

Factors about Coronary Artery Disease in an Urban Female

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ABSTRACT

Objective: To determine frequency of modifiable risk factors about coronary artery disease in an urban female population of Sargodha city of Punjab province of Pakistan.

Study Design: Descriptive / cross sectional study.

Place and Duration of Study: This study was conducted at the urban female population of Sargodha city of Punjab province of Pakistan from March, 1st to 30th 2016.

Materials and Methods: This study was carried out to identify frequency of modifiable risk factors about coronary artery disease in an urban female population of Sargodha city. All 100 married female apparently healthy participants; 25-60 years of age were included.

Results: The mean age of subjects was 36.02±10.02 years. The frequency of smoking (27%) was expressively advanced in study population, sedentary lifestyle (19%) obesity (25%), use of salt (16%) and use of fat (13%) respectively.

Conclusion: The current research concludes a reduced information related to modifiable threat aspects regarding coronary artery disease in the urban feminine populace. Consequently, there is a speedy prerequisite to initiate actions to educate peoples of this group in relation of changeable risk features so that those at high risk for upcoming patients of controllable coronary artery disease can be coped.

Key Words: Female, Modifiable risk factors, Urban populace.

Citation of article: Hussain MT, Aslam S, Khan M, Haider SS, Razzaq AA, Abbas S, Nazir A. Frequency of Modifiable Risk Factors about Coronary Artery Disease in an Urban Female. Med Forum 2016;27(8):16-18.

INTRODUCTION

Coronary artery disease is considered as a solitary and sole reason and the utmost collective causes of mortality and morbidity in the World together developed and developing nations. It is an important origin of loss, and its foremost influence in death is intensifying.¹ Majority of these distresses from coronary artery disease go to the lower middle socioeconomic section of the people.

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Received: May 30, 2016;

Accepted: June 24, 2016

The comparative threat of emerging coronary artery ailment in Pakistani population is premier in initial eternities. A research showed in a metropolitan part of Pakistan that concluded that individuals of middle age or older had a stroke. The average age of stroke was 50 years or 10 years or 10 years younger than in Western populaces.² The occurrence of Coronary artery disease is expected to intensification more on behalf of fast development and its associated existence variations, with modifications in nutrition, and lack of exercise.³ Pakistani researches⁴ have reported a teenager, who grieved a cardiac problems, excluding for low levels of high density lipoprotein and slightly elevated homocysteine intensities. Generally, a third of Pakistani citizen above of 45 years have elevated blood pressure.⁵ Typically tobacco berri/chillum/cigar/cigarette/hukka smoking, practice of using ghee, vegetable fat in cooking, elevated serum lipid are proved as evidence for such menace in the community especially young adults.⁶

In elevation of levels of homocysteine is conjoint and reflects very deprived dietetic practices such as not eating additional fruits and vegetal as well as burning and profound scorching that terminates maximum of the nutrients. Smoking is the maximum public menace and vibrant between the population as whole. In spite of its excessive popularity, awareness regarding coronary artery disease hazard issues is low.⁷ Information about

coronary artery disease and its influencing characteristics are an imperative explanation for an individual to contrivance as social changes for coronary artery disease avoidance. Nearby conspicuous breaches in information of coronary artery disease, its menace influences, and symptoms in our populace resulting in inadequate precautionary behaviour patterns. Didactic courses are immediately essential to develop the close considerate of coronary artery disease in our community.⁸

The actual purpose was conducting this survey to determine frequency of knowledge of modifiable risk factors for Coronary artery disease in an urban female population of city Sargodha of Punjab province of Pakistan, to identify facts and figures to create awareness strategies among the group to control and overcome the burden of such kind of life threatening and curable disease. Avoidance and resistor of the risk factors for Coronary artery disease can decrease the proportion of Coronary artery disease. This needs changes in lifestyle and behaviour of the people individually and at the community level generally.

MATERIALS AND METHODS

It was a descriptive cross sectional study was conducted from March, 1st to 30th 2016. A total of 100 female respondents from urban population of Sargodha city were approached after written consent for interviewing about modifiable risk factors regarding Coronary artery disease. These respondents were selected through using 'non-probability' convenience sampling technique. Apparently healthy person living in area of city Sargodha, age 25 to 60 years and married female gender were included. Known to have coronary artery disease was excluded.

RESULTS

It was revealed that knowledge of modifiable risk factors about coronary artery disease in an urban female population of Sargodha city; Pakistan found as: The mean age of subjects was 36.02±10.02 years. The frequency of smoking (27%) was significantly higher in study population, sedentary lifestyle (19%) obesity (27%), use of salt (16%) and use of fat (13%) respectively (Table 1).

Table No.1: Frequency of risk factors

Risk Factor	Number	Percentage
Obesity	25	25.0
Smoking	27	27.0
Use of salt	16	16.0
Use of fat	13	13.0
Sedentary lifestyle	19	19.0

DISCUSSION

Our inquiry scrutinized the occurrence of modifiable threats and elements for Coronary artery disease in female study populace were as, smoking was significantly higher (27%), sedentary lifestyle (19%), obesity (25%), use of salt (16%), and use of fat (13%). The existing outcomes can be matched with the findings in the study that revealed 46.2% of populace were overweight. Related outcomes were initiated by a work conceded in India among people that shown overweight in 47%, as peril factors in the study group. Another study by Mohan and Deepa⁹ exposed the overweight was 60.2%.

CONCLUSION

There is an instant requirement to increase consciousness amongst the overall populace about these danger aspects of such disease complex, so we have to encourage them for accurate nutrition and physical exercise, and at the same time improve strategies for transmission and protective satisfying events to pinpoint and accomplish community at great menace for future coronary artery disease.

Acknowledgments: I am cordially thankful to the all participants for their consent and participation in this research study, I also grateful to my institutional senior, junior's contacts for their utmost guidance, favour and help to accomplish this agenda.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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