



A history of bad hearts:

The link between cardiovascular disease and genes

A 20-YEAR-OLD with a family history of high cholesterol could be at risk of developing heart disease even if they live healthily.

“If you have familial hypercholesterolemia (FH), your children have a 50% chance of inheriting it,” said Dr. Jose Donato A. Magno, executive director and cardiovascular chief of the Cardiovascular Institute at the Angeles University Medical Center, at a recent webinar by the Department of Science and Technology.

FH, an inherited disorder that affects how the body recycles “bad” cholesterol, should be the primary goal of cholesterol screening, according to medical experts.

LDL (low-density lipoprotein) — the so-called “bad” cholesterol — contributes to plaque formation in the arteries, causing decreased blood flow to the heart.

People with FH have a higher risk of heart disease, said Dr. Rody G. Sy, a professor *emeritus* of the

University of the Philippines-Manila’s College of medicine. Though the condition is present from birth, its symptoms may not appear until adulthood.

Children with untreated FH have a “dramatic” increase in the risk of premature coronary heart disease (CHD) after the age of 20, Dr. Sy added. “Mortality rates from CHD in FH are 100 times greater in those between 20–39 years old,” he said. “It is four times greater in those between 40–59 years old.”

To lessen the burden of the disease in adulthood, probe into the family history, Dr. Magno said.

“We need to focus efforts on populations at risk to enhance our pickup of FH,” he added.

Cascade screening, which identifies relatives who have the same genetic condition as a patient, reduces the average age of an FH diagnosis. Meanwhile, targeted screening — or the screening of specific populations — is recommended for children two

years or younger if one or both biological parents are known to have hypercholesterolemia or are receiving medicines that lower lipids, or if there is a family history of premature atherosclerotic cardiovascular disease.

Screening can be done through a blood test or through genetic testing.

Dr. Magno added that the telltale signs of the disease are a buildup of fat around one’s knees, knuckles, and elbows; and a silvery

color in the shape of a half-moon on the outside of one’s cornea.

When it comes to LDL cholesterol, remember the number 190 mg/dL, said Dr. Lourdes G. Santos, preventive cardiology head of the Cardinal Santos Medical Center.

“If you see this number, let it [kick start] your journey into discovering if you have FH,” she said. “That is a red flag for screening.”

The optimal level of LDL is less than 100 mg/dl among adults. — **Patricia B. Mirasol**

OPINION

Taking care of those who take care of us

Our recent experience with the coronavirus disease 2019 (COVID-19) pandemic highlights the need to build the health workforce back better. Health workers served as frontliners, with many of them getting sick or even dying from COVID-19 and its complications.

It is high time to do more to support the health workforce with necessary investments, and with policies that will better train, deploy, equip, protect, retain and support health workers.

MEDICINE CABINET
TEODORO B. PADILLA

Organized by the Frontline Health Workers Coalition, the WHO and other partners, Health Worker Week celebrates and raises awareness of the important role of health workers everywhere. Celebrated April 4–8, this year’s World Health Worker Week theme is “Build the Health Workforce Back Better.”

At the height of the COVID-19 pandemic, the PHAPCares Foundation spearheaded a campaign that seeks to strengthen health care system capacity, and protect health care workers.

PHAPCares members provide personal protective equipment sets, test kits, ventilators, medicines, vitamins, vaccines, personal hygiene items, disinfectants, and food packs for frontline health workers, patients and affected communities.

The commitment to support health workers and the communities impacted by the pandemic, disasters, and armed conflicts will continue this year as the PHAPCares Foundation names its new officers and trustees.

This year, the PHAPCares Foundation will be led by its officers: President Lotis Ramin (President, AstraZeneca Pharmaceuticals Phils.); vice president Jugo Tsumura (President and Managing Director, Novartis Healthcare Pharmaceutical, Inc.); and treasurer Melissa Belvis (General Manager, Abbott Philippines).

Also serving as trustees are Yee Kok Cheong (General Manager, Boehringer Ingelheim Philippines); Janette Jakosalem (Market Managing Director, Zuellig Pharma Philippines); Angel-Michael Evangelista (Managing Director and

Country Division Head, Pharmaceuticals, Bayer Philippines); Maria Rosarita Quijano-Siasoco (Executive Director, PHAPCares Foundation); Dr. Corazon Maglaya (Honorary Trustee); and myself.

By partnering with the Metropolitan Manila Development Authority (MMDA), the PHAPCares Foundation added Earthquake, Landslide, Search and Rescue Orientation Course (ELSA-ROC) training for health workers to improve disaster response.

Guided by the whole-of-society and whole-of-government approach of the Universal Health Care (UHC) Act, the 2020–2040 Human Resources for Health (HRH) Masterplan of the Department of Health (DoH) serves as the long-term strategic plan for the management and development of HRH in the country.

Its guiding principle is to provide qualified HRH with rural background with scholarships in learning institutions near their places of origin; learning and development opportunities; and improved working conditions with their protection and wellbeing in mind.

The HRH Masterplan is implemented through a multi-stakeholder HRH Network

composed of both public and private organizations and agencies. The HRH Masterplan is composed of short-, medium- and long-term plans. Each plan defines the scenarios that need to be addressed, strategic focus of interventions, resource requirements, and monitoring and evaluation considerations.

To strengthen primary care services in the country, the World Health Organization (WHO) Workload Indicators of Staffing Needs (WISN) study in 2019 estimated a requirement of 240,780 physicians, nurses, midwives, and medical technologists in all rural health units (RHUs) and 12,950 nurses and midwives in barangay health stations (BHS).

Seeking to achieve a more equitable HRH distribution, the DoH has deployed health workers in Geographically-Isolated and Disadvantaged Areas (GIDAs), low-income class municipalities, municipalities with Indigenous Peoples, and national priority areas for poverty-reduction and peacebuilding efforts.

In 2020, the DoH deployed a total of 29,509 health professionals and public health associates and complemented the health workforce

in 1,634 municipalities and cities. Of the total health workforce that were deployed, 15,441 physicians, nurses and midwives were assigned in 978 municipalities with GIDAs, while 8,681 were assigned in 749 fourth- to sixth-class municipalities.

Good health and thriving economies are inextricably linked, and hinge on access to quality and effective health services necessary for all citizens to lead healthy, safe, and productive lives.

Building robust health economies requires the commitment of resources not only in infrastructure and systems, but also in investing in and supporting health workers who are able and fully equipped to serve the people in their communities.

TEODORO B. PADILLA is the executive director of Pharmaceutical and Healthcare Association of the Philippines (PHAP), which represents the biopharmaceutical medicines and vaccines industry in the country. Its members are at the forefront of research and development efforts for COVID-19 and other diseases that affect Filipinos.



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