

# Monica Monograph and Multimedia Sourcebook

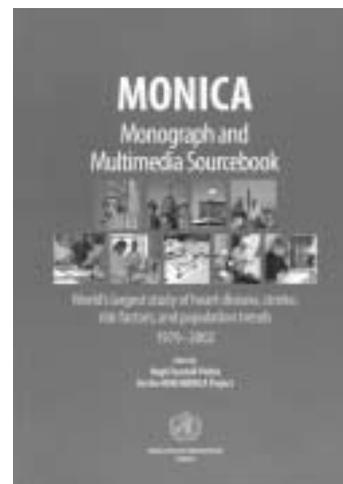
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**PUBLISHER** World Health Organisation, 2003.

**ISBN** 92 4 156223 4

**PRICE** CHF 45.00 / US \$ 40.50 (In developing countries: CHF 30.50)

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## BACKGROUND & CONTENT

In 1978, the Bethesda conference recognised the need to seek an explanation for the dramatic international changes in cardiovascular disease rates occurring over short time periods. This led to one of the greatest ever collaborative epidemiological projects, WHO MONICA, covering 38 populations in 21 countries on 4 continents. A wealth of publications followed, analysing and reporting on specific countries and overall trends in mortality rates, treatments and risk factors (*Lancet* 1999, 2000), Heart Disease and Stroke. The immense work included research planning, method standardisation, quality assurance, training, data processing, publication and dissemination. And all this in spite of the Iron Curtain.

This publication contains a wealth of information on the study, the participating populations and research teams, abstracts of publications, a mass of technical information, a dataset for exploration and analysis, and graphics of the key results.

## STYLE & PRESENTATION

This is an attractive, colourful, paperback; well illustrated, referenced and indexed.

## THE GROUP OF READERS TO WHICH THE BOOK IS MOST LIKELY TO APPEAL

It is of potential interest to public health planners, specialists and students. It would be essential reading for

cardiovascular epidemiologists, particularly anyone planning high quality collaborative research.

## POSSIBLE IMPACT

The impact of the MONICA project has been huge. High quality data from each centre has often powerfully influenced local strategy and policies. The generous sharing of data has fuelled a wealth of secondary analyses.

Between the mid-1980s and mid-1990s, there was an overall 27% fall in CHD mortality rates, representing a 6% reduction from improved case fatality (principally medical treatments) and a 21% fall in event rates (*Lancet* 1999; **353**:1547–57). Event rates principally reflect incidents and hence risk factor changes, most reductions in cholesterol, smoking and blood pressure. The contribution of other risk factors is much weaker. The validation of national mortality statistics was also crucial, enabling the creation of the inverted pyramid now familiar in numerous lectures. The message was clear: international variations in cardiovascular disease are mainly environmental, not genetic.

The heritage of MONICA is substantial, including the high quality of later studies such as ARIC. Subsequent analyses confirm the very powerful role of cholesterol and suggest that in countries with recent falls in CHD mortality, about 60% can usually be attributed to reductions in risk factors with some 35% attributable to medical therapies and 5% to re-vascularisation (*Circulation* 2004; **109**(9):1101–7). The legacy of MONICA will persist for some decades.