

Cardiovascular Health Among an Underserved Population: Clinical Implications



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KEYWORDS

- Cardiovascular health • Underserved population • Disparities
- Treatment adherence • Cardiovascular disease

KEY POINTS

- Cardiovascular disease remains the primary cause of morbidity and mortality in the United States.
- The recent focus of cardiovascular care has shifted from treatment of disease to promotion of health.
- Identification of those at high risk for poor cardiovascular health in adulthood should begin during early adolescence.
- Disparities in cardiovascular disease are more prevalent in the underserved population.

INTRODUCTION

Cardiovascular disease remains the primary cause of morbidity and mortality in the United States despite the reduction in strokes and coronary heart disease over the previous decade.¹ Historically, clinical practice guidelines have focused on treatment rather than prevention of diseases such as hypertension, coronary artery disease, and hyperlipidemia. Recently, these clinical practice guidelines have included comorbid conditions as significant factors to be considered in managing these disease states.² Despite efforts at treatment of these conditions, disparities in cardiovascular care remain prevalent in underserved populations.²⁻⁴

Risk assessment, disease prevention, and improvement in cardiovascular health comprise the current focus of the 2013 cardiovascular joint clinical practice guidelines from the American College of Cardiology/American Heart Association (ACC/AHA).⁵ Parallel implementation of both prevention and treatment guidelines in addition to clinical practice recommendations for management of hypertension, coronary artery

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disease, and hyperlipidemia provide a dual-pronged approach to improving cardiovascular health and reducing chronic cardiovascular diseases.

CARDIOVASCULAR HEALTH

The ACC/AHA defines cardiovascular health as poor, intermediate, or ideal based on set criteria for 7 metrics, which include both risk factors and behaviors.⁶ The 7 metrics include risk factors such as elevated total cholesterol, blood pressure, and fasting blood glucose, and behaviors such as smoking status, eating a healthy diet, engaging in sufficient physical activity, and maintaining normal body weight.⁷ Ideal cardiovascular health exists when there is no evidence of cardiovascular disease while meeting the ideal criteria across each of these 7 health metrics.⁶ The focus on health promotion and disease prevention means that there is potential to reduce morbidity and mortality across race and gender. According to the AHA, the impact goals for 2020 are to focus on improving these 7 health metrics of cardiovascular health and to reduce cardiovascular disease and stroke by 20%. Identification of those at high risk for poor cardiovascular health in adulthood should begin during early adolescence (**Box 1**).⁷

In the United States, children aged 12 to 19 years have variable risk for poor cardiovascular health based on data from the National Health and Nutrition Examination Survey (NHANES) in 2012 and diet data from 2009 to 2011. The health behaviors that provide the most significant opportunity for improvement include a healthy diet, adequate physical activity, and reduction in body weight. Reduction in smoking has demonstrated a dramatic improvement in the adolescent population, with 87.1% non-smokers and 12.9% smokers. There remains an opportunity to focus on smoking cessation as smoking is associated with poor health outcomes, many of which are avoidable.^{5,6}

In addition to improvement of health behaviors, focusing on improvement of the risk factors for the development of cardiovascular disease must be addressed. Although the data from the NHANES study suggest that both blood pressure and fasting plasma glucose levels achieved the ideal metric for cardiovascular health in the adolescent population, these risk factors must continue to meet the metrics into adulthood and across diverse populations. Through achievement of meeting targets of healthy behavior and risk factors, the focus of cardiovascular care can be shifted to secondary prevention rather than treatment of acute cardiovascular conditions such as acute myocardial infarction and stroke. Population-level risk reduction and improvement in cardiovascular health can be achieved with modest movement from poor to both intermediate and ideal categories of the 7 health metrics.^{5,6} Based on these data, there are opportunities to improve physical activity and diet in 12- to 19-year-olds

Box 1

Seven metrics of cardiovascular health

Factors

Optimal total cholesterol
Optimal blood pressure
Optimal fasting blood
glucose

—

Behaviors

Not smoking
Healthy diet pattern
Sufficient physical activity

Appropriate energy balance evidenced by normal body weight

Adapted from Mozaffarian D, Benjamin EJ, Go AS. Heart disease and stroke statistics—2015 update. Circulation 2015;131:e40.

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