# RESEARCH ARTICLE 

# "PREVALANCE OF RISK FACTORS OF CARDIO VASCULAR DISEASE AMONG BANK EMPLOYEES OF BELAGAVI CITY" A CROSS- SECTIONAL STUDY 

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#### Abstract

Background: Cardiovascular diseases are a group of disorders of the heart and blood vessels. A Cardio vascular disease is second largest group after mental illnesses. Cardiovascular diseases are leading cause of death in developing countries, having contributed $63 \%$ to the global mortality. Objectives: To estimate the prevalence of different risk factors of cardio vascular disease among bank workers of Belagavi city. Materials and Methods: This is a Cross sectional study among the bank employees of selected nationalized banks of Belagavi city. A total of 180 subjects aged 20 years and above were included in the study. A structured W.H.O questionnaire was used to collect data. Body mass index (BMI), Blood pressure (B.P) and Random blood sugar (RBS) was recorded. The data was statistically analyzed using SPSS. Results: The prevalence of risk factor of cardiovascular disease was as follows smoking $11.7 \%$, alcohol $37.8 \%$, BMI (obese $13.4 \%$ and pre-obese $38.3 \%$ ), Hypertension $20 \%$, Diabetes were $9.4 \%$ and pre-diabetes $18.9 \%$. in this study there was statistically significant association between age with BMI, HTN and Diabetes. Conclusion: This study shows the burden of cardiovascular disease risk factor in the bank employees of Belagavi city. Exercise and education to the masses to bank employees should be an important component of preventive program.


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## INTRODUCTION

Cardiovascular diseases are a group of disorders of the heart and blood vessels (www.euro.who.Int...disease/ cardiovascular- disease/cardiovascular-disease). The causes of cardiovascular disease are diverse but atherosclerosis and/or hypertension are the most common. Additionally, with aging a number of physiological and morphological changes occur that alter cardiovascular function and leads to subsequently increased risk of cardiovascular diseases, even in healthy asymptomatic individuals (en.wikipedia.org/wiki/ cardiovascular-disease). Projections indicate that 35 million deaths out of the 58 million worldwide expected deaths in 2005 were due to chronic, non communicable diseases (World Health Organization, 2013). According to W.H.O estimates, in 2002, 16.7 million people around the globe died of cardiovascular diseases each year. This represents about $1 / 3$ of all deaths globally. 80 percent of the burden is in low and middle income countries.

[^0]By 2020, cardiovascular diseases and mental illnesses will be responsible for about one half of all deaths and one half of all healthy life years lost worldwide. CVD is the leading cause of death in Europe, accounting for over 4 million deaths each year. $39 \%$ of deaths in the UK are from cardiovascular disease (www.americanheart.org). The Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka, and Nepal) is home to 20 per cent of the world's population and may be one of the regions with the highest burden of CVD in the world. In 2003 the prevalence of coronary heart disease in India was estimated to be 3-4 \% in rural areas and 8-10\% in urban areas with a total of 29.8 million affected according to population-based crosssectional surveys (Goyal and Yusuf, 2006). C.V.D growing at $9.2 \%$ per year. The incidences of cardiovascular diseases have gone up ( $24.8 \%$ ) significantly for people between the age of 25 and 69 years which means we are losing more people in productive age group mainly due to these chronic diseases (www.deloitte.com/in). Occupation like bank employees who deal with various types of customers, involves economic liabilities, high levels of accountability, greatly reduced physical activity, sedentary mode of functioning which may
predispose for the development of various diseases like hypertension, obesity, diabetes mellitus. There are very few studies on bank employee hence the present study was conducted.

## MATERIALS AND METHODS

A cross sectional study was conducted to know the prevalence of risk factors of cardiovascular disease among bank employees of Belagavi city between February 2014 - October 2014. Assuming the prevalence of Risk factor to be $50 \%$ among bank employees sample size was calculated using the formula:- $\mathrm{n}=4 \mathrm{pq} / \mathrm{d}^{2}$ and the total sample was 180 . Simple random sampling technique was used for the selection of bank and study participants also. Ethical clearance was obtained from JNMC institutional ethics committee. Permission from bank manager was obtained after explaining the objectives as well as the methodology of the study. Bank employees who were available at the time of data collection and willing to participate and gave written informed consent were included in the study. The data was collected by using WHO questionnaire, Height and weight was measured by using tape and weighing machine. Blood pressure and Random blood sugar was recorded using sphygmomanometer was taken and Glucometer respectively.

## Data analysis

data was entered in SPSS version 20 and MS excel. The data was summarized with the descriptive statistics like percentage, mean, median, and standard deviation. Inferential statistics like $\chi^{2}$ and fisher's exact test was used for testing the hypothesis.

## RESULTS

A total of 180 bank employees were recruited in the study. Among these participants 142 (78.9\%) were males and 38 ( $21.1 \%$ ) were females.

Recruited participants were of age above 20 years. In which majority of participants $41.1 \%$ were of age group above 50 years (Table 1). Majority of participants were Hindus 169 (93.9\%), followed by Muslims (4.4\%) and Christians (1.1\%). Among these participants 79.4\% were married.

Table 1. Distribution of participants according to age and sex

| Sex | Age in years |  |  |  | Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $20-30$ | $30-40$ | $40-50$ | Above 50 |  |
| Male | $27(19 \%)$ | $24(16.9 \%)$ | $24(16.9 \%)$ | $67(47.2 \%)$ | 142 |
| Female | $15(39.5 \%)$ | $7(16.9 \%)$ | $9(23.7 \%)$ | $7(18.4 \%)$ | 38 |
| Total | $42(23.3 \%)$ | $31(17.2 \%)$ | $33(18.3 \%)$ | $74(41.1 \%)$ | 180 |

Among these participants $79.4 \%$ were married. Among 180 participants $5(2.8 \%)$ of them had their education above the post graduation like PhD , double graduate, $71(39.4 \%$ ) were post graduates, $70(38.9 \%)$ did their graduation, 32 (17.8\%) had completed their Pre university college level education and $2(1.1 \%)$ participant refused to give information about their education. 21 ( $11.3 \%$ ) were smokers and all were males. $37.8 \%$ study participants consumed alcohol (Table 2). There was statistically significant difference found between BMI and age. The obesity is more in age group of above 50 years than in 'those ages less than 50 years that is $18.9 \%$. While under weight is more in age group 20-30 years (11.9\%) (Table 3). Hypertension was more ( $28.4 \%$ ) in age group above 50 years and ( $27.3 \%$ ) in age group of 40-50 years.

Table 2. Distribution of participant according to smoking habit and alcohol intake

|  | SMOKE | ALCOHOL |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Frequency | $\%$ | Frequency | $\%$ |
| Yes | 21 | 11.7 | 68 | 37.8 |
| No | 159 | 88.3 | 112 | 62.2 |
| Total | 180 | 100 | 180 | 100 |

Table 3. Association of age of participants with B.M.I

| Age in years | Body mass index |  |  |  | Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | under weight | normal range | pre- obese | obese class 1,2,3 |  |
| 20-30 | 5(11.9\%) | 24 (57.1\%) | 9(21.4\%) | 4(9.6\%) | 42 |
| 30-40 | 2(6.5\%) | 9 (29\%) | 16(51.6\%) | 4(12.9\%) | 31 |
| 40-50 | 1 (3\%) | 11 (33.3\%) | 19(57.6\%) | 2(6.1\%) | 33 |
| above 50 | 6(8.1\%) | 29 (39.2\%) | 25(33.8\%) | 14(18.9\%) | 74 |
| Total | 14 | 73 | 69 | 19 | 180 |
| $\mathrm{P}=0.036$ |  |  |  |  |  |

Table 4. Association of age of participants with Blood pressure

| Age in years | Blood pressure |  |  | Total |
| :---: | :---: | :---: | :---: | :---: |
|  | Normal | high normal | hypertension stage 1,2,3 |  |
| 20-30 | 33 (78.6\%) | 7 (16.7\%) | 2 (4.8\%) | 42 |
| 30-40 | 23 (74.2\%) | 4 (12.9\%) | 4 (12.9\%) | 31 |
| 40-50 | 21 (63.6\%) | 3 (9.1\%) | 9 (27.3\%) | 33 |
| Above 50 | 31 (41.9\%) | 22 (29.7\%) | 21 (28.4\%) | 74 |
| Total | 108 | 36 | 36 | 180 |
| $\mathrm{P}<0.001$ ) |  |  |  |  |

Table 5. Association between age and R.B.S of participants

| Age in years | Random blood sugar |  |  |  | Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | not interest to test | Normal | pre diabetic | Diabetic |  |
| $20-30$ | $6(14.3 \%)$ | $32(76.2 \%)$ | $3(7.1 \%)$ | $1(2.4 \%)$ | 42 |
| $30-40$ | $3(9.7 \%)$ | $22(71 \%)$ | $6(19.4 \%)$ | 0 | 31 |
| $40-50$ | $5(15.2 \%)$ | $15(45.5 \%)$ | $10(30.3 \%)$ | $3(9.1 \%)$ | 33 |
| above 50 | $6(8.1 \%)$ | $40(54.1 \%)$ | $15(20.3 \%)$ | $13(17.6 \%)$ | 74 |
| Total | 20 | 109 | 34 | 17 | 180 |
| $\mathbf{P}=0.011)$ |  |  |  |  |  |

Hypertension is more in older age group. It was statistically significant (Table 4). Among 180 participants, 20 study participants refused to check their blood sugar. In age group above 50 years 13 (17.6\%) were diabetic, 15 (20.3\%) were pre-diabetic and in age group of 40-50 years $9.1 \%$ were diabetic. Diabetics is more in older age group. Statistically significant association was found between age and R.B.S. (Table 5).

## DISCUSSION

In the present study males were more compared to females. The prevalence of smoking was $11.7 \%$ and all were male participants. The percentage of smokers was more in age group of 20-40 years and in unmarried participants. The analysis showed association between smoking and age and even with marital status. A study conducted in Sullia Taluka, Karnataka the prevalence of smoking was $10.3 \%$ in study population (Ismail et al., 2013). Study among Bank Employees in Hubli showed that the prevalence of smoking was $10 \%$ (Lokare et al., 2012). In this study it was found that $37.8 \%$ of the study participants consumed alcohol. Similar studies conducted among bank employees the prevalence of alcohol intake in was found to be 41.7 \% (Salaudeen et al., 2014 and Ismail et al., 2013). Alcohol consumption is less in our study this is because some participants did not give proper information about alcohol consumption. In present study only $29.4 \%$ study participants had a brisk walk in their work and $48.33 \%$ of bank participants used bicycle or walk at least for 10 minutes which created a brisk walk. Only $30 \%$ of participants were involved in moderate intensity sports, fitness or recreation. Another study in Belagavi on bank employees found $56 \%$ were physically active. Among these physically active study participants $29.2 \%$ were involved in mild activity, $34.5 \%$ were involved in moderate activity and $36.3 \%$ were involved in vigorous activity (Shivaramakrishna et al., 2010).

Obesity was more in the age group of above 50 years and found to be $18.9 \%$. Obesity increases with the increase in age. It was found statically significant. Similar study conducted in Karnataka showed the prevalence of overweight and obesity to be between 30-36\% (Ismail et al., 2013 and Shivaramakrishna et al., 2010). In our present study prevalence of hypertension was found to be $24.6 \%$ in males and $2.6 \%$ in females. HTN increases with increasing in age. The difference was found statistically significant between age and HTN. The prevalence of HTN was $23.8 \%$ in married study participants. It was also significant. It may be due to with increase age the physical activities of employees decreases and their way of living was more sedentary. A study on bank employees in Surat city found that the overall prevalence of hypertension was $30.4 \%$. Significant positive association was found between age and prevalence of hypertension (Momin et al., 2012). Another study in Pondicherry in bank employees the prevalence of HTN was $44.3 \%$ and pre-hypertension was $41.1 \%$.which was statistically associated with HTN (Kumar and Sundaram, 2014). In this study prevalence of diabetes was $9.4 \%$ and pre diabetics was $18.9 \%$. Statically significant association was observed with gender age and diabetes. Diabetes is more in age group of above 40 than below 40 years. The prevalence of diabetes was found to be $20 \%$ among bank employees of

Meerut district (Parashar et al., 2009). Another study in Belagavi, the prevalence of diabetes was found to be $21.1 \%$. Increase in the prevalence of diabetes with age which was statistically significant shown in this study (Shivaramakrishna et al., 2010).

## Conclusion

Modifiable cardiovascular risk factors are widely prevalent among bank employees of Belagavi city and increases with number of years spent in bank along with their sedentary life style practices. There is need for country like India to frame and implement preventive strategies based on risk factors because they belong to productive age group. Since majority risk factors, are related to lifestyle. Exercise and education to the masses to bank employees should be an important component of preventive program.

## Limitations

The study being a cross-sectional study has several inherent limitations. Bank employees may have not provided the actual details about their habits which may have resulted in deviation from actual interpretation of the risk factors especially about alcohol consumption. The measure of physical activity, smoking alcohol intake and diet intake were based on the self reporting of bank employees. i.e subjective.

## Recommendation

Health education related to risk factors of cardiovascular disease should been given to the bank employees. Periodic screening for the risk factors of cardiovascular disease among bank employees should be done. Stress relieving activities and also other recreational activities should be conducted for bank employees as they deal with money matters.

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