

Knowledge Regarding Modifiable Risk Factors about Coronary Artery Disease in an Urban Male Population

Shehzad Aslam¹, Malik Tayyab Hussain⁴, Muhammad Khan⁵, Aamir Nazir², Asma Abdul Razzaq³ and Shahid Abbas⁶

ABSTRACT

Objective: To ascertain knowledge of modifiable risk factors about coronary artery disease in an urban male population of Sargodha city; Pakistan.

Study Design: Observational / cross sectional study.

Place and Duration of Study: This study was carried in urban male population of Sargodha city, Pakistan from November, 1st to 30th 2015.

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

Results: The mean age of subjects was 40.12±10.22 years. The frequency of smoking (28%) was significantly higher in study population, sedentary lifestyle (25%) obesity (22%), use of salt (17%) and use of fat (8%) respectively.

Conclusion: The present study determines a poor knowledge of modifiable risk factors regarding Coronary artery disease in the urban male population. Therefore, there is an immediate need to initiate measures to raise awareness of these modifiable risk factors so that individuals at high risk for future Coronary artery disease can be managed.

Key words: Coronary artery disease, Frequency, Male population, Urban area

Citation of article: Aslam S, Hussain MT, Khan M, Nazir A, Razzaq AA, Abbas S. Knowledge Regarding Modifiable Risk Factors about Coronary Artery Disease in an Urban Male Population. Med Forum 2016;27(5):48-50.

INTRODUCTION

Coronary artery disease is one of the utmost collective causes of death and disease in equally industrialised and unindustrialized countries. It is an important origin of loss, and its impact to death is increasing.¹ Majority of those distress from coronary artery disease go to the lower middle socioeconomic section of the people. The comparative threat of emerging coronary artery ailment in Pakistani men is premier in initial eternities. A study conducted in an urban area of Pakistan that concluded that individuals of middle age or older had a stroke TIA or both. The average age of stroke was 50 years or 10 years or 10 years younger than in Western populations.²

¹. Department of Cardiology / Medicine² / Radiology³, Sargodha Medical College Hospital Sargodha

⁴. Department of Medicine, Rai Medical College Hospital Sargodha.

⁵. Department of Medicine, DHQ Teaching Hospital Sargodha

⁶. Department of Cardiology, Faisalabad Institute of Cardiology Faisalabad

Correspondence: Dr. Shehzad Aslam, Assistant Professor; Cardiology, Sargodha Medical College Hospital, Sargodha
Contact No.: 0300-9603946

E-mail: dr_shehzad_aslam@yahoo.com

Received: March 03, 2016;

Accepted: April 13, 2016

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

Hameed et al⁴ have reported a Pakistani 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/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

Pakistani people develop coronary artery disease at a much lower level of dietary fat.⁷ 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 furthestmost mutual menace and dynamic amongst the masculine individuals. In spite of its excessive popularity, awareness regarding coronary artery disease hazard issues is low.⁸ Information about coronary artery disease and its predisposing aspects is an important pre-requisite for an individual to implement as social changes for coronary artery disease

prevention. There are 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 level of understanding of coronary artery disease in the Pakistani community.⁹

The purpose was conducting such research to determine knowledge of modifiable risk factors for coronary artery disease in an urban male population of Sargodha city; Pakistan. To identify baseline facts and figures to create awareness strategies among most of the prevalent age groups to control/minimize the menace of this curable disease.

MATERIALS AND METHODS

It was a descriptive cross sectional study conducted from November, 1st to 30th 2015. A total of 100 male 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' purposive sampling technique. Apparently healthy person living in area of city Sargodha, age 25 to 60 years and married male 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 male population of Sargodha city; Pakistan found as: The mean age of subjects was 40.12 ± 10.22 years. The frequency of smoking (28%) was significantly higher in study population, sedentary lifestyle (25%), obesity (22%), use of salt (17%) and use of fat (8%) respectively (Fig. 1).



Figure No. 1: Frequency of risk factors (%)

DISCUSSION

This study inspected the frequency of modifiable risk factors for Coronary artery disease in male study population were as, smoking was significantly higher (28%), sedentary lifestyle (25%) obesity (22%), use of salt (17%) and use of fat (8%). The current outcomes

were matched with the conclusions in the research established that 46.2% of men were overweight. Related consequences were originated by a research conceded in India among men revealed overweight in 47%, as peril factors in the study group. Another study by Mohan and Deepa¹⁰ showed the overweight was 60.2% various other studies have also shown alike inclinations in the unlike peoples.

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.

Strengths: This research is the primarily of its nature to scrutinize among male community of urban population of different age groups living in many parts of city Sargodha. Principal investigator interviewed all participants himself to maintain quality of information.

Acknowledgement: "I am cordially thankful to the all participants for their consent and participation in this research study, I also grateful to my institutional seniors, 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.

REFERENCES

- Misra A, Nigam P, Hills AP, et al. Consensus physical activity guidelines for Asian Indians. *Diabetes Technol Ther* 2012;14:83-98.
- Hughes LO, Raval U, Raftery E. First myocardial infarctions in Asian and White men. *BMJ* 1989; 298:1345-50.
- Jafar TH, Qadri Z, Chaturvedi N. Coronary artery disease epidemic in Pakistan: more electrocardiographic evidence of ischaemia in women than in men. *Heart* 2008;94(4):408-13.
- Kamal AK, Itrat A, Murtaza M, et al. The burden of stroke and transient ischemic attack in Pakistan: a community-based prevalence study. *BMC Neurol* 2009;9:58.
- Hameed A, Quraishi AU. Acute myocardial infarction in a young patient. *J Coll Physicians Surg Pak* 2004;14(2):112-114.
- Hydrie M Z, Shera AS, Fawwad A, Basit A, Hussain A. Prevalence of metabolic syndrome in urban Pakistan (Karachi): comparison of newly

- proposed International Diabetes Federation and modified Adult Treatment Panel III criteria. *Metab Syndr Relat Disord* 2009;7(2):119-24.
7. Imam SK, Shahid SK, Hassan A, Alvi Z. Frequency of the metabolic syndrome in type 2 diabetic subjects attending the diabetes clinic of a tertiary care hospital. *J Pak Med Assoc* 2007; 57(5):239-42.
 8. Mohsin A, Zafar J, Nisar YB, et al. Frequency of the metabolic syndrome in adult type 2 diabetics presenting to Pakistan Institute of Medical Sciences. *J Pak Med Assoc* 2007;57(5):235-9.
 9. Ahmed N, Ahmad T, Hussain SJ, Javed M. Frequency of metabolic syndrome in patients with type-2 diabetes. *J Ayub Med Coll Abbottabad* 2010;22(1):139-42.
 10. Mohan V, Deepa R. Risk factors for coronary artery diseases in Indians. *J Assoc Physicians Ind* 2004;52:95-7.

Electronic Copy