

While understanding causes of cardiovascular diseases, not everyone recognizes their own risks

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Although many people know what increases the risk of cardiovascular diseases, such as heart attacks, not everyone recognizes their own risk factors. This is shown by a new study of 423 Swedes aged 40–70 years, which has now been published in the scientific journal *Preventive*

Medicine Reports.

How people perceive an illness also affects their attitudes to taking preventive action. A study investigated what Swedes aged 40 to 70 know about the causes of heart attacks and their beliefs about how much they can influence their own personal risk. The results show a high level of awareness among the participants about the causal impact of risk factors such as obesity, hypertension, smoking and lack of exercise on heart [disease](#). However, people with those risk factors were less convinced about the causal link between their own risk factor and having a heart attack.

The survey looked at a random sample of 423 members of the Swedish public. According to Åsa Grauman, lead author of the *Preventive Medicine Reports* paper, the study shows how people's perception of cardiovascular disease varies. It is affected by their age, gender, their [health literacy](#) and, interestingly, whether they personally have known [risk factors](#) for heart disease.

"A person's ability to find, understand and use [health information](#), and make decisions based on that information, affects their attitudes. This is important, because the results also showed that the way an individual perceived illness affected their willingness to participate in health checks. It also impacts how they want to receive test results from such health checks," says Åsa Grauman, postdoc at Uppsala University's Centre for Research Ethics & Bioethics.

Participants saw smoking, hypertension and obesity as the most important causes of myocardial infarctions, more commonly known as heart attacks. However, about a fifth of the respondents were unaware of the fact that diabetes is a risk factor for cardiovascular disease. Gender had no effect on the view of the most important risk factor for cardiovascular disease when it came to their own health. However, more

women indicated stress as the most important risk factor, while men tended to pick overweight/obesity. Respondents who reported having a risk factor themselves, like smoking, hypertension, obesity or lack of physical activity, tended to put less emphasis on that specific risk factor than other participants did. Remarkably, the opposite was found for stress. Participants who reported higher levels of stress tended to also emphasize stress as a risk factor for heart disease.

According to Åsa Grauman, the results point to the importance of addressing people's perceptions of an illness when designing health communication and preventive interventions. For instance, the results show that individuals that perceive low personal control over their risk of having a heart attack were less willing to receive lifestyle recommendations. This means adapting the design of [health checks](#) and the way test results are shared with participants afterwards. But it also points to the need to develop methods to promote accurate illness perceptions by emphasizing that there are things that individuals can do themselves to decrease the risk of having a [heart](#) attack. Increasing [health](#) literacy is a means of encouraging people to take preventive action and avoid risks in their everyday lives.

"The most important take-home message from this study is that the risk of cardiovascular disease can be modified and improved by lifestyle changes. This is also true, and perhaps even more important, for people with a family history of cardiovascular disease. This is the message we need to communicate to the public," says Åsa Grauman.

More information: Åsa Grauman et al, Public perceptions of myocardial infarction: Do illness perceptions predict preferences for health check results, *Preventive Medicine Reports* (2022). [DOI: 10.1016/j.pmedr.2021.101683](https://doi.org/10.1016/j.pmedr.2021.101683)

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