The goal was to facilitate screening and detection of cardiovascular disease in South Asians by earlier risk factor modification, lifestyle interventions, and pharmacotherapy if appropriate.

Subjects had been living in Canada on average for 18 years. One third (32.3%) were vegetarian, 65.8% exercised fewer than 4 days/week, and 66% considered themselves overweight.

At baseline assessment, LDL-cholesterol was at 2.5 (0.97) mmol/L. 118 subjects (35.5%) were referred to the SA Risk Assessment Clinic in Brampton, ON.

Between June 2010 and April 2012, 483 subjects were referred to the SA Risk Assessment Clinic. Inclusion criteria for referral included SA ethnicity, age ≥30y for men or >40y for women, and presence of one or more CHD risk factors. Patients were evaluated in their language of choice by specialists expert in ethnic-specific risk reduction strategies in SA without prior CHD.

Primary objectives
- To provide cardiovascular screening of individuals of SA descent in an effort to promote earlier risk factor modification, lifestyle interventions, and pharmacotherapy if appropriate.
- To reduce the burden of South Asian diabetes and cardiovascular disease in Canada by earlier screening and detection of risk factors, and implementing evidence-based risk reduction strategies.

Secondary objectives
- To evaluate the prevalence of CHD risk factors and its correlation to biochemical risk markers and Framingham Risk Score (FRS).
- To disseminate best practices and the key concept of cardiovascular disease.

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- To disseminate best practices and the key concept of cardiovascular disease.

South Asians referred to a specialized clinic for primary prevention of CHD have a high prevalence of abdominal obesity, hypertension, hyperlipidemia, diabetes and metabolic syndrome, and tend to be sedentary.

Overall, 43.9% of these subjects had a high FRS. Suboptimal control was observed for hypertension, particularly in patients with diabetes, and for LDL-c in the higher FRS groups.

Underlying CHD was identified in 7.2% of subjects, including those with low or intermediate FRS. Reliance on FRS alone may significantly underestimate true CHD risk in the South Asian population.

Based upon abnormal non-invasive test results or elicited symptoms, coronary angiography was performed in 50 patients, of whom 70% (35) were found to have CHD.

At baseline assessment, 37.5% of the patients proven to have CHD had a low or intermediate FRS.

The mean age was 55.3y (±12.0), and 68.7% were male. Subjects had been living in Canada on average for 18 years. One third (32.3%) were vegetarian.

Lipid lowering therapy was being used in 57.6% (n=278) of patients and 49.5% (n=239) of patients found to have CHD.

Framingham Risk Score By Gender

<table>
<thead>
<tr>
<th>Age (SD)</th>
<th>Men (n=332)</th>
<th>Women (n=131)</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.4y (12.1)</td>
<td>59.4y (10.9)</td>
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| FRS- High | 152 (45.8%) | 60 (39.7%) |
| FRS- Moderate | 62 (18.7%) | 27 (17.9%) |
| FRS- Low | 118 (35.5%) | 64 (42.4%) |

Acknowledgements
This work was supported in part by a grant from Merck Canada Inc.