

Community-based preventive program SOPKARD/LUTSKARD in Poland and Ukraine: the results of representative surveys.

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Cardiovascular diseases are leading health problem in Poland and Ukraine because of high morbidity and mortality mainly affecting middle aged, full capacity working and educated population. So Poland and Ukraine has been searching for the most appropriate models of cardiovascular healthcare organization, according to its epidemiological and economic situation.

Community-based preventive program SOPKARD was introduced in 1999 in Northern Poland (town Sopot). Analogous program LUTSKARD was launched in Western Ukrainian city Lutsk in 2001.

The aim of these projects is to reduce cardiovascular morbidity and mortality by increasing detection and control of arterial hypertension, diabetes mellitus and hypercholesterolemia. Estimated minimum duration is 10 years. The programs are addressed to those Sopot and Lutsk inhabitants who within 10-years period will reach the age of 40 and 50 years. While SOPKARD program is directed to inhabitants only, LUTSKARD consists of two branches: intervention among residents of one of Lutsk districts and among workers of several big plants.

Both programs were preceded by the representative survey to measure the prevalence of cardiovascular risk factors. Seven hundred and fifty people (375 men and 375 women) 40 and 50 years old in LUTSKARD and 500 people (250 men and 250 women) of the same age in SOPKARD were randomly selected to the surveys. Surveys included home (or home/workplace for LUTSKARD) questionnaire, blood pressure (BP) (3x), anthropometrical measurements, and laboratory tests (glucose and total cholesterol) performed in out-patient center. In LUTSKARD hypertension (criterion 140/90 mm Hg or regular use of hypotensives) was detected in 270 (36%) people. Of them 186 (69%) were aware of their hypertension, only 44 (16%) used antihypertensive drugs on regular basis, and in 15 (6%) hypertension was considered to be controlled (BP <140/90 mm Hg on hypotensives). Corresponding parameters in SOPKARD were 37%, 44%, 24% and 5%. Thus the same prevalence and rate control was found in both projects. People in LUTSKARD sample were more aware in their hypertension. Despite that fact the treatment rate was lower in LUTSKARD sample. The response to invitation to visit out-patient center also was much lower: only 26% of people participating in LUTSKARD survey came for the tests and short education while in SOPKARD came 88% of the sample. Surprisingly 94% of whole sample in Lutsk responded that normal BP level lies in the range of 120-130/80-85 mm Hg. Among factors which may lead to cardiovascular diseases most people in LUTSKARD and SOPKARD samples mentioned stress (40% and 46% respectively) alcohol (21% and 30%), (heredity (16% and 9%). Much less respondents in Lutsk mentioned obesity (3%) and sedentary lifestyle (2%) comparing to Sopot respondents - 41% and 13% respectively.

These results show that rather good knowledge about BP levels and hypertension awareness among Lutsk populations does not correspond to good hypertension control. The main reasons in our opinion are neglecting of own health status by most people and low knowledge about risk factors.

Comparison of Sopot and Lutsk samples showed the similar prevalence of overweight (BMI over 25 kg/m²) 55% and 59% respectively, while obesity (BMI>30 kg/m²) was more prevalent in SOPKARD sample - 37% vs. 19%. High level of smoking among men was found in both populations (52% in Lutsk and 50% in Sopot) while dramatic difference was revealed in women – only 4% of 40 and 50 years old women smoke in Lutsk and 43% smoke in Sopot.

In conclusion, treatment and control rate among 40 and 50 years old population in both Polish town Sopot and Ukrainian city Lutsk is low. There are evidence of poor knowledge of risk factors and neglect of own health status, especially in Lutsk. Effective measures are needed and international cooperation in community-based programs may help to improve situation.