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The most common health behaviours among patients with cardio-vascular diseases

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Abstract

Introduction and purpose of the work

Interest in health behaviours is particularly important in these groups of chronic diseases, in which there is a significant morbidity and mortality of patients. This study is to determine the most frequently undertaken health behaviours among cardiac patients, and whether those behaviours depend on the sex.

Material and method

Study Design: Diagnostic study. Data were derived from respondents between 15th of April 2016 and 5th May 2016 in Independent Public Clinical Hospital No.4, 1st Military Hospital in Lublin, Cardiology Hospital in Nałęczów and Non-public Outpatients Clinic in Abramów.

Results

In this exploration 211 people took part, out of which the majority were female (59,2%). The most frequently taken by cardiac patients activities are conducive to health preventive behaviours (M = 3.63; SD = 0.81), a positive mental attitude (M = 3.59; SD = 0.72) and health practices (M = 3.54, SD = 0.75). The most common adverse health are conducive to the practice of health (M = 3.60; SD= 0.75), a positive mental attitude (M= 3.59; SD= 0.67) and preventive behaviours (M = 3 , 58; SD = 0.79).

Conclusions

Women received a higher average severity of health behaviours than men. Engaging in healthy lifestyle behaviors was found to be positively associated with awareness of CHD.

Keywords: Health, health behaviors, cardiac patients

Introduction

Health is one of the most important values in human's life. Its condition is determined by many factors, among which, health behaviors play diacritical role, and they consist of health style.

Health behaviors, as a reflection of human's attitude to health, is a crucial term in health promotion. Ensemble of actions and health bearings is a major component conditioning health of individual as well as entire population. Opportunity to make a choice of behaviours is a value guaranteed to every human being starting with human rights. People, as individuals who had been given free will, have the chance of influencing their healthiness positively or negatively.

Interest in health behaviours is particularly important in these groups of chronic diseases in which there is a significant morbidity and mortality of patients. The results of the study state that a change in health behaviors can bring a particular effect.[2]

For years, by far the biggest threat to the life of Poles are cardiovascular diseases (CVDs) in 2014 responsible for 45.1% of total deaths (in the EU-28, 2013, 37.5%). The intensity of mortality from CVDs has been gradually decreasing since 1991. Cardiovascular diseases are much more common cause of premature death in the average Polish population than in the EU, and also generate enormous costs; in 2014 they were the most common cause of hospitalization (15%). Behavioural risk factors in our country are responsible for the loss of 36.0% in healthy life years (DALY), smoking itself for 13.9%. (Eurostat)[3,4]

Prevention of cardiovascular diseases is effective. Eliminating the risk of health behavior could lead to the prevention of at least 80% of cardiovascular diseases and up to 40% of the tumors.[7,8]

Purpose of the work

The aim of this study were the most frequently undertaken health behaviors among cardiac patients and whether those behaviours depend on the sex.

Materials and method

The research with patients took place between 15th of April 2016 and 5th May 2016 in Independent Public Clinical Hospital No.4, 1st Military Hospital in Lublin, Cardiology Hospital in Nałęczów and Non-public Outpatients Clinic in Abramów.

Informed consent was obligatory from each participant in accordance with the Declaration of Helsinki. All patients have been informed they could resign in any part of tests.

In this exploration 211 people took part, out of which 59,2% (n=125) comprised women and 40,8% (n=86) men. The majority of respondents were female (59,2%). Most, 1/3 (31,3%) of interviewees were 60 to 69 y.o. The number of urbanites (61,1%) was greater than the number of country dwellers. More than 40% of respondents were at home environment, almost 30% in the sanatorium just as in hospital. Every fourth avowed to perform physical work, percentage of interviewees performing intellectual work and unemployed were almost the same, accordingly 36,5% and 35,5%. The most numerous group represented persons with secondary education (43,1%), almost 29% of patients in the research graduated from university. Considerable majority of interviewees live with their families (87,7%), and nearly 70% were married. The most numerous group consisted of patients suffering from hypertension (45%). Every fifth of respondents had myocardial infarction.

Results and discussion

In order to determine what types of health behaviours frequently cardiac patients take and whether their actions depend on the sex multivariate analysis of variance MANOVA regimen combined 4x2 (women vs. men) was performed. Intra-object factor was kind of health behaviour: proper eating habits (e.g. I eat lot of fruit and vegetable', 'I care about proper nutrition') versus prophylactic behavior (e.g. 'I follow medical recommendations resulting from my treatment', 'I regularly undergo a medical examination')versus positive mental attitude (e.g. 'I have friends and settle family life', 'I think positively') versus health practices(e.g. 'I limit smoking', 'I get enough sleep') and factor measured between individuals - sex. The results of the comparison of intra are shown in Table 1.

Table 1 Comparison of health behaviours of cardiac patients

Group	*Health behaviors*								*Comparisons*									
	PEH (1)		*PB (2)*		*PMA (3)*		*HP (4)*		*general*			*specific*						
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	η_p^2	*1-2*	*1-3*	*1-4*	*2-3*	*2-4*	*3-4*
women	*3,5*	*0,79*	*3,68*	*0,82*	*3,59*	*0,75*	*3,49*	*0,76*	*6,17*	*0,001*	*0,08*	*0,05*	*n.i.*	*n.i.*	*n.i.*	*0,05*	*n.i.*
men	*3,19*	*0,78*	*3,58*	*0,79*	*3,59*	*0,67*	*3,6*	*0,75*				*0,001*	*0,001*	*0,001*	*n.i.*	*n.i.*	*n.i.*
total	*3,35*	*0,8*	*3,63*	*0,81*	*3,59*	*0,72*	*3,54*	*0,75*									

Abbreviations: PEH – proper eating habits, PB – prophylactic behaviors, PMA – positive mental attitude, HP – health practices.

As a result of the analyses strong main effect of the variable type of health-related behaviours was obtained, F (3, 207) = 13.77; p <0.001; η_p^2= 0.17.

Detailed comparison of intra showed that the most frequently taken by cardiac patients activities are conducive to health preventive behaviors (M = 3.63; SD = 0.81), a positive mental attitude (M = 3.59; SD = 0.72) and health practices (M = 3.54, SD = 0.75). Instead, healthy dietary habits (M = 3.35, SD = 0.80), compared to the above-mentioned behaviors occur at significantly lower frequencies of subjects.

Also Krzyżanowska et al, and Kropornicka et al obtained similar values.[5,6]

Our own research shows that women received higher average severity of health behaviours than men. One would assume that patients are more interested in the subject of health and much more likely to seek information of a pro-health. Similar results were obtained by Babiarczyk et al.[1]

The main effect of the variable sex was not statistically significant, F (1, 209) = 0.69; p> 0.05, indicating that female (M = 3.56, SD = 0.64) and male (M = 3.49, SD = 0.63) did not differ in the overall severity of the health behaviour.

Collected data confirm the average effect of the interaction of the two factors - the type of behavior health and sex, F (3, 207) = 6.17; p <0.001; η_p^2= 0.08.

This analysis lead to the conclusion that the configuration of behaviour conducive to health of cardiac patients in the groups under consideration is different.

Simple main effects analysis performed separately for each of the groups indicate that prophylactics of women (M = 3.68, SD = 0.82) were significantly more pronounced than normal eating habits (M = 3.50, SD = 0.79) and health practices (M = 3.49, SD = 0.76), and comparable to the positive psychological attitude (M= 3.59, SD = 0.76). The frequency of taking, the researched, correct eating habits (M= 3.50; SD= 0.79) is comparable with the intensity of a positive mental attitude (M= 3.59; SD = 0.75) and health practices (M= 3, 49, SD= 0.76). In addition, a positive mental attitude (M = 3.59; SD = 0.75), in the present group remained at a similar level to the health practices undertaken (M = 3.49; SD = 0.76). In their studies, Szkup and co-authors observed, in the group of women, more intense behaviours associated with healthy eating behaviors and prevention, as well as higher results in the category of health practices.[10]

On the other hand, among men the most common adverse health are conducive to the practice of health (M = 3.60; SD= 0.75), a positive mental attitude (M= 3.59; SD= 0.67) and preventive behaviours (M = 3 , 58; SD = 0.79). Instead, healthy dietary habits (M= 3.19, SD= 0.78), compared to the above-mentioned behaviors occur at significantly lower frequencies.

Conclusions

Engaging in healthy lifestyle behaviours was found to be positively associated with awareness of CHD as the LCOD in women and knowledge of the risk factors of CHD. Knowledge of obesity, family history, and smoking as risk factors for CHD were reported in a qualitative study to encourage participants to control dietary factors and to be physically active and engage in exercise.[9]

The research was performed on relatively small number of patients. In order to reference it to the whole population it has to be repeated on a greater group in further research.

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