significant had declined trends in study period (p<0.05). Trends of age-specific incidence rates for both of pulmonary, extrapulmonary, also for male and female cases were increased as $\chi^2=1265$; $\chi^2=307.7$, p=0.0001 and $\chi^2=951$; $\chi^2=582$, p=0.0001, respectively. Considering the national tuberculosis standard index, smear positive notification rate was in the range of expected levels (58%–68%), but extrapulmonary incidence rates were more than the expected level. 

**Conclusion** Regarding the higher incidence rates of tuberculosis in the southern regions of West Azerbaijan province of Iran, and despite of declined trends at some of districts at this region, it seems that more control and prevention activities are still needed, especially for the lower socioeconomic populations. Comparison of the demographic, socioeconomic status and specific incidence rates, revealed that the epidemiologic patterns of TB at this province have shifted from developing to developed countries status. 

**SPECIFIC RISK FACTORS ASSOCIATED WITH CORONARY HEART DISEASE IN INDIA**

**Background** The rapidly increasing burden of noncommunicable diseases is a key determinant of global public health. Coronary artery disease (CAD) is the largest killer globally.

**Objective** To study the distribution and the effect of specific risk factors on Coronary Heart Disease in the adult population.

**Study design** Cross sectional study.

**Sample size** 1101 subjects.

**Study area** Rural and urban areas of Lucknow District, Uttar Pradesh, India.

**Study tool and Data collection** Pre-designed and pre-tested interview in relation to smoking, passive tobacco smoking, alcohol consumption, physical activity, Blood pressure, BMI, central obesity, dietary history, mental status, diabetes, lipid profile was assessed.

**Results** The prevalence of coronary heart disease in the total study sample came out to be 7.1%. The prevalence in urban was significantly higher than rural 3.8% and 3.8% respectively, CHD was higher in past smokers (17.8%) than nonsmokers (7.1%), passive tobacco smoking (10.7%), hypertensive subjects 11.2% as compared to normotensive subjects 5.5%, significantly different was found between overweight (M-9%, F-10.9%) and normal subjects (M-6.7%, F-6.8%), higher prevalence was observed among subjects having central obesity (M-8.6%, F-6.4%), Non vegetarian had higher CHD (9.9%) as compared to vegetarian (6.0%). CHD was more in subjects having mild depression (12.1%) than normal subjects (6.5%). The prevalence was higher in subjects having high total cholesterol (7.6%) and low HDL level (9.5%).

**Conclusion** CHD was higher in smokers, non vegetarian, hypertensive and depressive subjects. There was significant difference between Rural and Urban smokers. Passive tobacco smoking, Alcohol consumption, B.P, BMI, central obesity and overweight was significantly associated with CHD.

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