Oral Presentations From the WORLD CONGRESS OF CARDIOLOGY
Scientific Sessions 2012

Dubai, United Arab Emirates
18–21 April 2012
Effects of working environment on ischemic heart disease burden profile in young Egyptian males

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Introduction: Ischemic Heart Disease (IHD) recently observed in young population is mostly attributed to increased exposure to traditional risk factors where atherosclerosis is the prime mover. Few studies were directed to understand the environmental and occupational determinants potentially modifiable risk factors. Objectives: To evaluate the impact of various working environments on ischemic heart disease burden profile in young Egyptian males works. Methods: A total of 5 years data of Ischemic events 13,022 young men. They were randomly enrolled in three groups based on type of industrial profession. Group I (Motor industry) which included 4770 individuals, group II (Construction) which included 6230 individuals & group III (Food industry) which included 2013 individuals. Main risk factors analysis were collected from out-patient visits and investigations results, followed by multicenter in time on site monitoring on group records on in-patient admissions, Coronary care unit admissions, Diagnostic coronary angiography, Interventionsal coronary procedures and coronary artery bypass surgery. Results: Mean age in Motor industry group was 34.6 ± 9 and in Construction group was 35.8 ± 9 while in Food industry group it was 31.6 ± 7. Total prevalence of coronary artery disease in the three groups was 1.5% and Prevalence of hypertension was 4.3%. Total prevalence of diabetes mellitus in the three groups was 3.5% while prevalence of dyslipidaemia was 2.3%. Total prevalence of coronary events in Motor industry was significantly higher than the other two industries. The prevalence of coronary events in the Motor industry is significantly higher than Food industry and Construction industry. Conclusion: Motor industry seems to be the major cause of IHD morbidity due to high occupations. Mortality due to IHD might be affected by the type of industry. Cooperation between general practitioners-occupational diseases specialists-cardiologists may improve the efficiency of prevention programs.

The Influence of cultural and social factors on exercise, diet, and smoking of Arab women living with cardiovascular disease in the state of Qatar

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Introduction: Cardiovascular diseases are the leading cause of mortality and morbidity globally. Similar to other Western and Gulf countries, the incidence of cardiovascular disease and coronary artery diseases such as acute myocardial infarction is rising rapidly in Qatar. Diabetes mellitus, smoking, and hypertension are the most common risk factors causing acute myocardial infarction, congestive heart failure, and stroke. Obesity as the result of physical inactivity and dietary errors can lead to metabolic changes and increase the risk of heart diseases. Studies show that these health problems can be prevented and controlled by modifying lifestyle risk behaviours related to physical activity, diet, and smoking habits. Objectives: Funded by the Qatar National Research Fund, the ultimate goal of this study was to find ways to effectively promote cardiovascular/coronary artery disease prevention and management activities among Qatari women (citizen and resident Arab women) by exploring factors affecting the ways in which Qatari women participate in physical activities, healthy diet and smoking. Methods: A cross-cultural, ethnographic qualitative research approach was used in this study, with a semi-structured questionnaire using open ended questions to gather data. In-depth in-depth interviews were conducted with 50 Arab women who are 50 years and over, have confirmed diagnosis of CVD/coronary artery diseases to investigate factors influence lifestyle risk behaviours associated with cardiovascular diseases amongst Qatari women (citizen and resident Arab women). Results: Social support networks; cultural knowledge, values, practices, and religion; changing environmental and social conditions as the result of rapid economic growth, and individual health decisions influence Qatari women's participation in physical activities, healthy dietary practices and abstain from smoking. Conclusion: Socio-cultural factors play a key role in Qatari women's decisions to participate in healthy lifestyle. The promotion of healthy lifestyle which could lead to increase quality of life, prevention of and better management for cardiovascular diseases should facilitate women's informal and formal social support networks; provide culturally appropriate and acceptable public educational programs and services; create healthy environment with more recreational facilities for women; encourage women to consider women's specific health condition and socio-economic status; and finally, empower women to take charge of their health.

Cardio rehabilitation: not only aerobic capacity improvement, but also quality of life

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Introduction: Phase I cardio rehabilitation (CR) is a class I indication in secondary prevention (PRE2). CR has demonstrated positive effects not only on aerobic capacity but also on quality of life of cardiac patients after acute coronary events. The latter have been described in 36 observational studies, 82 randomised controlled trials and 9 meta-analyses. Objective: To describe the impact of CR on cardiac function and quality of life in subjects completing 36 program sessions. Methods: Prospective study in a Chilean university CR programme with subjects over 40 years of age, mainly men, selected 36-01, 2002-2004 and 2005. All subjects underwent a symptom-limited test at a 6-8 minutes walking test (SIT) the beginning of CR. Both at admission and at 36 sessions, GMVT distance, blood pressure, heart rate, body mass index, waist and quality of life were measured. Quality of life was measured by SF-36 survey and the scores were compared in two groups of physical and mental health dimensions for analysis. Results: 1034 subjects were admitted to the program of which 76% (n = 321, age 58 ± 11 years (24% women) completed 36 session 138 for PRE2-2 and 62 PRE-1. As shown in the table, both PRE-1 and PRE-2 scores were significantly increased in aerobic capacity by 20% of 1.80 to 2.08 and and 14.38 percent increase in TAKI 101 Program children numbers in these stages at post-intervention compared to pre-intervention (P<0.001), for fatty foods consumption, consumption of fruits & vegetables, physical activity, sedentary habits behavior related to TV / DVD screen time, sedentary habits behavior related to computer games screen time, respectively. This suggests a strong intervention instrument content of cognitive-experiential and behavior processes of self-regulation and social-liberation, also behavior processes of self-regulation and sedentary behavior, contingency management and counter conditioning. Analyzing only the precontemplation and contemplation stages, we found similar results, suggesting a strong intervention instrument content of cognitive-experiential processes of self-regulation and social-liberation, also behavior processes of self-regulation and sedentary behavior, contingency management and counter conditioning. Analyzing only the precontemplation and contemplation stages, we found similar results, suggesting a strong intervention instrument content of cognitive-experiential processes of self-regulation and social-liberation, also behavior processes of self-regulation and sedentary behavior, contingency management and counter conditioning.

Circulation: The TIRE 101 program stimulated children forward movement through eating and physical behavior stages, providing them with processes that facilitate healthy lifestyle choices, potentially reducing children obesity prevalence.

From CVD epidemiology to public health: Finnish experience on sustained national CVD prevention

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Introduction: The presentation describes the background and the historical development in Finland to influence public health through prevention of cardiovascular (CVD) and other major noncommunicable diseases (NCD). Objectives: The work in Finland from the North Karelia Project to national action is presented, with emphasis on broad intersectoral work to achieve sustained improved public health. Methods: In 1972, the North Karelia Project was started as national demonstration programme to reduce the extremely high CVD mortality rates. The project was based on the results of some classical epidemiological studies with the aim to change the risk related lifestyles in the whole population through broad intersectoral community action, first in the pilot area of North Karelia and later on on national level. Results: Over years great reduction in the population levels of the risk factors has taken place, associated with dramatic reduction in age adjusted CVD and NCD ratios and improvement in public health. The all cause mortality in working age has greatly reduced, life expectancy increased and functional capacity & subjective health much improved. Conclusion: Successful national action in Finland has much been based on many intersectoral actions that have taken place, due to increasing interest and awareness of the population. This has been accompanied by political commitments and supporting legislation. The experience emphasizes the importance of strong leadership and broad collaboration - also the importance of strong epidemiological and social theory base combined with sustained strong practical work. The experience is a powerful demonstration, on how CVD and NCD can be much reduced and in a cost effective and sustainable way. The experience in Finland also gives strong support to the approaches of the WHO Global NCD Strategies and the political efforts for NCD prevention and control of global health work.