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ORIGINAL ARTICLE

Knowledge about cardiovascular disease in Portugal

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KEYWORDS

Cardiovascular disease;
Health information management;
Health knowledge;
Primary prevention

Abstract

Objectives: To characterize specific knowledge on cardiovascular disease, particularly stroke and myocardial infarction (MI), and its relationship with sociodemographic factors, health literacy and clinical history, among the Portuguese population.

Methods: In a cross-sectional study conducted in 2012, a total of 1624 Portuguese-speaking residents of mainland Portugal, aged between 16 and 79 years, were assessed through face-to-face interviews using a structured questionnaire.

Results: Around 30% of participants were unable to estimate the risk of MI or stroke. On average, those who responded estimated that 34.2% and 35.6% of Portuguese will suffer a stroke or MI, respectively, during their lifetime. "Not smoking" (36.8%) and a "healthy diet" (32.8%) were identified as the most important behaviors for prevention of cardiovascular disease, and less than half of the participants responded that the most appropriate option in the presence of acute cardiovascular signs or symptoms was to call the emergency number. "Dependence on daily activities" (90.7%) and "impaired speech" (89.8%) were frequently recognized as consequences of stroke, while "heart failure" (86.4%) and "dependence on daily activities" (85.3%) were the most frequently identified consequences of MI. Overall, participants with adequate health literacy revealed more appropriate cardiovascular health-related knowledge.

Conclusions: There are important gaps in cardiovascular health-related knowledge in the Portuguese population. Health education strategies and practices should be sensitive to the differences in health literacy described herein, in order to improve cardiovascular health knowledge among the Portuguese population.

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PALAVRAS-CHAVE

Doenças cardiovasculares;
Gestão da informação em saúde;
Conhecimento em saúde;
Prevenção primária

Conhecimento sobre a doença cardiovascular em Portugal

Resumo

Objetivos: Caracterizar o conhecimento específico sobre a doença cardiovascular (DCV), nomeadamente o acidente vascular cerebral (AVC) e o enfarte agudo do miocárdio (EAM), da população portuguesa, de acordo com fatores sociodemográficos, literacia em saúde e história clínica.

Métodos: Num estudo transversal realizado em 2012, foram avaliados 1624 residentes em Portugal continental, entre 16 e 79 anos, através de entrevistas presenciais com questionário estruturado.

Resultados: Cerca de 30% dos participantes não conseguiram estimar o risco de AVC e EAM. Em média, os que responderam estimaram que 34,2% e 35,6% dos portugueses sofrerão um AVC ou um EAM durante a sua vida, respetivamente. «Não fumar» (36,8%) e uma «dieta saudável» (32,8%) foram identificados como os comportamentos mais importantes para prevenção da DCV e menos de metade dos participantes respondeu «telefonar para o 112» como opção correta perante a presença de sinais ou sintomas de eventos cardiovasculares agudos. A «dependência nas atividades diárias» (90,7%) e as «perturbações da fala» (89,8%) foram frequentemente reconhecidas como consequências de AVC, enquanto a «insuficiência cardíaca» (86,4%) e «dependência nas atividades diárias» (85,3%) foram as consequências de EAM identificadas com maior frequência. Em geral, participantes com literacia em saúde adequada revelaram um conhecimento em saúde cardiovascular mais apropriado.

Conclusões: Verificaram-se importantes lacunas no conhecimento específico sobre a doença cardiovascular da população portuguesa. As estratégias e práticas de educação em saúde devem ser sensíveis às diferenças descritas de acordo com o nível de literacia em saúde, de forma a melhorar o conhecimento em saúde cardiovascular da população portuguesa.

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Introduction

Cardiovascular disease (CVD) is the main cause of death worldwide and is projected to remain among the most important contributors to mortality up to 2030.¹ Worldwide, approximately 17.3 million people died from CVD in 2013, representing nearly one-third of the overall number of deaths and 45% of those due to non-communicable diseases.² Among these, 8.1 million deaths were due to coronary heart disease (CHD) and 6.4 million to stroke, which constitute the leading and third leading causes of disability worldwide, respectively.² In Europe, CVD is responsible for 45% of all deaths each year, with 2.8 million deaths attributed to CHD and stroke.³ In Portugal, CVD is the main cause of mortality, with stroke and CHD accounting for 6.1% and 6.0%, respectively, of total disability-adjusted life years in 2015.⁴

Despite the high burden of CVD, there has been a considerable decline in mortality in recent decades.⁵ These reflect downward trends in exposure to behavioral risk factors such as smoking, as well as increasing use of evidence-based pharmacological treatments for control of hypertension and cholesterol levels, and interventional therapies and techniques for better management of patients in the acute phase.⁶⁻⁹ However, patterns of variation in mortality are heterogeneous,⁵ with many countries, including Portugal, still presenting considerable potential for further decreases in morbidity and mortality from stroke and CHD,^{5,10} through both 'high-risk' and 'population' strategies.¹¹

Behaviors that increase the risk of CVD are modulated by individuals' health-related knowledge and risk perception,¹² and therefore understanding limitations in specific knowledge is essential to develop strategies aimed at the empowerment of the population for self-care and better use of available health resources.^{13,14}

We therefore aimed to characterize specific knowledge on the frequency, prevention, control and consequences of cardiovascular disease, particularly stroke and myocardial infarction (MI), and its relationship with sociodemographic factors, history of CVD and health literacy, among the Portuguese population.

Methods

This analysis is based on a cross-sectional study conducted between January and May 2012, with the primary objective of assessing knowledge and health behaviors in a representative sample of Portuguese-speaking residents of mainland Portugal, aged between 16 and 79 years, as previously described in detail.¹⁵ Briefly, a stratified probabilistic sampling procedure was used to select 150 geographical units, among which a total of 585 starting points were designated for the selection of households through standard random route procedures. In each selected household, the resident whose previous birthday was closest to the date of the interview was invited to participate. A total of 1624 valid interviews were obtained (response rate: 70.8%).

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