The Crucial Importance of Optimal Primary and Secondary Prevention of Cardiovascular Disease during COVID-19 Pandemic

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We read the article written by Wang TD., with great interest. As mentioned in the article, although severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) enters cell through the angiotensin-converting enzyme 2 receptor, renin-angiotensin system inhibitors might cause a therapeutic or protective effect in coronavirus disease 2019 (COVID-19). The presence of cardiovascular diseases (CVDs) and risk factors of CVDs in a vast majority of COVID-19 patients, render the optimal treatment of CVDs more important in the COVID-19 pandemic. However, in prevention of CVDs, the target values are not achieved in some patients. In addition, some patients don't adhere to the regular use of antiplatelets and statins while some don't take them at all.2 It's reported that the target values and patient adherence are achieved to a greater extent in countries where 'nursecoordinated preventive cardiology programmes' are implemented because of the shortcomings in prevention of CVDs and low patient adherence to treatment.²

COVID-19 pandemic does not have a definite treatment and it's not known when it will end. Therefore, 'nurse-coordinated preventive cardiology programmes' can be extended, especially for the secondary prevention of CVDs to make sure that patients know that one of the two most important medications that they already have to take statins that inhibit the Ebola virus, an RNA-virus like SARS-CoV-2, ³ as well as the other most

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important medication aspirin, which has an antiviral effect, ⁴ also have preventive and therapeutic effects on acute respiratory distress syndrome when taken before hospitalization. ⁵ Hence, patient adherence to treatment can be improved and the target values can be achieved, thereby reducing the risk factors of CVDs and making positive contributions to the course of COVID-19 pandemic.

CONFLICT OF INTEREST

All the authors declare no conflict of interest.

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