23-year dynamics (1994-2016) relationships to its health, behavioral characteristics and prevention of cardiovascular diseases among women 25-44 years in Russia /Siberia.

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Abstract: To determine the 23-year dynamics (1994-2016) of attitudes toward one’s health, behavioral characteristics and the prevention of cardiovascular diseases in an open population among women 25-44 years old in Russia / Siberia (Novosibirsk).

In the framework of the third screening of the MONICA program for the study of trends and control of cardiovascular diseases and the MONICA-psychosocial (MOPSY) subprogram, in 1994 a random representative sample of women aged 25-64 years of age from one from the districts of Novosibirsk (n = 870, the average age is 45.4±0.4 years); in the age group 25-44 years - 284 persons. In 2016 years. in the framework of screening studies on the budgetary issue of NIITPM No. gos. reg. 01201282292, a random representative sample of women aged 25-44 years old in the same district of Novosibirsk (n = 540) was examined. Attitude to their health, behavioral characteristics and the prevention of cardiovascular diseases were studied using the "Knowledge and attitude to their health" scale, validated for the Russian population under the WHO "MONICA" program. The chi-square test (x2) was used to calculate the indices. The criterion of statistical significance was the reliability of the result at p

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[Dynamics of sleep disorders and health characteristics, relationship to prevention of cardiovascular diseases among women 25-44 years old in Russia/Siberian].

https://arctichealth.org/en/permalink/ahliterature300487
Abstract:
To determine the 23-year dynamics (1994-2017) of the relationship between sleep disorders (SD) and attitudes toward their health, behavioral characteristics and prevention of cardiovascular diseases in the open population among women 25-44 years old in Russia/Siberia (Novosibirsk).

In the third screening of the WHO program 'Study of trends and control of cardiovascular diseases' MONICA, 'the subprogram' MONICA-psychosocial (MOPSY), a random representative sample of women, aged 25-64 years, of one of the areas of Novosibirsk (n=870) was examined in 1994. In 2016, in the framework of screening studies, a random representative sample of women, aged 25-44 years, was examined in the same district of Novosibirsk (n=668). Sleep assessment was performed using the Jenkins Sleep Questionnaire. Attitude to their health, behavioral characteristics and prevention of cardiovascular diseases were studied using the 'Knowledge and attitude to one's health' scale proposed by the WHO 'MONICA' program and validated in the Russian population.

The prevalence of SD among women 25-44 years old decreased from 59.6% to 47.3% from 1994 to 2017. The proportion of women with SD, who consider themselves not completely healthy or sick, decreased from 86.2% to 67.6%. The majority of women with SD (57%) consider the high probability of getting a serious illness in the next 5-10 years, but only 7% of women with SD have regular screening tests. The share of those, who were satisfied with medical care, increased by 2017 but does not exceed 13%. In case of malaise, only 1 in 10 women apply to a doctor, as in 1994. The intensity of work of young women with SD is higher compared to those with good sleep; they more often (more than 40%) do additional work, are more responsible. An increase in the level of family stress among women with SD is characterized by more frequent illness/death of a loved one, rare opportunity to relax in home environment. Recently, the number of women smokers has increased, their physical activity has decreased, and their adherence to dietary recommendations has been low.

Over the studied period, there were: the decrease in SD; in case of SD, a more careful attitude towards one's health in the sick; the increase in the intensity of work, responsibility at work, stress in the family. Adverse, statistically significant trends towards increasing in the intensity of smoking, reducing physical activity, low adherence to compliance with dietary recommendations in women with SD have been obtained.

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Abstract: The aim of the study was to determine the impact of stress on work on the risk of cardiovascular disease over a
16-year period in an open population of 25-64 years in Russia/Siberia.

A random representative sample of the population of both sexes of 25-64 years old in Novosibirsk in 1994 (men: n=657, 44.3±0.4 years, response - 82.1%, women: n=689, 45.4±0.4 years, response - 72.5%). The screening survey program included: registration of socio-demographic data, determination of stress at work (Karazek scale). The period of prospective follow-up of participants was 16 years. The study identified the following "end points": the first cases of myocardial infarction (MI), stroke.

A high level of stress at work was in 29.5% of men and 31.6% of women, the average level in 48.9% of men and 50.7% of women (?2=2.574, ?=2, p=0.276). The risk of developing MI for a 16-year period, among people experiencing stressful situations at work, was: in men, HR=3.592, and women HR=3.218 (95% CI 1.146-9.042); stroke risk - among men, HR=2.603 (95% CI 1.06-4.153) in women HR=1.956 (95% CI 1.008-3.795). In multivariate analysis, in men with stress at work, the risk of MI among men was HR=1.15 (95% CI 0.6-2.2), among women - HR=2.543 (95% CI 1.88-7.351); risk of stroke, was in men, HR=3.8 (95% CI 1.6-8.8), in women - HR=1.95 (95% CI 0.984-3.887). The risk of stroke was higher among single, divorced and widowed men, HR=4.2 (95% CI 1.5-13.2), and in women with secondary or primary education, HR=3 (95% CI 0.852-11.039).

It was established that a high level of stress at work is not gender-specific; the risk of developing MI over a 16-year period is higher in women than in men, stroke in men; the risk of myocardial infarction and stroke in both sexes is affected by the social gradient.

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Gender differences in health awareness and attitudes as a subjective-objective health index in the population of Russia/Siberia (WHO MONICA-psychosocial program, HAPIEE project).

To establish gender differences in health attitudes and awareness of risk factors for cardiovascular diseases in an open 25-64-year-old population of Russia/Siberia.

A representative sample from the population of a Novosibirsk district was examined using the 1988 WHO MONICA-MOPSY (847 women and 739 men aged 25-64 years) and the 2003 HAPIEE (1074 women and 576 men aged 45-64 years) programs. The health awareness and attitudes questionnaire was used.

The number of persons who considered perfectly healthy was minimal (2%) in the open Siberian population aged 25-64 years. The view of health in the women proved to be more pessimistic than that in the men. The fact that two thirds of the population could fall ill with a serious disease in the coming 5-10 years was accepted. Mainly the men took the view that modern medicine might prevent heart disease. The men were regularly examined 2 to 3 times more often than the women. The latter versus the men were less frequently inclined to stop work if they felt not quite well on-site, with the difference being more marked in old age groups. The majority of the study participants considered preventive examination to be useful for health. At the same time only a small portion of the population itself undergoes examination.

The changed socioeconomic situation in the country leads to the need to alter the established stereotypes of conscience and behavior of the population in health and to realize the need for personal responsibility for health.
Gender peculiarities of the risk of cardiovascular diseases in a population with symptoms of depression in Siberia (the WHO MONICA-psychosocial program).

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Risk factors
Sex Factors
Siberia - epidemiology
Socioeconomic Factors
Stroke - epidemiology - psychology
Abstract: To identify gender differences in the prevalence of depression in an open population of individuals aged 25-64 years and to evaluate its impact on the risk of cardiovascular diseases (CVD) in the population of Siberia.

A random representative sample of a 25-64-year-old Novosibirsk population (657 men and 689 women) was surveyed within the framework of the third screening of the WHO MONICA-psychosocial program in 1994. The screening program included sociodemographic data registration and depression detection. Over a 16-year study period, women had myocardial infarction (MI) in 15 cases and stroke in 35 cases and men had these conditions in 30 and 22 cases, respectively.

In the open 25-64-year-old population, depression was detected in 54.5% of the women and in 29% of the men; major depression was present in 11.8% of the women and 3.1% of the men (χ²=66.724; p=0.0001). The risk of MI in the depressed patients was higher in the women (hazard ratio (HR)=2.5) than in the men (HR=2); when social parameters and age are included in the model, only a trend towards the impact of depression on the risk of MI persisted in the women (HR=3.4; p=0.05) and the men were observed to have a 1.6-fold higher risk for MI. The greatest risk of MI was seen in the men (HR=6.8) and women (HR=6.3) at the age of 55-64 years, as well as in the men who had incomplete secondary or primary education (HR=3.2); in blue-collar workers (HR=6.7), in the men who were single (HR=3.6), divorced (HR=4.5), or widowed (HR=6). The risk of stroke in the depressed patients during a 16-year study period was greater in the men (HR=5.8) than in the women (HR=4.6); after adjusting for age and social gradient, the risk of stroke in the women was higher in both the population and those who were aged 55-64 years (HR=8.5 and 6.9, respectively) than that in the men (HR=4.2 and 3.1, respectively). Among the men, the risk of stroke was higher in those who had primary education (HR=8.8), were widowed (HR=8.4) or divorced (HR=2.7). The women are much more susceptible to depression than are the men. The risk of MI with depression is higher in the women than in the men; at the same time, the risk of stroke is higher in the men than in the women. The picture is opposite in the older age group. The risk of CVD in the depressed men is exacerbated by a social gradient; these relationships have not been revealed in the women.

[Genetic markers for trait anxiety as one of the risk factors for cardiovascular diseases (WHO-MONICA program, MONICA-psychosocial subprogram)].

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To determine an association between trait anxiety (TA) and variable number tandem repeat (VNTR) polymorphisms in the DRD4 and DAT genes, as well as the prevalence of TA and the risk of cardiovascular diseases (CVD) in 25- to 64-year-old males with TA.

A representative sample of 25 to 64-year-old males (n = 2149) was examined within the framework of the WHO MONICA program, MONICA- psychosocial subprogram, in 1984, 1988, and 1994. All new-onset arterial hypertension (AH), myocardial infarction (MI), and stroke cases were registered throughout the follow-up study (1984-2008). Spielberger’s test was used to estimate the level of TA. The Cox proportional regression model was applied to assess a relative risk.

The high level of anxiety (HLA) was 50.9% in the open population of 25 to 64-year-old males. The DRD4 genotype 4/6 and DAT genotype 9/9 were significantly associated with HLA. The latter increased the risk for CVD: it was maximal for AH and stroke within the first five years and for MI within 10 years.

HLA was significant in the Novosibirsk open population of 25 to 64-year-old males. It is substantially associated with certain VNTR polymorphisms in the DRD4 and DAT genes and considerably increases the risk of CVD.
Monitoring myocardial infarct (diagnostic combination, prodromal period, behavioral characteristics) using the WHO program "Registry of Acute Myocardial Infarct", Monica

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Myocardial Infarction - complications - diagnosis - epidemiology - psychology
Pain - complications
Practice Guidelines
Siberia - epidemiology
Smoking
World Health Organization

Abstract:
AIM: A 22-year study of diagnostic categories of myocardial infarction (MI), a prodromal period, behavioral characteristics of the patients. MATERIAL AND METHODS: WHO programs Acute Myocardial Infarction Register and MONICA were performed in Novosibirsk population aged 25-64 years. From January 1, 1977, to December 31, 1998, monitoring registered 5180 cases of MI (1774 lethal outcomes). RESULTS: The diagnostic category "Possible" MI occurred more frequently than "definite" MI, this difference being more noticeable in women than in men. In both diagnostic categories the disease presented with a typical clinical picture. In the category "definite" MI there were many cases of atypical disease. Most cases of MI developed at home though it occurred outdoors more frequently in men and at home in women. Half of the patients had arterial hypertension (AH) and effort angina (EA), one third of the patients had survived MI before. 91% of MI men were heavy smokers. Alcohol intake at MI onset was insignificant. Pain syndrome 2 weeks before MI was the same in survivors and the deceased. Those who died suddenly felt extremely tied before MI, those whose death was not sudden experienced exacerbation of EA and dyspnea, those who survived experienced exacerbation of EA. CONCLUSION: Long-term monitoring showed that MI clinical presentation did not differ for 2 decades. A significant number of MI patients with a history of hypertension, effort angina, previous MI, heavy smoking evidenced for the lack of prophylactic education among population.

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[Myocardial infarction and stress at work place and in the family: 10-year risk of development in an open population of 2564 year old men (epidemiological study in a framework of the WHO program MONICA-PSYCHOSOCIAL)].

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Quality of Life
Random Allocation
Risk factors
Siberia - epidemiology
Socioeconomic Factors
Stress, Psychological - complications - epidemiology - physiopathology
Workplace - psychology

Abstract: With the aim of assessment of 10 year risk of myocardial infarction (MI) development in men in dependence on stress at work place and in the family in a framework of the WHO program "MONICA-PSYCHOSOCIAL" we examined random representative sample of men (n=657) aged 25-64 years inhabitants of one of districts in Novosibirsk. During 10 years (1994-2004) we registered all cases of MI. For assessment of relative risk of MI development we used COX proportional regression model. Among men with first MI 47.4% had high level of stress in the family and 57.9% were subjected to stress at work place. Five and 10 year risk of MI in men with high test levels of stress at home and work place was 2-5 times greater than in those without. Among men subjected to stress in the family MI risk was the highest at age 55-64 years, while permanent stressful situations at work place were more common in age group 45-54 years. Among men with high levels of stress in the family and at work place higher rate of MI development was observed in widowers, divorced men with incomplete high or elementary education, heavy or moderate manual labor workers, and pensioners. The results indicate that critical life events as well as chronic stressful influences increase risk of MI among men aged 25-64 years. The group of greatest risk - middle and old age persons who are less protected against social, political and economical disbalance in the society.

PubMed ID: 21627607 View in PubMed
AIM: To study correlations between personal anxiety (PA) as one of the leading psychosocial factors and ischemic heart disease (IHD). MATERIAL AND METHODS: The third screening (1994) of the program MONICA and subprogram MOPSY-MONICA-psychosocial covered a random representative sample of males at the age of 25-64 years living in Novosibirsk. The response was 82% (657 responders, mean age 44.3 +/- 0.4 years). Statistical analysis was based on the SPSS-10 software package. RESULTS: Prevalence of PA as an indication of social stress in a male population of 25-64-year-olds is very high especially in young age groups. PA is maximal among persons with elementary education and workers. Persons with PA experience strong stress in job and in family settings. An IHD rate is higher among PA patients. High PA is often associated with depression, high hostility, cachexia, sleep problems, low social support. PA patients have a negative opinion of their health but their attempts to improve it are insufficient. The proportion of those who quit smoking, reduce the number of cigarettes, keep diet, restrict physical activity grow in PA persons. CONCLUSION: PA is prevalent among male population especially in young persons. A PA level correlates with social status. IHD occurs more frequently in PA persons. High PA often associates with other psychosocial factors.
AIM: To study correlations between coronary heart disease (CHD) and psychosocial risk factors. MATERIAL AND METHODS: CHD affected more frequently workers engaged in hard physical labour, in poorly educated persons; the least CHD morbidity was recorded in managers and highly educated persons. CHD males think of their health much worse than males free of CHD. The former smoked much more before CHD diagnosis, but when CHD comes they quit and reduce smoking much more frequently. This fact explains why smokers are encountered among CHD patients two times less frequently than in CHD-free males. In spite of stronger motivation for adequate diet, CHD males changed their nutrition pattern only in 3.7%. CHD males sleep worse: good sleep was registered in CHD-free males two times more frequently. Psychological risk factors such as personal anxiety, sleep disorders were reported much more frequently in CHD patients proving the fact of social stress involvement in development of CHD. So-called coronary behavior was observed in both groups of males with the same rate. Thus, the coronary behavior is not associated with CHD. CONCLUSION: Development of CHD is associated not with the behavior but its components (depression, anxiety, etc.).