THE IMPACT OF DIETARY HABITS,LIFE STYLE CHANGES AND METABOLIC RISK FACTORS ON CARDIOVASCULAR DIESEASES

Ms.Ravipati Haritha (Dietitian), Ms. Sujatha Stephen,RD (Chief dietitian), Dr.Dosapati Sitaram (Interventional Cardiologist)

ABSTRACT

AIM : To compare the dietary habits and life style changes among people in different age groups.

STUDY METHOD: After obtaining approval from ethics committee of yashoda academy of medical education and research, a prospective observational study on people among different age groups of both the genders. Their general information and biochemical parameters, medical history and dietary habits Of patients of different age groups admitted in will be done.

RESULT: As per our observational study, on cardiac patients and their dietary habits and lifestyle changes, males are more prone to cardiac risk compare to females. Age is also an indicator of high cardiac risk that is above 45years for both females and males.

CONCLUSION: As per our observational study on cardiac patients, majority of the people are at risk for cardiac diseases based on their age and BMI, food habits comorbidities, their previous medical history, dietary habits like alcohol and smoking and also Treadmill test(TMT) positive. So, majority of the people are undergoing for Percutaneous transluminal coronary angioplasty (PTCA) and Coronary Artery Bypass Grafting (CABG) compared to medical management.

Background and objectives:

The most important way to prevent atherosclerotic vascular disease, cardio vascular diesease is to promote a healthy lifestyle throughout life. A team-based care approach is an effective strategy for the prevention of cardiovascular disease.

Since 1980, the American College of Cardiology (ACC) and American Heart Association (AHA) have translated scientific evidence into clinical practice guidelines with recommendations to improve cardiovascular health. These guidelines, which are based on systematic methods to evaluate and classify evidence, provide a foundation for the delivery of quality cardiovascular care. IN Australia the prevalence of obesity has increased, particularly over the past 20 years. In 1980 the prevalence of obesity was 8.0% in women, in 2000 it had increased to 21.8%. In 1980 prevalence of obesity was 9.3% in men, in 2000 it was 19.1%. Currently in Australian adults the prevalence of obesity is 20.5%. Among men, 67.4% have a BMI >25; among women, the corresponding amount is 52%. The major increase in obesity has occurred since 1989.cardiovascular disease is caused primarily by an changes in dietary habits, lack of physical activity, metabolic disorders, obesity and changes in lipid profiles. Thus the aim of this study is to assess and compare the detailed about people among different age groups of both the genders admitted in yashoda hospital.

RESULT AND DISCUSSION

In our observational study of 147 subjects, which includes 109 males and 38females (valid% of 74.1males&25.9 females), food preference 23subjects are vegetarian and 124 are non-vegetarian(valid% 15.6 Veg&84.4 Non-veg) Comorbidities' among 147subjects 15 subjects were of NIL commorbs(valid%

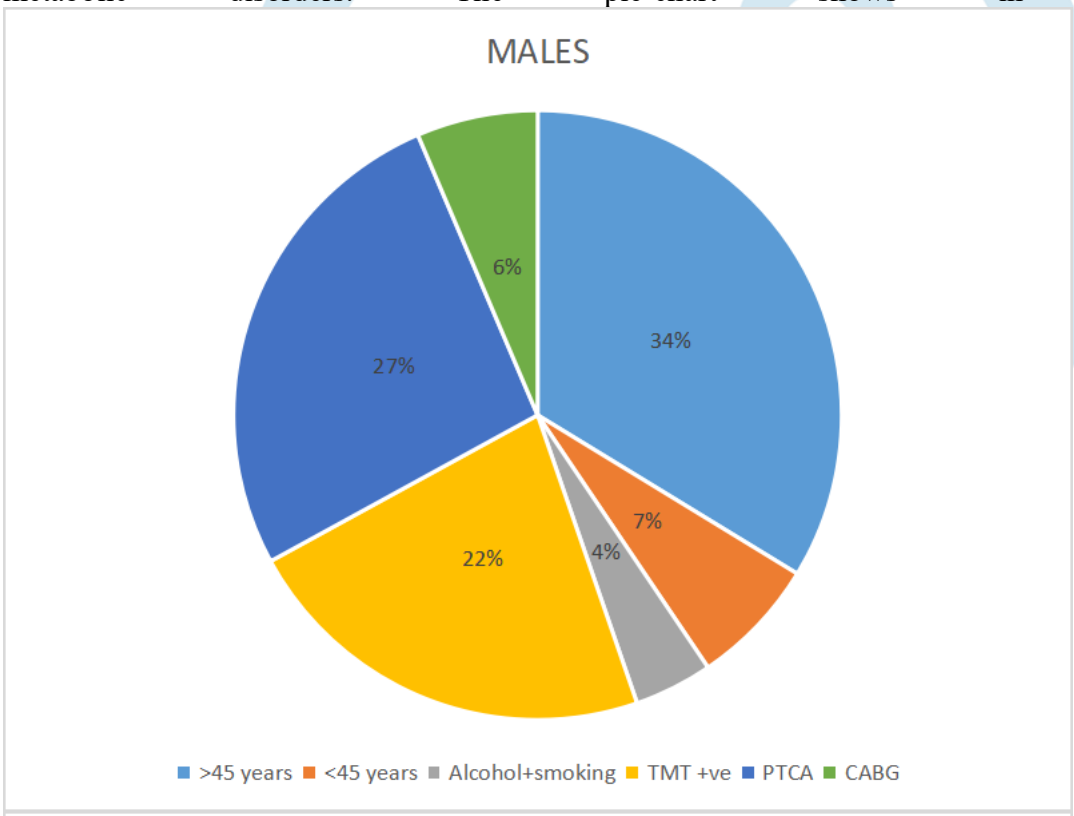
10.2)&132 are having commorbs(Valid% 89.8)Medical history among 147 subjects,71 are with no medical history(Valid% 48.3)76, with medical history (Valid% 51.7)Dietary habits among 147, with alcohol was 49 subjects (Valid% 33.3)Alcohol&Smoking is 22(Valid% 15)and with no alcohol& smoking are 58 subjects(Valid% 39.5)only smoking are 18 subjects(Valid% 12.2).TMT test shows among 147subjects 76 are with +ve TMT(Valid%51.7)& 71 are TMT -ve(Valid% 48.3).CAG shows among 147 subjects people with normal coronaries are 23(Valid%16.3)& PTCA are 104(Valid% 83.7).

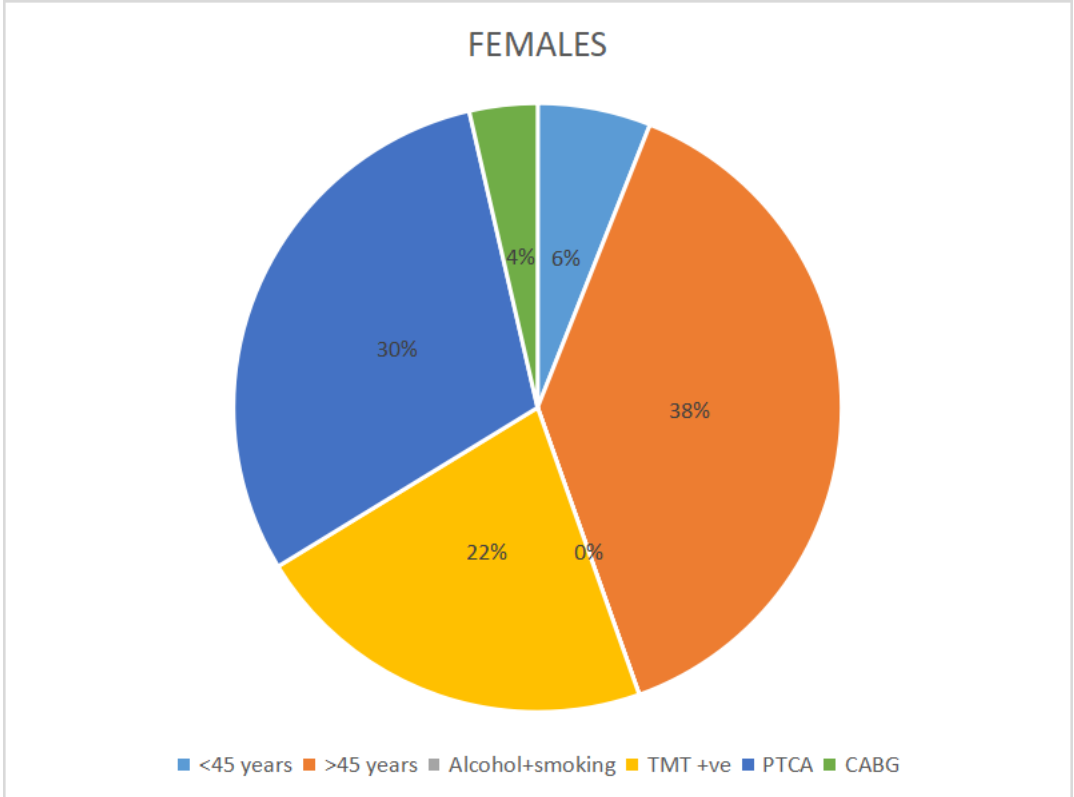
CABG among 147subjects,with CABG are 20 with(Valid% 13.6)

Age flag shows people with 147subjects<45 age from both the genders are 25 subjects(Valid% 17.01)& Age>45 from both the genders (Valid% 83) are 122 subjects.

CONCLUSION

As per our observational study people with different age groups of both the genders were undergoing for PTCA&CABG because of their dietary habits, life style changes and medical history and also because of metabolic disorders. The pie-chart shows in the below:-





REFERENCES:

1. Roth GA, Johnson C, Abajobir A, Abd-Allah F, Abera SF, Abyu G, et al. Global, regional, and national burden of cardiovascular diseases for 10 causes, 1990 to 2015. J Am Coll Cardiol. 2017;70(1):1–25.

2. Rydén, L.; Stand, L.E.; Bartnik, M.; van den Berghe, G.; Betteridge, J.; de Boer, M.J.; Cosentino, F.; Jönsson, B.; Laakso, M.; Malmberg, K.; et al. Guidelines on diabetes, pre-diabetes, and cardiovascular diseases: Executive summary. The Task Force on Diabetes and Cardiovascular Diseases of the European Society of Cardiology (ESC) and of the European Association for the Study of Diabetes (EASD). Eur. Heart J. **2007**, 28, 88–136.

3. Tzoulaki I, Elliott P, Kontis V, Ezzati M. Worldwide exposures to cardiovascular risk factors and associated health effects: current knowledge and data gaps.**Circulation**. 2016; 133:2314–2333.

4. Robertson TL, Kato H, Rhodes GG, Kagan A, Marmot M, Syme SL, Gordon T, Worth RM, Belsky JL, Dock DS, Miyanishi M, Kawamoto S. Epidemiological studies of coronary heart disease and stroke in Japanese men living in Japan, Hawaii and California. Incidence of myocardial infarction and death from coronary heart disease. **Am J Cardiol**. 1977; *39*: 239–243.

5. Bhupathiraju, S.N.; Tucker, K.L. Coronary heart disease prevention: Nutrients, foods, and dietary patterns. Clin. Chim. Acta **2011**, 412, 1493–1514

6. usuf S, Hawken S, Ounpuu S, et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study.

7. The relationship between weight and CVD risk factors in a sample population from central Iran (based on IHHP) Khosravi A, Akhavan Tabib A, Golshadi I, et al.

8. Miller V, Mente A, Dehghan M, et al. Fruit, vegetable, and legume intake, and cardiovascular disease and deaths in 18 countries (PURE): a prospective cohort study. *Lancet*. 2017;**390**(10107):2037–2049.