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Prevalence and determinants of cardiac personality tendencies: An assessment of type A behavioral patterns among youths in Kaduna State, Nigeria

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Introduction: The World Health Organization (W H O) fact sheets indicate that cardio-vascular diseases (CVDs) are the number one cause of deaths globally with more people dying annually from CVDs than from any other cause. CVDs are also number one cause of deaths in Sub-Sahara Africa. Over 93.7 percent of sudden unexpected deaths (SUD) in Nigeria are due to hypertension-induced medical conditions such as coronary heart disease (CHD) or heart attack, stroke, heart failure e t c. Medical training and practice have been associated with high levels of academic and practice demands. Type A behavior pattern, also called cardiac personality, is an action-emotion complex activated by certain factors in the environment. It is a behavioral risk factor that places a person at high risk for heart disease. It has also become a psychosocial risk factor for CHD. Anger, hostility and impatience are major psychological components of cardiac personality, the behavioral patterns predictive of future heart problems. Feelings of anger and hostility are strongly related to increased risk of heart attack. About 15 percent of a group of 25-year old doctors and lawyers who scored high on a hostility test were dead by age 50. Anger and hostility may be the core lethal factor for the heart-attack-prone personality. Yet there are effective and adequate psychological strategies to reduce anger, hostility and distress, associated with Type A behavioral pattern. Detecting and characterizing type A tendencies in a stress-prone population (who cope badly under stress), would help to predict and reduce future hypertension, strokes and coronary heart disease and improve heart health in this specific population.

Objectives: To identify type A behavioural (cardiac personality) traits in a population of medical students. To assess its prevalence rates among male and female participants. To recommend strategies to reduce levels of TABP.

Methodology: This research, was a cross-sectional, descriptive, total population study, of 120 (70 males and 50 females) second year medical students of Ahmadu Bello University (A B U), Zaria, Kaduna State Nigeria. A 14-item identification test, adapted from Friedman and Rosenman type A behavioral questionnaire was employed to assess and measure Type A traits and their characterization. The questionnaire also contained items assessing socio-demographic characteristics of the participants.

Results: Responses gathered were fed into computer using SPSS version 15. Various analyses were performed on the data including descriptive and inferential statistics. Results indicate that the total prevalence of cardiac personality tendencies among participants was 52.5 percent , 23.9 percent of these had mild tendencies, 18.2 percent had moderate while 10.4 percent had severe tendencies. More male participants (55.7percent) were found to have cardiac personality tendencies than their female counterparts (48 percent). Although this difference was not statistically significant (x=0.297, p=0.585)

Conclusion & Recommendations: It was concluded that the relatively high prevalence of cardiac personality tendencies found among medical students pressed home, the need for routine screening for these traits in order to prevent and treat future heart problem. Anger bottled-up may increase heart rate, blood pressure, demands for oxygen and ultimately puts a tremendous strain on the heart. Specific psychological strategies to reduce anger and hostility- the core lethal psychological components of Type A behavior pattern- were recommended. Coping skills training, stress management intervention, building stress-hardy personality traits and counseling interventions were also recommended.

Biography

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