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## Sleep disorders effect on adherence to health services and behavioral habits in female population aged 25-64 years in Russia: MONICA-psychosocial epidemiological study

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**Purpose:** The aim of this study is to explore the prevalence of sleep disturbances (SD) and its relation with awareness and attitude towards the health and preventive maintenance in female part of general population aged 25-64 years in Russia (Novosibirsk).

**Methods:** Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Awareness and attitude towards the health and preventive measures and also estimation of sleep were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test ( $\chi^2$ ) was used to assess the statistical significance.

**Results:** The prevalence of SD in the female population aged 25-64 years was 65.3%. There was considerable growth of SD rates with aging: from 51.2% in group 25-34 years to 84.1% in oldest age group of women 55-64 years ( $\chi^2=21.26$  df=3 p<0.001). Women with SD more likely to have negative self-rated health as "sick" - 36.5% ( $\chi^2=82.32$  df=16 p<0.001). More than 90% persons with SD had health complaints but taking care of their health was insufficient (77.3%;  $\chi^2=18.28$  df=8 p<0.05). In relation to cardiovascular prevention there were some tendencies: person with high grade of SD more likely to report the possibility of high chance to be ill with serious disease within next 5-10 years; they tend to mistrust the doctor's opinion and therefore check their health more often. With increasing levels of SD women more likely continue to work if caught a cold previously (poor sleep-56.5%, good sleep-37.5%;  $\chi^2=15.91$  df=4 p<0.05).

There was a lower rate of "never smokers" and higher rates of those who made unsuccessful attempts to quit smoking in women with SD (poor sleep-63.4% and 5.6%, good sleep-67.1% and 0.7%, respectively;  $\chi^2=41.38$  df=20 p<0.001). There was higher share of women with SD who fail in following the diet (poor sleep-34.1%; good sleep-22.6%, respectively;  $\chi^2=33.88$  df=16 p<0.01). There was 2-fold decrease in physical activity the last year in women with SD (poor sleep-33.8%, good sleep-15.4%;  $\chi^2=20.76$  df=8 p<0.01).

**Conclusions:** The prevalence of SD in female population 25-64 years is high, especially in older women where it is 84%. Women with SD more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. SD is associated with adverse behavioral profile: unsuccessful attempts to have a diet, to quit smoking and low physical activity.

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