Abstract: 2199

Cardiovascular risk behaviour is an emerging health issue in developing countries

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Topic(s):
Chronic Nursing Care

Citation:

Background:

Previously, cardiovascular disease (CVD) was considered the 'Disease of the Rich', however nowadays also populations with low socioeconomic status have been identified at increased risk of developing CVD. The global progress in CVD prevention is scarce particularly in developing countries, which are facing a high burden of CVD whilst there is limited availability of resources and evidence to educate and modify lifestyle behaviours in the population. Moreover, there is a lack of infrastructure and policy making in these countries.

Purpose:

The goal of the study was to quantify the prevalence of different cardiovascular risk behaviours among patients with known cardiovascular conditions in a developing countries.

Methods:

A hospital based cross-sectional survey was conducted in two referral hospitals in Ethiopia. Outpatient unit patients who had a confirmed diagnosis of CVD were eligible for participation in the study. Data were collected through face-to-face interviews with patients using validated tools; WHO STEPs instrument and international physical activity questionnaire.

Results:

A total of 287 CVD patients were recruited, 56% were females and 90% were urban residents. All patients had inadequate consumption of fruit and vegetables, 20% were current khat chewers, 19% were current alcohol drinkers and only 1% were current smokers. The prevalence of low physical activity (defined as less than 600 MET-minutes per week) in the total population was 51.6% for both sexes; more than half of the total population were physically inactive. Moreover, females had a significantly higher prevalence of physical inactivity as compared to males, 58% vs 43.2%, P=0.017. Approximately one-third (30%) of patients had only one of these risk behaviours, more than half (52%) had two, 18% had three or more risk behaviours. The majority (70%) of the patients had multiple risk behaviours (Table 1), the prevalence of these did not significantly vary with sex, residence and educational level (p>0.05).

Conclusion:

Patients with CVD maintain unhealthy lifestyles even though attending follow up care with a specific focus on risk management. The findings of this study demonstrate a high prevalence of physical inactivity, alcohol consumption and inadequate fruit and vegetable consumption in developing countries. The emerging increase of CVD and the continuation of unhealthy lifestyle in patients is somewhat comparable with western countries, demonstrating an emerging global problem. Moreover, this study shows the existing follow-up care is ineffective and provides evidence for policy makers that health services reform is required. Implementation of lifestyle support programs should be considered for the disease prevention policy agenda in developing countries.
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