

Health checkups: Boon or burden?—Authors' reply

We thank Anoop Kapoor and Shiridhar Kashyap for liking our article.¹ We recommend routine screening for dyslipidaemia in men >45 years and women >55 years of age, to minimize unwarranted investigations. Increasingly, especially in urban India, coronary artery disease (CAD) occurs in younger people. Data on the same is limited and the prevalence has never been established as being more than 12%–16%.² We cannot recommend universal screening for this in the younger population. We suggest individualizing the need to assess CAD in men <45 years and women <55 years of age based on preliminary non-invasive screening for modifiable and non-modifiable CAD risk factors (such as family history of CAD, hypertension, smoking, obesity, pre-existing diabetes mellitus and lifestyle factors). The INTERHEART study recruited 30 000 participants including a number of Indians. They found that nine potentially modifiable risk factors accounted for an overwhelmingly large (>90%) proportion of the risk of an initial acute myocardial infarction.³ We recommend health education and primary prevention as the most cost-effective CAD preventive intervention in the younger age group, given the limitation of resources in our setting.

REFERENCES

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