

Abusive Drinking is Cause of Metabolic Syndrome and Increases their Risk of Vascular Complications?

Velasco-Contreras ME*

Medical Internist, Public Health of the Mexican Social Security Institute, Mexico

Abstract

Introduction: The consumption of alcohol has abusive behavior epidemic worldwide, complicates the epidemic of obesity, and metabolic syndrome: diabetes, hypertension, dyslipidemia, synergistic mechanisms for the development of vascular damage, cerebral, myocardial, renal and hepatic these mechanisms have also been associated with the presentation of cancer in general.

Methods: A survey of anonymous reply was designed to collect demographic data, job category, the medical history, questionnaire Fageström to identify smoking and nicotine addiction, and questions related to alcohol consumption in the past 12 months, number of times that has been consumed, consumption amount and less than 3 hours. Over 6 questions to identify symptoms of addiction: tolerance and dependence differently to the presence of alcohol withdrawal syndrome.

Ethical Aspects: All information is recovered with the informed consent of the participants, there was no need to record your name, and data management has been used to identify health problems to establish intervention to modify the harmful aspects of style life IMSS staff related to alcohol abuse, smoking, and unhealthy foods.

Results: The prevalence of alcohol consumption is 38% men and 11% women in them smoking prevalence were 18%, 7 points higher than the prevalence of alcohol consumption. The group reported alcohol abuse, we proceeded to identify symptoms of alcohol addiction results were: Alcohol tolerance 14% men, comparing between doctors and other staff in them was 25%, 6% among women and 22% among women who drive cars. Unit 1: 20% men, 13% women. Unit 2: 17, 6% men, 10% women Unit 3: 12% male, 6% of women Unit 4: 4% men, 2% women The alcohol withdrawal syndrome 4% men and 2% women Among men the degree of association between obesity and alcohol abuse is higher in the different degrees of addiction and dependency 3 suggests that the high level of alcohol dependence is not associated with obesity because it only consumes calories from the alcohol. Finally in the estimation of the association of alcohol abuse with the presence of chronic diseases and their complications strongly associated with depression and cerebral vascular disease in women with dyslipidemia and depression in men there. And in estimating the association dependent 4 is strongly associated in order from highest to lowest: a heart attack in women, liver cirrhosis in men, and cancer in men, diabetes and hypertension in women in both sexes.

Conclusion: In people suffering from obesity and metabolic syndrome, alcohol abuse and various degrees of addiction are strongly related to the development of vascular complications in women and men relate to cancer.

It is necessary to widely disseminate information on posters and media that enable people to identify if you have problems with alcohol and the risks to which it is exposed by his drinking: from accidental death and violence to obesity and its complications in men and cerebral vascular disease and infarction in women.

Keywords: Definition of alcoholism; Alcohol addiction; Alcohol abuse and health problems unidentified conditioned by abuse; Metabolic syndrome

Introduction

The World Health Organization (WHO) has played a key role in the definition of alcoholism. In 1952 defined alcoholics as excessive drinkers whose dependence on alcohol has come so far that there is an obvious mental disorder, or have health problems physical and mental interfering in their personal, social and labor relations, or people showing prodromal signs of these problems. Within this group, the health committee distinguishes two subgroups, those addicted to alcohol and symptomatic drinkers. The latter group includes individuals not addicted that produce social, economic and medical costs as a result of abuse alcohol. La WHO, in 1977, proposed the use of a new concept "alcohol dependence syndrome" or "related problems alcohol". In 1849, Magnus Huss Alcoholism introduced the term to define the set of gastroenterological, neurological, psychiatric and cardiac conditions that appeared linked to the excessive absorption of high production of brandy. This term arises linked to the consumption of distilled spirits while fermentation beverages (wine, beer, etc.) had

healthy reputation. For a century, from the field of medicine, we all work focused on the description of the toxic effects of alcohol use, without the problem of the etiology or pathogenesis in a serious way be addressed. Currently, this is the basic concept used as a generic term to include all pathological manifestations of alcohol. The term "alcohol-related problems" comprises a very heterogeneous group of health problems physical, psychological and social problems associated with alcohol consumption, this consumption is occasionally or regularly and interchangeably in casual, regular, heavy drinkers drinkers or

*Corresponding author: Velasco-Contreras ME, Medical Internist, Public Health of the Mexican Social Security Institute, Mexico, Tel: 55-14-78-80; E-mail: maria.velasco@imss.gob

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alcoholics. Draft new WHO classification, ICD-10, fully developed this idea to encompass in a single category, which he calls “mental and behavioral disorders due to use of alcohol”, all diseases related to it [1].

There have been many different interpretations of alcoholism. Most AA believes that this condition is formed by the combination of two elements: a physical affinity for the alcohol, and a mental obsession same, it does not measure its consequences. That is an impossible disease to stop with willpower alone. That is a progressive and incurable disease, but like other diseases, can be stopped. What People Are Alcoholic? It is known as alcoholic sick person who cannot control their drinking, leading to occupational and personal social problems (moral, spiritual, health) family (treatment of communication, economic). A person who has a physical compulsion, he rigged up a mental obsession to drink Alcoholism is a difficult word to understand. But no one is too young (or old) to have a drinking problem. That's because alcoholism is a disease. You can give to anyone, young, old, rich, poor, black add white. No matter how long it takes or what drinking has drunk. What matters is how it affects the way to drink and drink itself [2]. To help decide if someone has problem with their drinking, multiple surveys have been prepared for self-application that help a person to become aware if you have problems with your drinking. So the answers are yours and nobody else's business. We found a simple way to help and can even be rated in degrees of dependence and addiction easily alcohol. If you answer yes to any of these questions, maybe it's time to take a careful what might be happening with the consumption of alcohol and health of people look [3-6]. Alcohol risk: In the last 12 months he has drunk 3 or more alcoholic drinks in less than 3 hours or more than 3 times period if the answer is positive in 2 situations then identified according to the behavior when drinking different degrees dependence and tolerance initiates.

Tolerance: The need to drink more to achieve the same effect

1. Dependencia: End up drinking more than initially planned
2. Dependencia: Has tried to reduce your drinking or stop drinking, but failed
3. Dependencia: Spending a considerable amount of time for drinking alcohol or recover from its effects
4. Dependencia: Spend less time working, enjoying a hobby or being with other people because of the love of drink Alcohol

Withdrawal syndrome: to stop drinking, hand tremors, sweating, agitation and urgent need to drink, so symptoms improve [2].

Magnitude of the problem and impacts on the health of society

Alcohol consumption worldwide is estimated at 1500 million is these people are recognized as “ non-drinkers “, according to WHO behavior percent of persons by sex who consume alcohol is at 40% men and 10% women , recently surveys addiction has been identified that alcohol consumption has increased among adolescents, and that women are more likely to present problems of abuse and addiction to alcohol, as well as damage to present health faster because it has a lower percentage of water and lower body mass index which translates to a higher pressure to the liver to metabolize increasing amounts of alcohol [7]. Alcohol abuse is one of the leading causes of death, disease and preventable accidents in many countries. Alcohol consumption is associated with a variety of adverse health and social consequences. They have shown the harmful effects of alcohol on many diseases, such as liver cirrhosis, mental illness, several types of cancer, pancreatitis

and fetal accidents in pregnant women. Alcohol consumption is closely related social effects of adverse events, including deaths and accidents by driving while intoxicated, aggressive behavior, family breakdown and reduced labor productivity. Suicide-homicide, poorly controlled diabetes, cerebral hemorrhage, cardiac toxicity with arrhythmias, ischemic heart disease associated with hypertension [8]. Governments and communities have different strategies to treat and prevent adverse effects resulting from alcohol abuse. Strategies of health promotion aimed at whole populations or groups of important risk; including the regulation of the sale, supply and consumption of alcohol has measures to minimize the risk of adverse consequences following the ingestion of alcohol some contexts (e.g. places authorized to sell and road safety), and/or for special high-risk groups; detection and implementation of early intervention programs, treatment programs to help problem drinkers to reduce or completely stop drinking. In each of these fields has accumulated evidence on the effectiveness of different strategies and policies clearly not lacking effective methods to attack the damage caused by alcohol, or information on how to implement them [9]. For various reasons, however, in many countries little or nothing has been done to implement these strategies, so that the great task is to persuade governments and authorities of the importance of these. Among the important reasons that encourage immoderate consumption of alcohol, are the following: You can mention that, unlike the snuff, alcohol is usually a positive experience, without visible negative health and social effects, which in recent years has been great dissemination of the apparently favorable effects of moderate alcohol consumption for long-term health, that alcohol use is deeply embedded in social customs and even religious in many societies, that the manufacture of alcohol and retail industries contribute significantly employment and increase government revenue, that alcohol control policies in particular are sometimes unpopular with voters, or believe in its effectiveness, or accept that the problems faced are so serious as to justify such interventions.

A key aspect is that often the serious effects of certain patterns of alcohol consumption on social, health and economic ills are not well documented, are not well understood, nor are they adequately transmitted neither to the legislative nor to the public authorities. Often the presence of alcohol as a cause of death, injury and disease is not recognized, but there is evidence that this correlation is very real [8]. We consider a very important role in health care is a preventative care based on the early and timely identification of people who have a problem with alcohol abuse, without being informed of how it affects their health and their lives and how they can be prevented of those hazards which is based on the following activities in daily consultation and promotional posters with simple information to identify risks and address them as [9]. The aim of this study was to apply a survey of health personnel and other categories for risk factors that generate the epidemic of chronic diseases, such as the use of leisure time, consumption of unhealthy foods and consumption “recreational“ legal drugs, and to establish the association of this consumption with the presence of obesity, diabetes, hypertension and its vascular complications, degenerative and chronic lung disease, liver cirrhosis and cancer finally general [10,11].

Material and Methods

We were invited to participate in a National Survey of the Mexican Institute of Social Security, with informed consent, without name registration, only gender, job category, and answer questions related to the consumption of alcohol, snuff, and presence of chronic diseases diagnosis by the family physician. The sampling was organized by

trade with the indication of the participation in the survey based on the percentage of staff represented in the total workforce, indicating obtain a similar number of custodial staff, administrative and health staff represented by doctors and nurses.

Study design

Transversal: From March to December 2009, 20,000 surveys were conducted in the 35 delegations of the IMSS, in a sample of workers in the ordinary regime of all job categories, assigned to the properties that make up the infrastructure and organization of the Institute, and state offices the Federal District. Representative samples of all the IMSS workers of all categories of both shifts were calculated according to the current template to December 2008. (397 906), they were invited to participate by verbal consent, anonymous self-registration survey. The sample was weighted by delegation and job category, in the areas of medical, administrative and social benefits. The procedure for selection is assigned according to the respective proportion of each delegation IMSS and categories: health workers, administrative and logistic borough of total sample.

Selection criteria: Workers of all job categories who agree to participate. Exclusion: What the employee does not agree to participate
Elimination criteria: no registration surveys over 50% of the requested data. The study variables included: Delegation, sex, marital status, age, shift work, service, employment status, seniority, education, somatometry: current weight in kilos, height in cm, waist in cm, systolic blood pressure, diastolic blood pressure, glucose, uric acid, hemoglobin, cholesterol, triglycerides, LDL, DHL, history of hereditary risk register of known diseases, years of having the disease in the last year: number of inquiries received, length of stay, number of days of disability. Smoking absent, present, former smoker, number of cigarettes per day, Assessment of nicotine dependence (Fagestrom). Evaluation of drinking teetotaler risk alcohol addiction: tolerance, dependence, withdrawal syndrome. Exercise pattern: type properties practiced physical exercise: a week frequency, duration and intensity per session. Indicator: 1) Exercising practiced for 30 minutes or more on most days of the week. 2) Insufficient exercise 3) Physical inactivity or sedentary lifestyle. Feeding pattern: usual practice an individual consuming a product set in 3 daily sessions in order to meet the requirements of the indicator organism: 1) Pattern of consumption habits and health food 2) pattern of inadequate food habits and consumption unhealthy food. Type of food consumed, frequency per week and number of servings per occasion. Habits: add salt and sugar to your food; make 3 meals a day, if you eat fruits and vegetables daily. Registration diseases: health condition given by chronic degenerative diseases and their complications: overweight, obesity, diabetes mellitus, hypertension, cardiac infarction, cerebral vascular disease, Chronic Obstructive Pulmonary Disease (COPD), cancer, liver cirrhosis. Known by the worker as a result of the care received as diagnosis, treatment, regular consultations, hospitalization, disability and duration of disease. Somatometry-2; 3-Background hereditary risk, 4-past medical history; Social and demographic January 5-a questionnaire and Likert items with dichotomous choices of 78 questions, with 11 subscales were used. Disabilities, 6-Consumption of snuff, 7-Assessment of addiction to nicotine, 8-Evaluation of drinks with alcohol, 9-Detecting diseases, 10-Pattern of physical Activity, 11-Pattern supply. The instrument consistency or homogeneity with a Cronbach alpha of 0.80. The surveys were sent to each delegation in number and distribution of categories of workers should survey based on the number of employees per branch in each category. Responsible for making a distribution according to the guidelines for application and invite the participation

of the employees in the unit of the delegation selected at random. He reported to Directors of the units of the purpose of the survey, selection and training of personnel responsible for applying. Workers who agreed to participate were cited in a classroom, auditorium or multipurpose room to record the survey at one time. The borough responsible requisitad as sent to the Coordination of Integrated Health Programs of the Public Health Unit surveys. Were validated for capture in the optical reader system, the system administrator can read the template developed. Cleaned and validated database for processing and analysis. Statistical analysis was performed using SPSS version 17 system obtained frequencies, point prevalence of risk factors, smoking, prevalence of chronic diseases and terminal vascular complications, chronic lung damage, liver cirrhosis and neoplasm. Bivariate analysis to estimate the relative risk of association of risk factors with obesity and addictions, and these terminals with chronic diseases and complications. Ethical aspects based on the regulations of the General Health Law on health research in Title 1, Article 17 and Category 1 considers such research as minimal risk, minimal investment of time, depends on the true participation workers because it is an anonymous survey. The design adheres to the principles of the Helsinki Declaration I, 1964, Declaration of Helsinki II, 1975, Tokyo, 1983 in Venice, Hong Kong 1989. To ensure confidentiality of the data of the study population, we respect your right to not participate if it was not his will, to request their consent, registered his name and explained for knowledge and clarity of the ethical aspects of the study, its target and subsequent treatment of the data collected (Table 1).

Results

The prevalence of alcohol consumption in men is 38% and is higher with 7 points when compared to smoking prevalence. By job category there are also differences, with most therapists are presented with alcohol consumption by 46% from 14.3 smoking, janitors shows the highest and similar prevalence in both consumption with 42.9 and 41.7, respectively.

The prevalence of alcohol consumption among women is 11% and the prevalence of snuff is 18%, 7 points above the consumption of alcohol. By job category there are also differences, the most prevalent is the consumption of snuff in female personnel performing imaging studies including women were not they reported alcohol consumption. Furthermore the prevalence of snuff between women quartermaster is 10 points higher when compared with the prevalence of alcohol and is of the same magnitude as between male generally 3 in 10 women smoke quartermaster.

Addiction to alcohol

Tolerance: Tolerance to alcohol consumption identified with the question: Did you need to consume as much to achieve the same effect?

The symptom was reported in 14% of men and prevalence by employment status among social workers is almost double to 25% among women is 6% and per category is 22% among women drivers.

Dependence 1

Dependence 1 was identified with the question:

When you drink alcohol, you end up drinking more than you originally planned?

This is a realization that you want to consume less alcohol than usual because it had alcohol abuse symptoms such as headache or other symptoms in disgust.

Demographic Characteristics	Men	Women	Total	%
Total	7347	12185	19532	100
Administrative	1833	2430	4263	18.4
Physicians	2020	1593	3613	13.2
Nurses	276	2308	2584	13.2
Quartermaster	1559	994	2553	7.4
Other	597	853	1450	7.1
Medical Assistants	13	1380	1393	4.1
Social Workers	51	750	801	4.1
Secretaries	55	739	794	3
Teachers	153	424	577	1.7
Technical	202	138	340	1.5
Maintenance	188	88	276	1.2
Driver	139	94	233	1.1
Analysts	82	132	214	0.9
Laboratory Personnel	53	117	170	0.8
Personal Pharmacy	79	69	148	0.3
Therapists	28	40	68	0.1
Librarians	11	14	25	0.1
Personal Cabinet	8	22	30	0.1

Table 1: Staff participating in the survey by job category and sex

It was reported in 20% of men and 13% of women in each category in men is 30% and women 20% it is striking that among physicians is 9.9 and between medical almost doubled with 17%.

Dependence 2

Dependence 2 was identified with the question:

Have you tried to reduce your drinking or stop drinking alcohol but failed?

This implies an awareness that has had problems sometimes drinking and before starting to do it is proposed to stop drinking but not willing to do.

Was reported in 17.6% of men and 10% of women by category men of different branches to health is 25% and among doctors is 3 times lower 8% in women is 15% other medical categories and between 6% and nurses a higher point i.e. 7%

Dependence 3

3 Dependence identified with the question:

In the last days drinking you spending a considerable amount of time to obtain alcohol, drinking or recovering from the effects of drinking?

This symptom indicates an advanced dependency on alcohol consumption, where the person has time to search and get alcohol, because how addicted modified and fully controls its behavior.

Was reported in 12% of men and 6% of women by category men of different branches to health is 18% and among physicians is 4 times less 4% in women is 10% in other medical categories and between 6%

i.e. 2 points above medical

Dependence 4

4 Dependence identified with the question:

Do you spend less time working, enjoying a hobby, or be with other people, because of his fondness for drink?

This symptom indicates an advanced dependency on alcohol consumption, in which the person prefers to drink alcohol, instead of working and enjoy company says this symptom also meet a group of drinking alcohol addicts.

It was reported in 4% of men and 2% of women by category men of different branches to health is 5% and among physicians is 5 times less 1%; women is 3% other medical categories and between 2% or 1 point above doctors.

Alcohol withdrawal syndrome is identified with the question:

When you stop drinking your hands are shaking, sweating or feel agitated? Do you drink to avoid these symptoms? If yes to both, please check "yes"

These symptoms indicate a terminal alcohol dependence, in which the person prefers to drink alcohol, instead of working and enjoy company says this symptom also meet a group of drinking alcohol addicts.

It was reported in 4% of men and 2% of women by category men of different branches to health is 5% and among physicians is 5 times less 1%; women is 3% other level 5% to 3% among medical is 2 points above doctors.

By linking workers with obesity and consumption of alcohol and snuff clear differences between men and women affected by the 2 risk factors and chronic disease.

Among men the degree of association of obesity with alcohol abuse is higher in the different degrees of addiction and dependency in 3 suggests that higher level of dependency has not taken as results of obesity only prefer alcohol calories.

In women with alcohol abuse obesity was not associated with consumption but more than 5 cigarettes a day as in men (Table 2).

By linking workers with chronic diseases and alcohol there are clear differences between men and women affected by alcohol risk in the presence of a chronic disease.

Among men dyslipidemia and depression are associated with alcohol abuse, as women when it comes to depression, it is noteworthy that also associated with the presence of cerebrovascular disease in women and not in men (Table 3).

By linking alcohol dependence with addiction with 4 associated with diabetes and hypertension, hypertension with greater force and sex in women, is associated with very strong depression and 2 stronger in men with AMI in both sexes and doubly stronger in women with vascular disease sequelae dependence consumption only 4 in men, cancer was associated only with liver cirrhosis was associated in both sexes (Table 4).

Discussion

The misuse alcohol (CAA) and consumer behavior with different degrees of addiction to alcohol syndrome uncomplicated deprivation

Risk Factors	Contingency table, degree of association and statistical significance											
	Obesity in men 11.4%						Obesity in women 12.9%					
	Prevalence in exposed	RMP	IC	Xmh	Statistical significance	Prevalence in exposed	RMP	IC	Xmh	Statistical significance		
Smoking	11.9	1.08	0.91	1.29	0.81	No	13.9	1.10	0.95	1.29	1.20	No
Smoking more than 5 cigarettes a day	15.3	1.44	1.11	1.88	2.71	yes	17.4	1.43	1.03	1.98	2.17	yes
Alcohol Consumption risk	15.8	1.81	1.57	2.10	8.00	yes	13.3	1.04	0.89	1.23	0.52	No
Tolerance	20.2	2.08	1.61	2.69	5.67	yes	15.6	1.25	0.70	2.21	0.75	No
Withdrawal syndrome alcoholic	23.6	2.46	1.61	3.75	4.31	yes	10.8	0.82	0.29	2.31	-0.38	No
Dependence 1	15.1	1.43	1.12	1.82	2.91	yes	12.0	0.92	0.59	1.44	-0.35	No
Dependence 2	15.4	1.46	1.13	1.88	2.93	yes	10.7	0.81	0.47	1.38	-0.77	No
Dependence 3	14.6	1.36	0.98	1.87	1.85	No	8.9	0.65	0.30	1.43	-1.075	No
Dependence 4	20.4	2.03	1.25	3.29	2.91	yes	9.5	0.71	0.17	3.05	-0.46	No

Smoking: Chronic Disease nicotine in cigarettes
 Alcohol risk. In the last 12 months has been drinking 3 or more drinks in less than 3 hours or more than 3 times period.
 Tolerance: Had needed to drink more to achieve the same effect.
 Dependence 1: When you drink alcohol, you end up drinking more than you initially planned.
 Dependence 2: Have you tried to reduce your drinking or stop drinking, but failed.
 Dependence 3: Day drinking, spends a considerable amount for alcohol, or drink to recover from its effects while.
 Dependence 4: Invest less time at work; enjoy any hobbies, or being with other people because of his fondness for drink.
 Alcohol withdrawal syndrome: When you stop drinking your hands shake, sweating or feeling restless and also drink to avoid these symptoms.
 RMP=odds ratio for prevalence, CI=confidence interval RMP, xmh chi square=Mantel-Haenszel

Table 2: Relationship and association of alcohol consumption and the presence of obesity

(SDA) (severe withdrawal syndrome and seizures) was 40% in men and 12% in women, the custodial staff (clean sweep, sanitize) has the highest prevalence, 45.8% in men and 21.0% women. Respect of conduct identified by the response to 6 questions of tolerance and dependence to alcohol, as often was the dependencial: Drink more alcohol than initially planned, 26.5% men and 17.4% women. Stresses greater frequency between 12.9% from medical doctors 9.0%, also depending exceeded 3, 4 and SDA to compare between medical doctors. This result alerts us to apply these questions as part of early detection of dependence 1-6 in men and women and identify behaviors at different levels of addiction to alcohol, and report promptly on the risk in the medium term and cumulative daily consumption alcohol to cause "acute" major traffic accidents, suicide and major depression with chronic irreversible damage such as vascular and liver complications [11]. Regarding the association of obesity with (CAA) and addiction; was presented only in men. No significant association with obesity in women who consume alcohol. Note that in the causation of obesity alcohol in men plays an important role, as compared with the presence of obesity in women who consume unhealthy food and other daily habits inadequate supply such as fasts which was presented in June times higher in obese women. The likelihood of depression was statistically significant in men and women affected by alcohol addicted, more strongly in women is to alert the female staff with CAA, as in women was associated with 2 times the presence of cerebral vascular disease [12,13].

Regarding behaviors that indicate different degrees of addiction : consume greater amounts of alcohol over a period of time, said to prefer alcohol over other activities including work recorded in this study as a unit 4 was associated with statistically significant depression in men and four women with dependent more strongly in men and also with liver cirrhosis. But also was associated with hypertension, diabetes mellitus and heart attack in both groups more strongly in women. There was only association in men with cancers, lung disease and cerebral vascular disease. There were no cases of lung disease,

or cerebral vascular disease in women with 4 dependence due to its very low prevalence. But also in men with alcoholism is also highly associated with smoking. This result emphasizes damage to health by consuming alcohol abuse identified by CAA this case, which involves the consumption of more than 30 g of alcohol in a period less than three hours. In the last decade there have been many studies and reports that identify a greater perception of health damage caused by the periodic consumption of alcohol, even without considering dose, given the different individual response: genetics, sex, age, nutritional and presence of chronic diseases [14] highlight the increased cardiovascular damage in women and cancers in men, their pathophysiological mechanisms have been associated with elevated catecholamine's , hypertension and mass production of oxidants that initiate the degenerative cellular damage including cancer breast cancer in women and prostate cancer in men to be the most frequent in the Mexican population [15]. The recording frequency of chronic diseases and their complications was higher in men and by category teachers. Here it should be noted that the risk factors most often affect the custodial staff and not have the presence of chronic diseases and their complications. We emphasize that this is a group of workers, 7 comparing their younger average age with other categories, 33 and 40 years. That should alert physicians promotion and health prevention to intervene with health education and addiction care with priority custodial staff, for their future health outlook is not encouraging. The priority of care for physicians, nurses, medical assistants, social workers, laboratory and X-ray cabinet is to improve their physical and emotional to provide health care for the population as a promoter active lifestyle healthy clear in appearance and physical appearance to the public [13]. The highest frequencies of chronic diseases, male staff correspond except obesity, depression and neoplasias. It doubled in men in dyslipidemia, heart attack and overweight with metabolic syndrome and is double in women compared to men in depression and neoplasms. It is similar in men and women cerebrovascular complications. Definitely the most prevalent chronic disease is obesity and its association with hypertension and

Contingency table, degree of association and statistical significance												
Disease	Men* 38.4%						Women* 11.4%					
	Prevalence in exposed	RMP	IC	Xmh	Statistical significance	Prevalence in exposed	RMP	IC	Xmh	Statistical significance		
Hypertension	39.6	1.06	0.92	1.22	0.78	No	8.9	0.74	0.60	0.89	-3.09	No
Diabetes mellitus	37.4	0.96	0.80	1.15	-0.46	No	10.6	0.92	0.72	1.16	-0.72	No
Dyslipidemia	43.4	1.26	1.07	1.48	2.70	Yes	12.8	1.15	0.90	1.46	1.10	No
Depression	48.4	1.53	1.14	2.04	2.89	yes	22.2	2.33	1.90	2.87	8.21	yes
Neoplasms	35.1	0.87	0.44	1.71	-0.40	No	11.9	1.05	0.64	1.73	0.20	No
COPD	46.5	1.40	0.88	2.24	1.41	No	15.4	1.42	0.72	2.78	1.01	No
Heart attack	34.0	0.83	0.54	1.27	-0.86	No	14.8	1.35	0.73	2.51	0.97	No
C V D	54.5	1.93	0.83	4.48	1.56	No	23.5	2.40	1.08	5.31	2.22	yes
Cirrhosis hepatic	47.8	1.48	0.65	3.35	0.94	No	13.8	1.24	0.43	3.58	0.40	No

*Prevalence of alcohol use risk: In the last 12 months consumption has more than 3 cups in less than 3 hours or more than 3 times. RMP=odds ratio for prevalence, CI=Confidence Interval, RMP, xmh chi square=Mantel-Haenszel,

Table 3: Relationship and association of alcohol abuse and the presence of arterial hypertension, vascular complications, cancer and degenerative diseases such as liver cirrhosis and COPD

Contingency table, degree of association and statistical significance												
Disease	Men* 1.4%						Women* 0.2%					
	Prevalence in exposed	RMP	IC	Xmh	Statistical significance	Prevalence in exposed	RMP	IC	Xmh	Statistical significance		
Hypertension	2.2	1.75	1.07	2.87	2.26	yes	0.4	2.99	1.17	7.66	2.40	yes
Diabetes mellitus	2.5	1.96	1.11	3.46	2.35	yes	0.7	4.69	1.71	12.80	3.31	yes
Dyslipidemia	1.4	1.04	0.52	2.06	0.10	No	0.2	0.92	0.12	6.88	-0.80	No
Depression	5.8	4.72	2.48	8.97	5.21	yes	0.7	4.92	1.65	14.68	3.17	Si
Neoplasms	8.1	6.36	1.92	21.06	3.47	yes	0.7	4.00	0.53	30.03	1.46	No
COPD	4.2	3.17	0.98	10.23	2.03	yes	0.0	0.00	0.00	0.00	0.00	No
Heart attack	4.3	3.21	1.16	8.92	2.36	yes	3.7	25.82	7.46	98.40	7.68	yes
C V D	9.1	7.15	1.65	31.01	3.07	yes	0.0	0.00	0.00	0.00	0.00	0.00
Cirrhosis hepatic	17.4	15.36	5.13	45.99	6.53	yes	3.4	21.67	2.81	167.06	4.25	yes

*Prevalence of alcohol-dependent 4: invest time for drinking alcohol or drink to recover from its effects RMP=odds ratio for prevalence, CI=confidence interval RMP, xmh chi square=Mantel-Haenszel.

Table 4: Relationship and association with addiction to alcohol dependence 4 and the presence of arterial hypertension, vascular, cancer and degenerative complications such as liver cirrhosis and COPD

diabetes mellitus that lead to vascular damage and acute complications such as myocardial infarction and stroke sequelae. It is difficult to separate delivery mechanisms metabolic syndrome and its terminal complications of pathophysiologic mechanisms generated by the complication of obesity with smoking and alcoholism in this study because the pathology associated. Regarding the frequency of obesity in the study should be noted that the level is less than that published in the 2006 national health survey indicating 30% prevalence, in this study the average is 12%. We have identified unaware as measured and as interpreted in BMI is the clinical indicator to identify. As measured or known how to do many of the workers who reported being overweight is likely to actually have obesity, and likewise abnormal blood glucose, triglycerides, cholesterol, uric acid. Our recommendation is that without measuring them in the laboratory, they measure your waist: if women are less than 80 cm and 90 cm men less likely to have the values of these substances in normal blood is above 95%.

Conclusions

The risk for obesity, chronic diseases and complications was statistically significant in men and women affected by unhealthy eating habits, sedentary lifestyle and consumption of legal drugs snuff and

alcohol. The presence of risk factors of unhealthy lifestyle affects high prevalence the studied population. In general the strength of association of these risk factors was higher in obese women than for alcohol risk and alcoholism (addiction). It is therefore absolutely essential to promote the population we consider a Decalogue of healthy eating habits, daily practice of physical exercise and enjoy your life without drugs [13]. In general the strength of association of these risk factors was higher in obese women than for alcohol and addiction risk. It is therefore absolutely essential to promote the population we consider a Decalogue of healthy eating habits, physical activity and vigorously address addictions to snuff and alcohol [16].

1. Perform 3 meals a day and if possible also two snacks of fruit/vegetables.
2. Consume 3 cups of fresh water or unsweetened fruit in addition to vegetable soups. Include all times and fruit vegetables
3. Consume 3 meals: chicken meat or fish, or pork, or beef, or seafood or beef.
4. Eat 2 pieces of bread or whole wheat tortillas 2 a day, made with cooked whole grains

5. 2 main meals consumed in cheese, or milk, or yogurt,
6. 3 times a week of 2 eggs.
7. Eat 3 times a week walnuts or peanuts.
8. Do not eat on the street (via post)
9. Do not consume soft drinks, cookies, snack foods, fried foods, cookies, candy, if you are overweight do not eat tortillas, or bread, do not add sugar or salt.
10. Perform 4-7 days a week 30 minutes of physical activity of moderate to severe: Jogging, aerobics, weightlifting, pilates, spinning.

Stop smoking and call for emergency help when consumption is greater than 5 cigarettes a day. Stop drinking risk and ask for help if you have alcohol addiction of any degree. Help if you have an AA group alcohol addiction of any degree.

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