

Some Aspects of Cardiology Practice in Lebanon

The last ten years have witnessed an important increase in meetings and congresses in the Middle East region and especially in Cardiology. Those meetings gathered people from different countries with different health care systems, different lifestyles.

Many of the clinical trials are performed in westernized countries but their results are applied in countries with less resources and different genetic predisposition. There is a need to increase joint meetings between neighbored countries in order to exchange experiences and to come out with a management strategy taking in consideration economic status and demographic state.

It is within this scope that I have been invited to give an idea about Cardiology practice in Lebanon and cardiovascular risk profile of the Lebanese Population.

The first Medical school was the American University of Beirut followed by the French Faculty of Medicine. For many years medicine was provided by those two schools which led to two different system of work. This also allowed many Lebanese to emigrate to USA and Europe. Many of them have occupied high position in the field of Cardiology. One of these examples is Michael De Bakey a very well known specialist in cardiac surgery.

After 1970 a Lebanese school of Medicine was created and teachers from both educational systems were invited to give lectures. English and/or French languages were allowed. This gave strength to the students who took advantages of this and were able to travel to USA or Europe for training.

There are about 500 cardiologists and cardiac surgeons working in more than one hundred centers. Most of these centers are private and because of political and demographic considerations all were allowed to have catheterization labs and cardiac surgery departments.

Lebanon's population is estimated around 4 million inhabitants, 80% of which resides in urban areas.

The number of cardiac surgery cases is estimated to be around 2000 per year.

Interventional cardiology has also grown rapidly and a registry is ongoing in many centers. Results will be available at the end of this year and will be published.

Because of this high number of centers and the small distances, and due to the public awareness on myocardial infarction patients are arriving at hospitals very early to permit intervention in acute states. But this is only possible if the patient has a health care coverage. This creates sometimes delays in the process. Another point to be mentioned is that many cardiologists think that angioplasty is better than thrombolysis which is a subject of debates in our meetings.

In most of the cases coronary angiography is performed before discharge.

There are three centers for nuclear cardiology. But there are no re-education centers for post-myocardial infarction or post-cardiac surgery patients?

For non-acute angioplasty or cardiac surgery the Ministry of Health (who covers more than 70% of the cases) has created an expert committee and every case should be cleared before any intervention in order to avoid over-indications. This is not the case

for the patients who are covered by the Social Security Funds. The Lebanese Society of Cardiology is trying to set up guidelines for this. But this is not easy.

Although rheumatic valvular disease has decreased importantly, percutaneous mitral commissurotomy has been performed in one center with good results.

Electrophysiology has grown very slowly during the war and the only activity in this field was cardiac pacemakers implantation. Very recently, and because of advanced technology and results of clinical trials, implantation of implantable cardiac defibrillators and triple chamber pacemakers is increasing. But still we need to have an expert committee to avoid over-indications. Ablation therapy is on the way and some very successful cases have been done. It has taken much time to convince general cardiologists and third party payers on the utilization of such technique.

Congenital heart disease has occupied recently a very important place and all pediatric cardiologists work together as a team all over the country and a national registry collects almost all cases.

Heart transplant has not grown importantly although some cases have been done very successfully. One of the major causes is absence of law permitting automatic extraction of living heart and secondly the affective links between families which do not allow easily asking people to give the heart of a young. Awareness campaigns have been done in this way and because of possible religious considerations joint round table with Muslims and Christians together are held in the media. Maybe something should be done between neighbored countries (cutting the frontiers) to organize a regional institution for heart transplant.

Cardiovascular risk factors management has been one of the concerns of cardiologists since new drugs are available (anti-hypertensive, diabetes and lipid-lowering drugs) and because of the influence of drug industries who push physicians to prescribe these drugs. But it is of great importance to say that cardiologists are more interested in "chemical" prevention and they rarely spend enough time with their patients for education and lifestyle counseling. For example many cardiologists still smoke and rarely a smoking cessation strategy is undertaken to help patients quitting cigarettes. Because of this, the Lebanese Order of Physicians has created a Lebanese Task Force for prevention of cardiovascular disease in order to establish guidelines taking in consideration the economic status of the country and to encourage physicians to consider lifestyle modifications before embarking in costly therapies. Very recently a meeting has been held under the title "Prevention at low cost".

In conclusion one could say that practice of cardiology in Lebanon is particular and much more money is spent for therapy than for prevention. The Lebanese Society of Cardiology has the difficult task to improve this practice.

Charles Jazra, MD, FESC, FACC
Past-president of the Lebanese Society of Cardiology
General Secretary of the Lebanese Order of Physicians
Bawchrieh, Lebanon