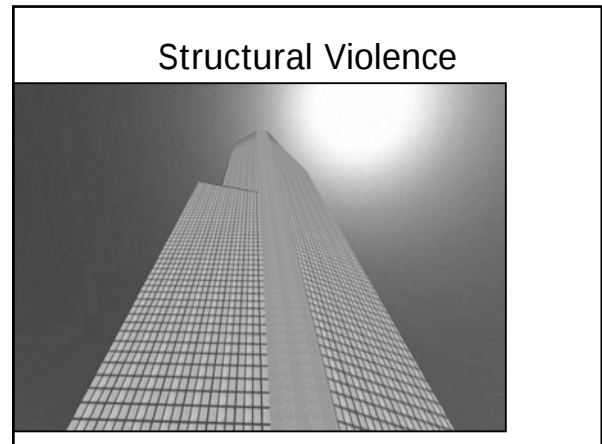


Table 85.28

Developing Countries			Developed Countries		
Cause of Disability	# DALYs	% of Total DALYs	Cause of Disability	# DALYs	% of Total DALYs
Cardiovascular diseases	10,512,020	8.4%	Cardiovascular diseases	2,172,000	4.2%
Diarrhoea	9,735,070	8.1%	Unintentional injuries	2,026,111	4.1%
Chronic obstructive pulmonary disease	8,174,074	6.8%	Alcohol use disorders	1,824,107	3.7%
Chronic obstructive pulmonary disease	7,257,001	6.1%	Traumatic brain injury	1,712,011	3.4%
Hepatitis B, adult onset	6,661,072	5.6%	Chronic obstructive pulmonary disease	1,702,040	3.4%
HIV/AIDS	6,708,101	5.6%	Depression	1,648,700	3.3%
Ischemic heart disease	6,591,000	5.5%	Depression of the fetus	1,535,000	3.1%
Chronic obstructive pulmonary disease	4,787,011	4.0%	Depression of the fetus	1,508,000	3.0%
Diabetes mellitus	4,045,075	3.4%	Alcohol use disorders	1,088,000	2.2%
Total DALYs	125,330,102		Total DALYs	48,612,000	
Total Population	600,316,709		Total Population	254,500,004	
DALYs Rate	20.9%		DALYs Rate	19.1%	



Structural Violence

"It's not just a treaty... it may well become the international Magna Carta"
--Eleanor Roosevelt

Structural Violence

ARTICLE 25
 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

ARTICLE 27
 Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

New World of Global Health

- Bill and Melinda Gates Foundation
 - \$14.4 billion since 1999 to global health issues
 - August 24, 2006 gift from Warren Buffett
 - Exceeds the WHO budget during the same time
- Global Fund to Fight AIDS, TB and Malaria
 - \$10 billion to 136 countries since 2002
- President's Emergency Plan for HIV/AIDS Relief (PEPFAR)
 - \$18.8 billion since 2004

Challenges Faced

- Countries struggle with procurement policies, hard to convert \$\$ to drugs
- Shortages of trained health care workers
 - See *The World Health Report 2006*, WHO
- Corruption
- Lack of coherent approach

What is a Grand Challenge in Global Health?

- Scientific or technical innovation that:
 - Removes a critical barrier to solving an important health problem in developing world
 - High likelihood of global impact and feasibility
- Different than:
 - Simple statement of a "big problem" in global health
 - HIV/AIDS, malnutrition, lack of access to medical care, lack of resources
- Meant to:
 - Direct investigators to specific breakthrough that provides solution to a significant health problem(s)
- See <http://www.gcgh.org/>

Grand Challenges in Global Health

- \$200 million medical research initiative
 - Bill and Melinda Gates Foundation
 - National Institutes of Health (NIH)
 - Encourage scientific and technological solutions to diseases that disproportionately affect the developing world
 - Announced in January 2003

Call for Grand Challenges

- Call For Ideas I (May 2003)
 - 1048 submissions from scientists and institutions in 75 countries
- Scientific Board heard proposals (August 2004)
 - Problem
 - Roadblock (obstacle to progress)
 - Challenge
 - List of potential benefits
- Funding increased to \$450 million

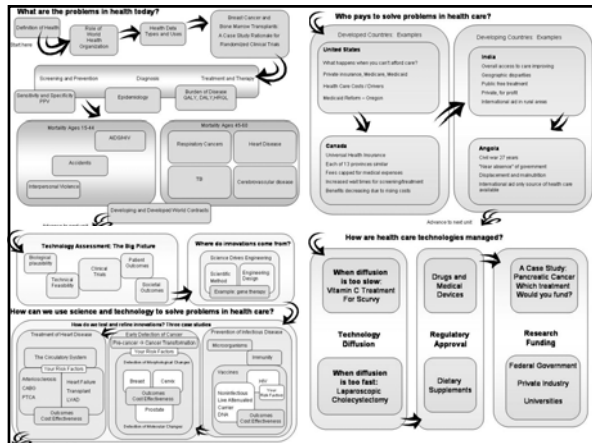
Goals and Grand Challenges

- Seven Long Range Goals
- 14 Grand Challenges
- Heavily oriented toward infectious disease
 - Infectious diseases account for the most profound discrepancies between advanced and developing economies
 - Causes of infectious diseases are well-known
 - Can more easily formulate technical and scientific obstacles to progress

Grand Challenge Proposals

- NIH issued request for proposals to address challenges
 - Grants of up to \$20M over five years or less
- <http://www.gcgh.org/>
- Results reported in Science (Oct 17, 2003)

GOAL: To improve childhood vaccines:
GC #1 Create effective single-dose vaccines that can be used soon after birth
GC#2 Prepare vaccines that do not require refrigeration
GC#3 Develop needle-free delivery systems for vaccines
GOAL: To create new vaccines:
GC#4 Devise reliable tests in model systems to evaluate live attenuated vaccines
GC#5 Solve how to design antigens for effective, protective immunity
GC#6 Learn which immunological responses provide protective immunity
GOAL: To control insects that transmit agents of disease:
GC#7 Develop a genetic strategy to deplete or incapacitate a disease-transmitting insect population
GC#8 Develop a chemical strategy to deplete or incapacitate a disease-transmitting insect population
GOAL: To improve nutrition to promote health:
GC#9 Create a full range of optimal, bioavailable nutrients in a single staple plant species
GOAL: To improve drug treatment of infectious diseases:
GC#10 Discover drugs and delivery systems that minimize the likelihood of drug resistant micro-organisms
GOAL: To cure latent and chronic infections:
GC#11 Create therapies that can cure latent infections
GC#12 Create immunological methods that can cure chronic infections
GOAL: To measure disease and health status accurately and economically in developing countries:
GC#13 Develop technologies that permit quantitative assessment of population health status
GC#14 Develop technologies that allow assessment of individuals for multiple conditions or pathogens at point-of-care



Closing Thoughts

“A gigantic wall is being constructed in the Third World, to hide the reality of the poor majorities. A wall between the rich and the poor is being built, so that poverty does not annoy the powerful and the poor are obliged to die in the silence of history. A wall of disinformation is being built to casually pervert the reality of the Third World.” — *Pablo Richard*

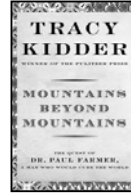


Poverty wields its destructive influence from the moment of conception to the grave. It conspires with the most deadly and painful diseases to bring a wretched existence to all who suffer from it. — *World Health Organization*

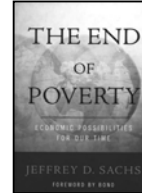
"The trouble with the rat race is that even if you win,
you're still a rat."
~Lily Tomlin, actress



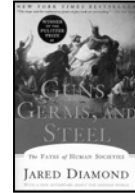
Warmly Recommended Reading



Mountains Beyond Mountains
by Tracy Kidder



The End of Poverty
by Jeffrey Sachs



Guns, Germs, and Steel
by Jared Diamond

Assignments Due Next Time

- HW2
- Project Task 1 due one week from today