Introduction

Coronary heart disease (CHD) is a well-established major cause of death and disability in both developed and developing countries ***(Lopez and Murray., 1998)***.

Regardless of declines in developed countries, both CHD mortality and the prevalence of CHD risk factors continue to rise rapidly in developing countries ***(Okrainec et al., 2004)***.

The relationship between CHD and risk factors such as smoking, high blood pressure, diabetes, obesity, and distribution of body fat is well established in developed countries ***(Stamler et al., 2005)***.

These risk factors are useful for assessment of an individual's cardiovascular risk ***(Spence et al., 1999)***.

Geographic variations in CHD have been explained by variations in major risk factors and/or socioeconomic factors in a number of studies, but some variation tends to remain, even after controlling for these factors. Disparities in cardiovascular outcomes across geographic regions are common, but not yet well understood ***(Moise and Jacobzone., 2003)***.

The Framingham Heart Study found that patients with 2 or more cardiac risk factors had a substantially higher lifetime risk for cardiovascular disease ***(Lloyd-Jones et al., 2006)***.

The available scientific evidence shows that the positive modification of cardiovascular risk factors reduces the risk of recurrent ischemic heart diseases, and mortality in these patients ***(Spence et al., 1999)***.