

attack deaths that occur annually in the USA approximately 60% occur suddenly or outside of a hospital before treatment can be administered (Surgeon General, 1988).

Coronary heart disease usually implies atheroma. This consists of fatty deposits in the arterial wall which increase slowly in size, narrowing the arterial wall. They may calcify or ulcerate providing a raw surface for thrombi to form, which in turn embolize or occlude the lumen. Critical narrowing of the lumen by atheroma, thrombus and/or spasm, cause regional myocardial ischemia and infarction which predispose to fatal cardiac arrhythmias.

The clinical syndromes of coronary heart disease are as follows:

1. Angina pectoris.
2. Cardiac infarction.
3. Sudden death.

Despite its importance coronary heart disease is not a notifiable disease and morbidity data are not routinely collected. Mortality rates are generally used to compare incidence of coronary heart disease where no specially mounted epidemiological study exists (Miller and Farmer, 1982).

Trends in coronary heart disease mortality are of major public health importance, both because of their impact on the overall health status of populations and because of the insights these trends can provide for the control of noncommunicable diseases in general (Beaglehole, 1990).