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Physician Healthy Life-Style and Knowing: A Short Observational Trial

Sergiy Fedorov ^{1*}, Lubomyr Glushko ¹, Nataliya Pozur ¹, Anas Nasrallah ¹, Taras Gavrysh ¹, Olha Verbovska ¹

1. Therapy and Family Medicine Department of Postgraduate Faculty Ivano-Frankivsk National Medical University Ivano-Frankivsk, Ukraine
[E-mail: serfed@i.ua]

Although many cardiovascular diseases (CVDs) can be treated or prevented, an estimated 17.1 million people die of CVDs each year. The main risk factors are: tobacco use, high BMI, high blood pressure, high levels of cholesterol and glucose, low physical activity, stresses etc. 72 physicians which had practical skills at Therapy and Family Medicine Department of Postgraduate Faculty of Ivano-Frankivsk National Medical University were observed by using of special questionnaire. Our trial showed that all physicians know and have healthy life-style. Usually, with the age the part of persons with high BMI, level of glucose or cholesterol is increased. Overall, there is a need for continued promotion of physician health.

Keyword: Cardiovascular Diseases, Prevention, Healthy Life-Style.

1. Introduction

Coronary heart disease (CHD) is a major cause of death and disability in developed countries. According to American Heart Association (AHA) data, although CHD mortality rates have declined over the past four decades in the United States (and elsewhere), CHD remains responsible for about one-third of all deaths in individuals over age 35 ^[1]. It has been estimated that nearly one-half of all middle-aged men and one-third of middle-aged women in the United States will develop some manifestation of CHD ^[2]. By 2030, researchers project that noncommunicable diseases will account for more than three-quarters of deaths worldwide; CVD alone will be responsible for more deaths in low income countries than infectious diseases (including HIV/AIDS, tuberculosis, and malaria), maternal and perinatal conditions, and nutritional disorders combined. Thus, CVD is today the largest single contributor to global mortality and will continue

to dominate mortality trends in the future ^[3]. It's known, CVD is strongly connected to lifestyle, especially the use of tobacco, unhealthy diet habits, physical inactivity, and psychosocial stress. The World Health Organization (WHO) has stated that over three-quarters of all CVD mortality may be prevented with adequate changes in lifestyle. CVD prevention, remaining a major challenge for the general population, politicians, and healthcare workers alike, is defined as a co-ordinated set of actions, at public and individual level, aimed at eradicating, eliminating, or minimizing the impact of CVDs and their related disability. The bases of prevention are rooted in cardiovascular epidemiology and evidence-based medicine ^[4].

2. The Aim of Study: was to investigate the own knowledge about CVD prevention and life-style of physicians.

3. The Object and Methods of Study: 72 persons which had practical skills at Therapy and Family Medicine Department of Postgraduate Faculty of Ivano-Frankivsk National Medical University were observed. 37 of them were last year interns, 35 - qualified physicians. The special questionnaire was proposed to each of them (Fig. 1). Body mass index (BMI) was calculated by standard calculator (<http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmi-m.htm>).

4. Results and Discussion:

All observed physicians were divided into two groups: interns (1-st group) and physicians with experience (2-nd group). The mean age of persons of 1-st group is 25.05±0.94 years. 3 of them were males (8.10%). The main age of 2-nd group participants was 38.6±2.00 years; 4 of them were males (11.43%).

After calculation of BMI we received the following results: 21.18±0.42 kg/m² for 1-st group and 24.70±0.88 kg/m². BMI was significantly lower in interns compare qualified doctors (p < 0.0004). More intensive analysis of BMI data showed that only 2 persons in 1-st group had over-weight (5.40%) and no person had obesity. While 5 physicians from 2-nd group had overweight (14.29%) and 5 persons suffered from obesity (14.29%). It should be noted that 5 young doctors had BMI less than 18.5 kg/m² (13.51%), 2 of them – less than 18.0 kg/m² (5.41%). All were females. Two thirds of the adult population in the United States and at least half the populations of many other developed countries are currently overweight or obese. Although it is well established that obese people — defined as having a body-mass index (BMI) (the weight in kilograms divided by the square of the height in meters) of 30.0 or more — have increased death rates from heart disease, stroke, and many specific cancers. Recent post-hoc observational trial showed the association between a low BMI (less than 20.0) and increased all-cause mortality [7]. Authors concluded that for non-Hispanic whites, both overweight and obesity are associated with increased all-cause mortality, and underweight may be as well. All-

cause mortality is generally lowest within the BMI range of 20.0 to 24.9. The results of their analysis are most relevant to whites living in affluent countries; similar analyses are under way in other populations. 13 persons in two groups noted loaded family history of CAD (1.81%). 30 physicians had family history of arterial hypertension (4.11%) and 2 causes of sudden death. Only 2 males from 2-nd group confessed themselves as smokers (12-20 cigarettes per day with 12-30 years of experience).

Only 3 persons (8.10%) from 1-st group knows about own cholesterol level compared 18 persons of 2-nd group (51.43%). The high cholesterol level (>5.0 mmol/l) was observed only in 3 qualified physicians. In contrast, majority participants of both groups check their glucose level: 29 (78.38%) versus 34 (97.14%) persons. The mean glucose level in 1-st group was less like in 2-nd group: 4.22±0.09 mmol/l, versus 4.82±0.14 mmol/l (p<0.0008). Besides, 3 persons from 2-nd group had glucose tolerance disturbance.

3 observed doctors (all from 2-nd group) noted their physical inactivity. In 2 persons from 2-nd group (5.71%) and in 3 (8.11%) - from 1-st group were established low physical activity. It's nicely, that major doctors from both groups have good physical activity: 23 (62.16%) versus 19 (54.29%).

It's generally known, that healthy life-style is the main part of CVD prevention. The educational programme “Call for Action” has been well accepted at the European Union (EU) political level after the launch of the European Heart Health Charter in the European Parliament in June 2007. This public health statement has been endorsed by a majority of the EU member states, defining the characteristics of people who tend to stay healthy as:

- No use of tobacco.
- Adequate physical activity: at least 30 min five times a week.
- Healthy eating habits.
- No overweight.
- Blood pressure below 140/90 mmHg.
- Blood cholesterol below 5 mmol/L (190 mg/dL).
- Normal glucose metabolism.
- Avoidance of excessive stress.

Questionnaire			
Age _____			
Sex: male female			
Height: _____ cm			
Weight: _____ kg			
Family history: CAD Arterial Hypertension Sudden death			
Smoking: Yes No (if Yes – how long? how many cigarettes per day&)			
Did you check your Cholesterol level? Yes No			
If Yes:	When?	Results _____	mmol/l
Did you check your Glucose level? Yes No			
If Yes:	When?	Results _____	mmol/l
Physical activity:			
<ul style="list-style-type: none"> • 30 min middle physical exercises or 3 km walking every day • 30 min middle physical exercises or 3 km walking 2-3 times per week • 30 min middle physical exercises or 3 km walking per week • No physical exercises 			

Fig 1: Questionnaire for Doctors

5. Conclusion:

In general, all physicians know and have healthy life-style. Usually, with the age the part of persons with high BMI, level of glucose or cholesterol is increased. Overall, there is a need for continued promotion of physician health. We need to dispel the myth of never-ill physicians who place the needs of their patients before their own to the detriment of their own health. The culture of medicine must shift away from its highly competitive, individualistic emphasis on excessive workloads and extreme self-sacrifice and embrace changes that promote optimal physician wellness as an avenue to improved patient care. Until such a shift occurs, improving physician health will be an uphill battle.

6. References

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