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Research Article

ANALYSIS OF BEHAVIORAL COUNSELLING TO PROMOTE A HEALTHFUL DIET AND FOR CARDIOVASCULAR DISEASE PREVENTION IN ADULTS

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Abstract:

Introduction: Cardiovascular disease, primarily in the forms of heart disease and stroke, is a leading cause of death in the United States. Obesity is associated with increased CVD mortality. Adults who adhere to national guidelines for a healthful diet and physical activity have lower cardiovascular morbidity and mortality than those who do not.

Aims and objectives: The basic aim of the study is to analyze the behavioral counselling to promote a healthful diet and for cardiovascular disease prevention in adults.

Material and methods: This analytical study was conducted in DHQ hospital, Layyah during 2018 with the permission of ethical committee of hospital. In this study we selected the 100 patients who was suffering from CVD. Both genders were selected for this purpose. The data was collected through a questionnaire in which we find the Sociodemographic status of patients as well as behaviour towards healthful diet for the prevention of CVD.

Results: The demographic values shows that there is a direct relationship of background of the patient and CVD. Mostly smokers are suffered from kidney and heart problems and their BP become also high. Tobacco use continues to be one of the most important risk factors for CVD. Helping patients with tobacco cessation is a critical component of CVD prevention. The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions to those who use such products.

Conclusion: It is concluded that primary care professionals individualize the decision to offer or refer adults without obesity who do not have hypertension, dyslipidemia, abnormal blood glucose levels, or diabetes to behavioral counseling to promote a healthful diet and physical activity. Existing evidence indicates a positive but small benefit of behavioral counseling for the prevention of CVD in this population.

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INTRODUCTION:

Cardiovascular disease, primarily in the forms of heart disease and stroke, is a leading cause of death in the United States. Obesity is associated with increased CVD mortality. Adults who adhere to national guidelines for a healthful diet and physical activity have lower cardiovascular morbidity and mortality than those who do not. All persons, regardless of CVD risk status, can accrue the health benefits of improved nutrition, healthy eating behaviors, and increased physical activity [1].

Most studies evaluated interventions that combined counseling on a healthful diet and physical activity and were intensive, with multiple contacts (which may have included individual or group counseling sessions) over extended periods [2]. Interventions involved an average of 5 to 16 contacts over 9 to 12 months depending on their intensity. Most of the sessions were in-person, and many included additional telephone contacts [3]. Interventions generally focused on behavior change, and all included didactic education plus additional support. Most included audit and feedback, problem-solving skills, and individualized care plans. Some trials also focused on medication adherence [4]. Interventions were delivered by specially trained professionals, including dietitians or nutritionists, physiotherapists or exercise professionals, health educators, and psychologists [5].

Theoretical background

Many types of intensive counseling interventions were effective. However, it was not clear how the magnitude of the effect was related to the format of the intervention (e.g., face-to-face, individual, group, or

telephone), the person providing the counseling, the duration of the intervention, or the number of sessions because different combinations of components were effective (see the Implementation section for more information on effective interventions) [6]. Because of the intensity and expertise required, most interventions were referred from primary care and delivered outside that setting [7].

Aims and objectives

The basic aim of the study is to analyze the behavioral counselling to promote a healthful diet and for cardiovascular disease prevention in adults.

MATERIAL AND METHODS:

This analytical study was conducted in DHQ hospital, Layyah during 2018 with the permission of ethical committee of hospital. In this study we selected the 100 patients who was suffering from CVD. Both genders were selected for this purpose. The data was collected through a questionnaire in which we find the Sociodemographic status of patients as well as behaviour towards healthful diet for the prevention of CVD.

Statistical analysis

All the data were analyzed using SPSS (version 16.0). All the data were expressed through mean and standard deviation.

RESULTS:

The demographic values shows that there is a direct relationship of background of the patient and CVD. Mostly smokers are suffered from kidney and heart problems and their BP become also high. (Table 01).

Table 01: Demographic characteristics of the selected group

Variables	Co-efficient	SE
Blood pressure	0.048	0.35
Healthy eating index (HEI)	-0.059	0.05
Smoker	0.060	0.80
Food security	0.106	0.12
Drinker	-0.343	0.08
Belong to city area	0.057	0.01
Belong to rural area	0.59	0.70
BMI	0.5460.24	

Approaches to Prevention

Tobacco use continues to be one of the most important risk factors for CVD. Helping patients with tobacco cessation is a critical component of CVD prevention.

Burden of Disease

Cardiovascular disease is a leading cause of death in the United States, and well-established CVD risk factors, such as obesity, hypertension, hyperlipidemia, and diabetes, are common in adults. The Centers for Disease Control and Prevention estimates that nearly half of all U.S. adults aged 20 years or older have at least 1 of the following CVD risk factors: uncontrolled

hypertension, uncontrolled elevated low-density lipoprotein (LDL) cholesterol level, or current smoking [8].

DISCUSSION:

Physical activity and exercise training have risks that must be considered when recommending regular physical activity for the general population and for individuals with cardiovascular disease. Fortunately, several strategies are recognized as effective at reducing risk when recommending physical activity [5]. Overall, available information suggests that physical activity in the range recommended by recent public health guidelines, such as the CDC/ACSM guideline, has quite an acceptable risk-to-benefit ratio. The most common risk of physical activity in adults is musculoskeletal injury [8]. In contrast, injuries are rare in research studies of supervised exercise training among older adults when individuals at high risk of injury are excluded [9]. In a cohort study of community adults aged 20 to 85 years with above-average activity levels, $\approx 25\%$ reported a musculoskeletal injury over 1 year, and one third of injured adults stopped exercising. Several factors affecting injury risk are modifiable and offer opportunities for risk management. Risk of injury increases with obesity, volume of exercise, and participation in vigorous exercise such as competitive sports, whereas higher fitness, supervision, stretching exercises, protective equipment such as bike helmets, and well-designed environments protect against injury [7]. The general principle that the volume of physical activity should be increased gradually over time is widely regarded as critical for reducing injury risk. Walking, the most popular activity and the standard example of a moderate-intensity activity, is a low-risk activity [10]. One study reported that increasing the duration of walking did not result in any increase in injury risk. In some situations, regular physical activity actually reduces injury risk, as indicated by a recent consensus statement that physical activity is recommended to reduce the risk of fall injuries in older adults [11].

CONCLUSION:

It is concluded that primary care professionals individualize the decision to offer or refer adults without obesity who do not have hypertension, dyslipidemia, abnormal blood glucose levels, or diabetes to behavioral counseling to promote a healthful diet and physical activity. Existing evidence indicates a positive but small benefit of behavioral counseling for the prevention of CVD in this population.

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