

Screening for major cardiovascular risk factors among Members of Polish Parliament as a continuation of health marketing for effective cardiovascular prevention in Poland. Warsaw, May 2006

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Abstract

Background: Cardiovascular diseases are the most common cause of mortality in Poland. To improve the situation in this area, a national cardiovascular preventive project is necessary, and it can be done by close cooperation between medical and political agencies.

Aim: To present the current epidemiological situation in Poland to political and key opinion leaders and also to assess individual cardiovascular risk among Members of Polish Parliament.

Methods: The Project was carried out on 23-24 May 2006 in the residence of the Polish Parliament. Anthropometric, blood pressure and cholesterol measurements and a short questionnaire were performed.

Results: Survey and educational programme were carried out on 310 out of 460 Members of the Polish Parliament (females 59, males 251). Awareness of one's own blood pressure was declared by 70% of subjects, 39% declared earlier detected arterial hypertension, 21% had new detected elevated blood pressure, 31% declared earlier detected elevated cholesterol level and 32% had new detected elevated cholesterol level. Obesity was found in 40%, smoking was declared by 16.5%. The results were compared with those obtained in corresponding age-groups in the general population.

Conclusions: 1. The results of screening survey in the Polish Parliament in 2006 indicate that, in comparison with nationwide adult population and Parliament Members examined in the year of 2000, present Parliament Members are more often diagnosed with obesity. However, they present with a better awareness of their own blood pressure and better control of arterial hypertension, as well as much lower percentage of those who admit smoking cigarettes. 2. Drawing Parliament Members attention to the problem of high prevalence and insufficient control of cardiovascular risk factors should result in positive outcome of future legislation process and make the battle with the epidemic of heart attacks and strokes in Poland more successful.

Key words: cardiovascular diseases, prevention, social marketing and education, opinion leaders

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Introduction

Cardiovascular diseases remain the leading cause of morbidity and mortality in Poland. They were responsible for 46% of all deaths in 2004 [1]. Premature mortality rates are currently approximately twice as

high in Poland as in other 15 countries of the European Union before its enlargement in 2004 and, despite a trend for decrease observed since the beginning of the 1990s, are still the highest in Europe [2-5].

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According to the results of the NATPOL PLUS study in 2002 and WOBASZ in 2003-2005, the main reasons for the poor epidemiological situation in Poland are high prevalence, low detectability and low efficacy of treatment of major cardiovascular risk factors. On the other hand, social awareness of the problem and of possible ways of solving it is rather low [6-11].

Thus, it is essential to initiate and constantly continue actions in order to decrease the risk of epidemic occurrence of cardiovascular diseases. Such integrated and, most importantly, effective actions have been undertaken in our country. The best examples are the National Programme for Heart Protection accomplished in the 1990s and, currently, the National Programme for Prevention and Treatment of Cardiovascular Disease POLKARD of 2003-2005 and 2006-2008 [12, 13]. They have been accomplished owing to the cooperation of medical groups with politicians and advisory communities. Continuous educational actions and new methods of social marketing are needed to continue such cooperation. They are of extreme importance particularly with reference to politicians and decision makers, especially in the view of frequent personal rotations, determined by parliamentary elections [14].

Staff members from the Department of Hypertension and Diabetes of the Medical University in Gdańsk in cooperation with the Institute of Cardiology in Warsaw have been conducting such actions for nearly 10 years. Targeted groups to whom marketing actions and educational projects were addressed included journalists, trade unions and politicians [15-17].

The current project of screening surveys and education in the Polish Parliament is a continuation of these previous actions. It imitates a similar action in the European Parliament and screening studies performed by Medical Academy in Gdańsk and Institute of Cardiology in Warsaw in the Polish Parliament in 2000. The project was created to draw Members of Parliament (MPs) and Senators' attention to the problem and to the need for a long-term, integrated actions to effectively diagnose and treat cardiovascular diseases.

Methods

Prearrangements

Actions conducted to evaluate major risk factors of cardiovascular disease among MPs and Senators were preceded by intensive arrangements, such as the following:

- current epidemiological situation summary during Health Committee session
- poster presentations in Parliament and Senate facilities

- letters mailed to the MPs inviting them to participate in the study, also containing information about the health situation in Poland
- designing web pages containing information about the purpose and ways of conducting the study.

Project realisation

The project was conducted in the Polish Parliament on 23-24 May, 2006. It included two measurements of blood pressure (BP), assessment of total cholesterol concentration with a strip method, anthropometric measurements as well as a short questionnaire analysis.

For that purpose, six measurement booths, operating from 8 am to 2 pm, were organised, where, apart from the aforementioned procedures, individualised assessment of cardiovascular risk was conducted on the basis of the European Society of Cardiology guidelines. These booths were operated by specially trained doctors, students and nurses from the Medical Academy in Gdańsk. The Institute of Cardiology in Warsaw co-organised the study.

All participants of the study (MPs and Senators) received written information about the results of their examinations. A special chart was designed for that purpose which also included educational materials providing basic information about cardiovascular risk factors. A consulting physician was present in each booth to interpret the results of the studies and answer any questions participants might have. Professional opinions as well as dietary consultations were also provided.

All measurements were entered in a database that was closed as soon as the last assessment was completed and summary results of the study were calculated. They were presented on the same day as an educational presentation to the Parliament Board and Parliament Health Committee during a special session.

The results, adjusted for age and gender, were compared with the results of similar studies conducted in the Parliament in 2000 and to the results of the NATPOL PLUS study conducted in 2002 on a representative group of adult subjects. Because there were no women aged 18-39 among studied MPs, such a group was excluded from comparison.

The project of screening surveys and educational actions in the Polish Parliament was conducted as a part of the 2003-2005 phase of the National Programme for Prevention and Treatment of Cardiovascular Disease POLKARD.

The project was organised under the auspices of the Polish Society of Cardiology. The National Consultants in Hypertension, Cardiology, the Head of the Institute of Cardiology in Warsaw and the Chief of WHO CINDI Programme in Poland also participated in the study.

Statistical analysis

Results are presented as mean \pm standard deviation or numbers and percentages. Continuous variables were compared using Student's t-test, and categorical variables – using χ^2 test. A p value <0.05 was considered significant. Statistical analysis was performed with SAS software Windows, version 8.2 Cary, NC, USA.

Results

Main results of cardiovascular risk factor assessment among Members of Polish Parliament in 2006

A group of 263 MPs and 47 Senators participated in the study – 55% of all Parliament Members. Nineteen percent of all examined subjects were women and 81% men. Mean age of the whole group was 49 ± 9 years (27-74 years). The raw results, not adjusted for age and gender, are presented in Table I, where also the results obtained in 2000 are presented.

Mean systolic blood pressure (SBP), measured during the Parliament session (during MPs working time), was 132 ± 16 mmHg, and mean diastolic blood pressure (DBP) was 86 ± 11 mmHg.

Awareness of one's own BP values was declared by 70% of all MPs. Moreover, 50% of MPs and Senators admitted to having BP measured within the last month, and 14% did that more than a year ago or never. Thirty-nine percent of investigated subjects had a history of hypertension, and in 21% elevated BP ($\geq 140/90$ mmHg) was a *de novo* finding. In subjects with previously diagnosed hypertension, 46% had normal BP values.

Hypercholesterolaemia diagnosed earlier was admitted by 31% of investigated subjects (total cholesterol concentration ≥ 190 mg/dl), and in another 32% hypercholesterolaemia was newly diagnosed. In subjects with previously diagnosed hypercholesterolaemia, 33% presented with normal (<190 mg%) cholesterol levels.

Proper body mass index (BMI <25 kg/m²) was found in 12% of studied subjects, 48% were overweight (BMI 25–30 kg/m²) and 40% obese (BMI ≥ 30 kg/m²). Mean BMI was 28.9 ± 3.9 kg/m².

Abdominal obesity (waist circumference ≥ 94 cm in males and ≥ 80 cm in females) was detected in 80% of investigated subjects.

Sixteen and a half percent of subjects admitted to smoking cigarettes. When asked about physical activity, 40% denied taking systematic exercise.

Based on the information obtained from the survey as well as on BP measurements and cholesterol levels, the consulting physician was able to assess individual cardiovascular risk for each MP and Senator. In 13% of them, the risk was defined as high ($\geq 5\%$ according to the SCORE algorithm).

Comparison of results of current study with results of study conducted in Parliament in 2000 and a nationwide study in 2002 (NATPOL PLUS)

Non-standardised data

The comparison of 2000 and 2006 Parliament studies, as non-standardised data, is shown in Table I.

Standardised data

Due to differences in age and gender structure of the investigated populations as well as a strong association between analysed parameters and these variables, age and gender adjustment of all three examined groups was made before conducting further comparisons. Moreover, the group of females aged 18-39 years was excluded from the analysis because there were no women at that age among participants of the current study. The results of the 2006 study were compared with the results of the study of MPs conducted in 2000 and of the nationwide study NATPOL PLUS in 2002.

General characteristics of the studied populations (standardised data) are presented in Tables II and III.

Members of Parliament examined in 2006 were found to have considerably lower mean DBP compared with the other two populations. Moreover, lower SBP was detected in the group investigated in 2006 in comparison with the nationwide population.

Table I. Comparison of Parliament Members participating in studies in 2000 and 2006 (non-standardised data)

	2000	2006
Number of investigated Parliament Members	415	310
Mean age of investigated subjects [years]	50.2 \pm 8.8	49.1 \pm 8.8
Percentage of female subjects in study [%]	16	19
Mean systolic blood pressure [mmHg]	133.0 \pm 15.9	132.2 \pm 16.1
Mean diastolic blood pressure [mmHg]	86.9 \pm 11.1	85.5 \pm 10.9
Mean BMI values (mean \pm SD)	28.4 \pm 3.8	28.9 \pm 3.9
Mean waist circumference [cm]	97.9 \pm 11.4	98.9 \pm 11.3

Table II. Comparison of selected risk factors in the group of MPs participating in the study in 2000 and 2006 as well as in the nationwide population group (data adjusted for age and gender)

	Parliament 2006	Parliament 2000	Nationwide population	Parliament 2006 vs. 2000	Parliament 2006 vs. nationwide population
				p	p
Age of investigated subjects [years]	49.0±13.1	48.6±13.2	48.4±16.1	NS	NS
Systolic blood pressure [mmHg]	129.9±15.3	132.0±14.3	136.9±22.1	NS	<0.001
Diastolic blood pressure [mmHg]	81.8±10.2	84.1±10.1	83.8±12.5	<0.01	<0.05
BMI [kg/m ²]	28.3±3.9	27.4±3.7	26.5±4.8	<0.01	<0.001
Total cholesterol concentration [mg/dl]*	195.2±29.9	–	212.2±34.9	–	<0.001
Waist circumference [cm]	95.1±11.9	92.5±11.1	90.6±13.5	<0.01	<0.001

* *uncomparable data because of different methods of total cholesterol level measurement*

Table III. Comparison of selected risk factors in the group of MPs participating in the study in 2000 and 2006 as well as in the nationwide population group (data adjusted for age and gender). The percentage of investigated subjects is presented

	Parliament 2006	Parliament 2000	Nationwide population	Parliament 2006 vs. 2000	Parliament 2006 vs. nationwide population
				p	p
Awareness of one's own BP values	72.8	68.9	60.8	NS	<0.001
Have you ever been diagnosed with hypertension by a physician? – Yes	42.6	34.4	26.0	<0.05	<0.001
Prevalence of increased BP (≥140/90 mmHg in subjects with previously diagnosed hypertension)	38%	52%	74%	<0.05	<0.001
Prevalence of de novo increased BP (≥140/90 mmHg)	20.8	20.4	17.0	NS	NS
Prevalence of overweight	43.7	53.9	36.3	<0.05	<0.05
Prevalence of obesity	34.6	20.7	21.3	<0.001	<0.001
Prevalence of abdominal obesity	77.5	57.2	56.0	<0.001	<0.001
Prevalence of smoking habit	14.9	20.1	35.0	NS	<0.001
Do you perform any physical activity outside work? – Yes	57.1	–	44.9	–	<0.001

The prevalence of increased BP detection (≥140/90 mmHg) was equal in all three groups (the mean of two measurements). Members of the currently investigated group considerably more often gave a history of previously diagnosed hypertension, and revealed a better awareness of their own BP values compared with the nationwide population.

Blood pressure control in subjects with previously identified hypertension was considerably better among MPs in 2006 than in 2000 and better than in the nationwide population.

Mean BMI values were considerably higher in the group of present MPs than in those examined in 2000 and in the nationwide population. A higher prevalence of obesity in this group (34.6 vs. 20.7% in 2000; $p < 0.001$) should also be pointed out. Moreover, abdominal obesity was detected considerably more often in MPs from 2006 (77.5 vs. 57.2%; $p < 0.001$).

Parliament Members examined in 2006 admitted less frequent cigarette smoking (14.9%) compared with the group examined in 2000 (20.1%, NS) and with the nationwide population (35%, $p < 0.001$). They also less

frequently declared a lack of any extracurricular physical activity in comparison with the entire adult population.

Discussion

Continuous decrease of cardiovascular mortality has been observed in countries of the European Union in recent decades. Such a tendency has also been seen in the past 15 years in Poland [1-5]. It has been possible mainly because national intervention programmes dealing with prevention and treatment of cardiovascular diseases have been introduced [12, 13, 18]. These programmes also pay much attention to the need for wide health promotion and, most importantly, proper education. To make such a system effective, all social classes should be included, from decision makers to ordinary citizens.

Constructive lobbying, social marketing and education among politicians and opinion leaders are crucial for creating a proper health policy.

The Medical University in Gdańsk has been carrying on such actions for nearly 10 years, continuing with this year's programme of screening and education in the Polish Parliament. It should be remembered that similar interventions took place in the Parliament in the year 2000 [17]. Similar actions were also undertaken in head offices of the major workers' unions, among health-care providers (former *Kasy Chorych*), as well as journalists [15, 16]. It might be assumed that such actions led to the development of the National Programme for Prevention and Treatment of Cardiovascular Disease POLKARD.

The consistency and repetitiveness of undertaken actions are of extreme importance. They are essential to minimise the unwanted effects of frequent political changes in our country. Projects designed for prevention must have a more long-term character than only "from one Parliament election to another".

It should also be emphasised that any preventive actions undertaken to stop the epidemic of cardiovascular disease will be much more effective if they are fully understood and supported by MPs as well as by groups of opinion leaders. It will thus be possible to design adequate preventive programmes and the structure of a health care system, aimed at preventing and fighting cardiovascular diseases in Poland.

Fifty-five percent of MPs, less than six years before, participated in screening surveys organised as a part of the Project in 2006. Presumably the better attendance in 2000 was caused by similar actions organised at the same time in parliaments of other European countries as well as in the European Parliament. One possible reason might also be the higher attendance of MPs in Parliament session in 2000 and also the visit of an exceptional guest – the Dalai Lama, awarded the Nobel Peace Prize. He became a symbol of the 2000 Project.

Looking at the results of BP measurements (the mean from two measurements) one should remember that BP readings were taken in the stressful condition of a Parliament session. Attention should also be paid to the fact that BP control in MPs with previously diagnosed hypertension is much better than in subjects with hypertension in the nationwide population, despite widespread obesity and stressful working conditions.

A positive fact is that fewer Members of the present Parliament smoke cigarettes compared to the year 2000. The comparison with the nationwide population is even more optimistic. It is a good prognostic sign for ongoing discussions on updating the act "To protect health from the consequences of tobacco abuse and tobacco-like products". The main direction of these amendments was to expand the areas where smoking is banned to all public places and unify the consequences of not complying with these restrictions. These works were aimed at providing complex regulations that would protect non-smokers from smoke. It was emphasised that the previous act of banning smoking in public places and workspace did not provide adequate protection of the rights of non-smokers.

The considerably high prevalence of overweight and obesity (abdominal obesity in particular) among present MPs is a very unfavourable condition, particularly when compared to the nationwide data. The lifestyle and working conditions of MPs do not facilitate an improvement, even though physical activity was declared more often by MPs and Senators than by a nationwide adult population. It might then be assumed that questions in the questionnaire regarding exercise were not precise enough.

High prevalence of obesity (particularly of abdominal type) and hypertension in the group of Parliament Members increases the potential risk of metabolic syndrome. The screening surveys that were conducted, due to obvious methodical limitations, do not allow a proper assessment of the prevalence of this syndrome. Nevertheless, MPs and Senators should be advised to engage in more intense and frequent exercise and to focus on better diet and regular body mass control.

Conclusions

1. The results of screening surveys in the Polish Parliament indicate that, in comparison with the nationwide adult population and Parliament Members examined in the year of 2000, present Parliament Members and Senators are more often diagnosed with obesity and abdominal obesity. Present Parliament

Members, however, present with a better awareness of their own blood pressure values compared with the nationwide population as well as a better control of blood pressure values in cases of hypertensive subjects. The percentage of Parliament Members who admit to smoking cigarettes is much lower than in the nationwide population. Parliament Members more often declared systematic physical activity compared with the nationwide population.

2. Drawing Parliament Members' and Senators' attention to the problem of high prevalence of cardiovascular risk factors should result in positive outcome of future Parliament discussions and make the battle with the epidemic of heart attacks and strokes in Poland more successful.

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Program badań przesiewowych w Parlamencie RP jako kontynuacja działań na rzecz skutecznej walki z chorobami układu krążenia w Polsce.

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Streszczenie

Wstęp: Choroby układu sercowo-naczyniowego są najczęstszą przyczyną zachorowań i umieralności w Polsce. W 2004 r. odpowiedzialne były za 46% wszystkich zgonów. Sytuacja taka sprawia, że niezbędne jest wdrażanie i stała kontynuacja działań mających na celu zmniejszanie zagrożeń związanych z epidemią chorób układu krążenia, między innymi poprzez wprowadzanie narodowych programów profilaktyki. Programy te są realizowane dzięki współpracy środowisk medycznych z politykami i środowiskami opiniotwórczymi.

Cel: Propagowanie w polskich środowiskach opiniotwórczych i decydenckich wiedzy na temat rozpowszechnienia i kontroli chorób układu krążenia, a także pomiar wybranych czynników ryzyka sercowo-naczyniowego wśród posłów i senatorów RP.

Metodyka: Badania przeprowadzono w dniach 23–24 maja 2006 r. w ramach Narodowego Programu Profilaktyki i Leczenia Chorób Układu Sercowo-Naczyniowego POLKARD. Parlamentarzystów przebadano pod kątem występowania głównych czynników ryzyka sercowo-naczyniowego (2-krotny pomiar ciśnienia tętniczego, pomiary antropometryczne, pomiar cholesterolu całkowitego metodą paskową, krótki kwestionariusz) oraz przeprowadzono z nimi rozmowę edukacyjną.

Wyniki: W badaniach wzięło udział 263 posłów i 47 senatorów (59 kobiet, 251 mężczyzn). Znajomość własnego ciśnienia deklarowało 70% parlamentarzystów, wcześniej rozpoznane nadciśnienie tętnicze deklarowało 39% badanych posłów i senatorów; 21% miało podwyższone ciśnienie tętnicze *de novo*. Wcześniej rozpoznaną hipercholesterolemię deklarowało 31% badanych, u 32% stwierdzono to zaburzenie *de novo*. Otyłość stwierdzono u 40% badanych parlamentarzystów. Palenie papierosów potwierdziło 16,5% ankietowanych. Na podstawie wykonanych pomiarów oszacowano także indywidualne ryzyko sercowo-naczyniowe każdego posła i senatora. U 13% badanych ryzyko określone było jako wysokie ($\geq 5\%$ wg algorytmu SCORE). Analizowane parametry, po standaryzacji względem wieku i płci do struktury populacji ogólnopolskiej, porównano z wynikami ogólnopolskiego badania NATPOL PLUS z 2002 r. oraz wynikami badania w Parlamencie RP w 2000 r.

Wnioski: 1. W badaniach przesiewowych u posłów i senatorów Parlamentu RP w roku 2006 wykazano, w porównaniu z populacją dorosłych Polaków oraz parlamentarzystów przebadanych w roku 2000, istotnie częstsze występowanie otyłości. Jednocześnie odsetek parlamentarzystów deklarujących palenie papierosów jest znacznie mniejszy, zaś znajomość własnego ciśnienia tętniczego oraz kontrola nadciśnienia dużo lepsza niż w populacji ogólnopolskiej. 2. Zwrócenie uwagi posłów i senatorów obecnej kadencji na problem dużego rozpowszechnienia i niedostatecznej kontroli czynników ryzyka sercowo-naczyniowego powinno mieć ważny pozytywny wpływ na prace legislacyjne oraz przyczynić się do dalszej skutecznej walki z epidemią zawałów serca i udarów mózgu w Polsce.

Słowa kluczowe: choroby układu krążenia, prewencja, marketing społeczny i edukacja, środowiska decydenckie

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