

Climate Change's Impact on Cardiac Health

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PERSEPECTIVE

The earth's climate is changing, and significant sections of the globe are experiencing rising ambient heat levels. Anthropogenic greenhouse gas emissions are a major contributor to this change. Climate change has a number of negative health consequences, including cardiac health. Persons with pre-existing medical disorders, such as cardiac disease (including heart failure), people who work physically demanding jobs, and the elderly, are especially vulnerable. This study assesses the evidence basis for the heart health effects of changing climate conditions, with a focus on increased heat exposure, as well as the potential for further repercussions.

Our planet's climate is changing as a result of human activities. Increased atmospheric concentrations of energy-trapping gases (greenhouse gases) generated by burning fossil fuels like coal, oil, and natural gas, as well as methane emitted by ruminant agricultural animals like cows and sheep, are contributing to climate change. In the twentieth century, the average global temperature increased by 0.85°C, with the majority of this warming occurring since 1975. Nearly the last 30 years, the rate of global warming has risen to over 0.18°C each decade. Because changing temperature is the most reliable model output of climate change, any significant health impacts linked to ambient temperature may be examined with confidence. Other projected climate change effects, such as more severe and extreme weather events, rising sea levels, and a scarcity of water and food in broad places, are important to population health, but they are not as closely linked to heart health as rising temperatures. The impact of increased ambient heat on cardiac health will be the focus of this research.

Climate change is responsible for a variety of health hazard exposures and their consequences. If a health issue is influenced by climate, climate change in a specific place could, of course, have an impact. Intense heat exposure and malnutrition are the primary causes of heart disease. Reduced exposure to extreme cold may benefit

heart disease, but the link between cold and health is stronger for respiratory diseases, and the areas of the world where the effects of cold on health are occurring have a much smaller population than tropical areas where extreme heat is already a real health problem. Even in the 'best-case scenario,' ongoing climatic changes are (at least in part) due to anthropogenic activity and are anticipated to continue. Environmental factors do have an impact on cardiac health, and there is a well-defined U-shape curve relationship between temperature and the outcomes of cardiac events. Increased heat exposure as a result of climate change is linked to an increase in cardiac incidents. People who are elderly, have pre-existing heart problems, or work in physically demanding jobs are among the most vulnerable. It should be noted that essentially little research has been done on the impact of daily climate on cardiac health in regions classified as extremely hot, particularly during the hottest hours of the day and throughout the summer (i.e. in the Tropics). In such places, the U-shaped association between temperature and the occurrence of cardiac disease will be dominated by increasing events at the hot end. The majority of the world's population lives and works in these hotter sections of the globe.

Mortality from myocardial infarction, as well as excesses in mortality and hospitalisation of HF patients, are to be predicted with more extreme heat waves lasting longer. Expanded patient awareness, social networking, increased access to air-conditioned spaces, physician and hospital readiness, and heat-wave alarm response systems are some of the preventive approaches that could help limit the projected consequences of climate change on heart health. Such approaches, admittedly, have a pretty limited beneficial prospective impact. Changes in commuting patterns, lower consumption of meat from cows and sheep, and architectural solutions for overheating of indoor spaces will all have cardiac co-benefits and provide a chance to change lifestyle habits on a big scale. Another crucial step toward better coping with the cardiac problems of climate change is increased access to adequate health care, particularly for low-income populations.

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