

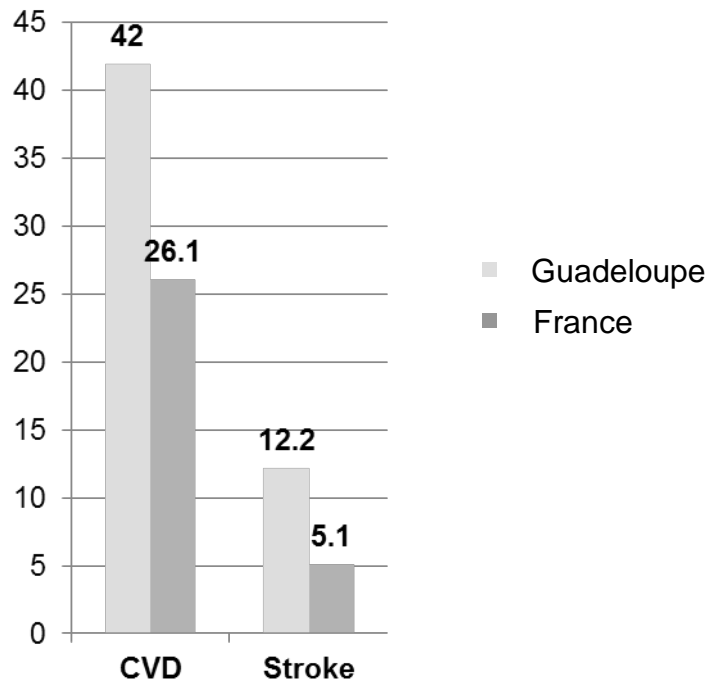
# HIGH CARDIOVASCULAR RISK IN THE ADULT POPULATION OF THE FRENCH WEST INDIES WIDE SOCIAL INEQUALITIES

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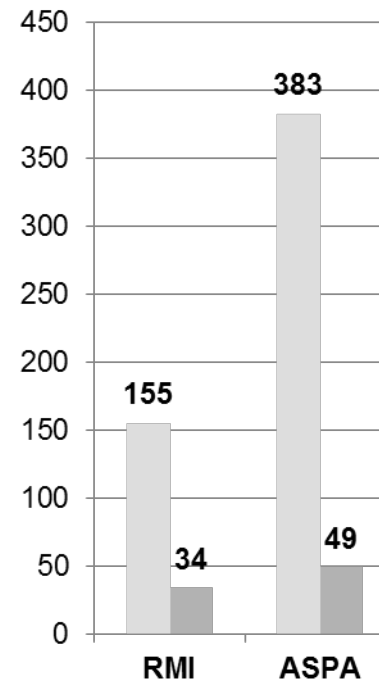
# Background

Guadeloupean early mortality related to Cardio-Vascular Disease: Standardized mean annual rate, for 100 000, years 2007-2009 <sup>1</sup>



1: INSERM Data

Guadeloupean poverty indicators: Rate of recipients of social welfare, for 1 000, year 2008 <sup>2</sup>



RMI : Revenu Minimum d'Insertion  
ASPA : Allocation de Solidarité aux Personnes Âgées

2: INSEE Data



# Objective

- To assess the relationship between socioeconomic factors and the expression of multiple cardiovascular risk factors in the adult Caribbean population



# Patients and methods

- CONSANT: Cross-sectional study
- Representative sample of the adult Guadeloupean population: 1 005 subjects aged 25-74 years (stratified random sample)
- Face-to-face interviews conducted at respondents' home by trained investigators working in pairs  
Second blood pressure measurement carried out by a nurse, separate from the first



# Definitions

- Expression of multiple Cardiovascular Risk Factors (CvRFs): presence of 3 or more risk factors in the same individual, including:
  - Hypertension (diagnosis based upon 2 consultations, i.e., 6 blood pressure measurements)
  - Abdominal obesity (measured waist circumference  $\geq 102$  cm for men, or  $\geq 88$  cm for women)
  - Dyslipidemia & diabetes (diagnoses based upon declared treatment)
  - Tobacco consumption



# Statistical analysis

- Stata Package v11
- On available data
- Bivariate: chi2 tests

Multivariate: logistic regression; customary evaluations (interaction analyses, correlation matrix, Hosmer-Lemeshow goodness-of-fit statistic)

## Results: characteristics of the sample

- From May 06 to December 07  
465 men and 540 women
- 708 were younger than 55 years
- Elementary education: 23.4%  
Welfare recipients: 8.4% to 10%

	Men	Women
<b>Total, N (%)</b>	465 (46.3)	540 (53.7)
<b>Age, %</b>		
25-44 years	52.3	51.1
45-54 years	19.4	18.3
55-74 years	28.4	30.6
<b>Education, %</b>	n=462	n=533
< 6 years	23.4	23.5
6-12 years	63.4	58.5
> 12 years	13.2	18.0
<b>Income, %</b>	n=450	n=520
Welfare	8.4	10.0

	Men	Women
<b>Cv Risk Factors<sup>a</sup>, %</b>	n=385	n=482
0	47.5	30.1
1	32.7	40.0
2	12.7	19.3
≥ 3	7.0	10.6

a: among tobacco, diabetes, dyslipidemia,  
hypertension and abdominal obesity

- Expression of three or more CvRFs  
7% of men et 10.6% of women

# Results: relationship between expression of multiple CvRFs and socioeconomic factors

- In bivariate analysis, among subjects younger than 55 years strong relationship

	Expression of multiple CvRFs <sup>a</sup>		
	%	OR <sup>b</sup>	p
<b>Education</b>	n=600		
< 6 years	20.0	8.92	
≥ 6 years	2.7	1	< 10 <sup>-3</sup>
<b>Income</b>	n=579		
Welfare	10.6	3.26	
Higher	3.5	1	0.004

a: three or more CvRFs among tobacco, diabetes, dyslipidemia, hypertension and abdominal obesity

b: crude OR



# Results: relationship between expression of multiple CvRFs and socioeconomic factors

- Confirmed in multivariate analysis among subjects aged < 55

	Expression of multiple CvRFs <sup>a</sup>		
	OR <sup>b</sup>	95%CI	p
<b>Education</b>	n=578		
< 6 years	4.00	1.57-10.21	0.004
≥ 6 years	1		
<b>Income</b>			
Welfare	2.91	1.09-7.75	0.033
Higher	1		

a: three or more CvRFs among tobacco, diabetes, dyslipidemia, hypertension and abdominal obesity

b: OR adjusted on age, sex, education and income levels



# Limits

- Cross-sectional design: reverse causality is not excluded between income and expression of multiple CvRFs
- Diagnoses of diabetes and dyslipidemia based upon declared treatments: lack of sensibility (but high specificity)
- Missing data: 18% (Missing Completely At Random)



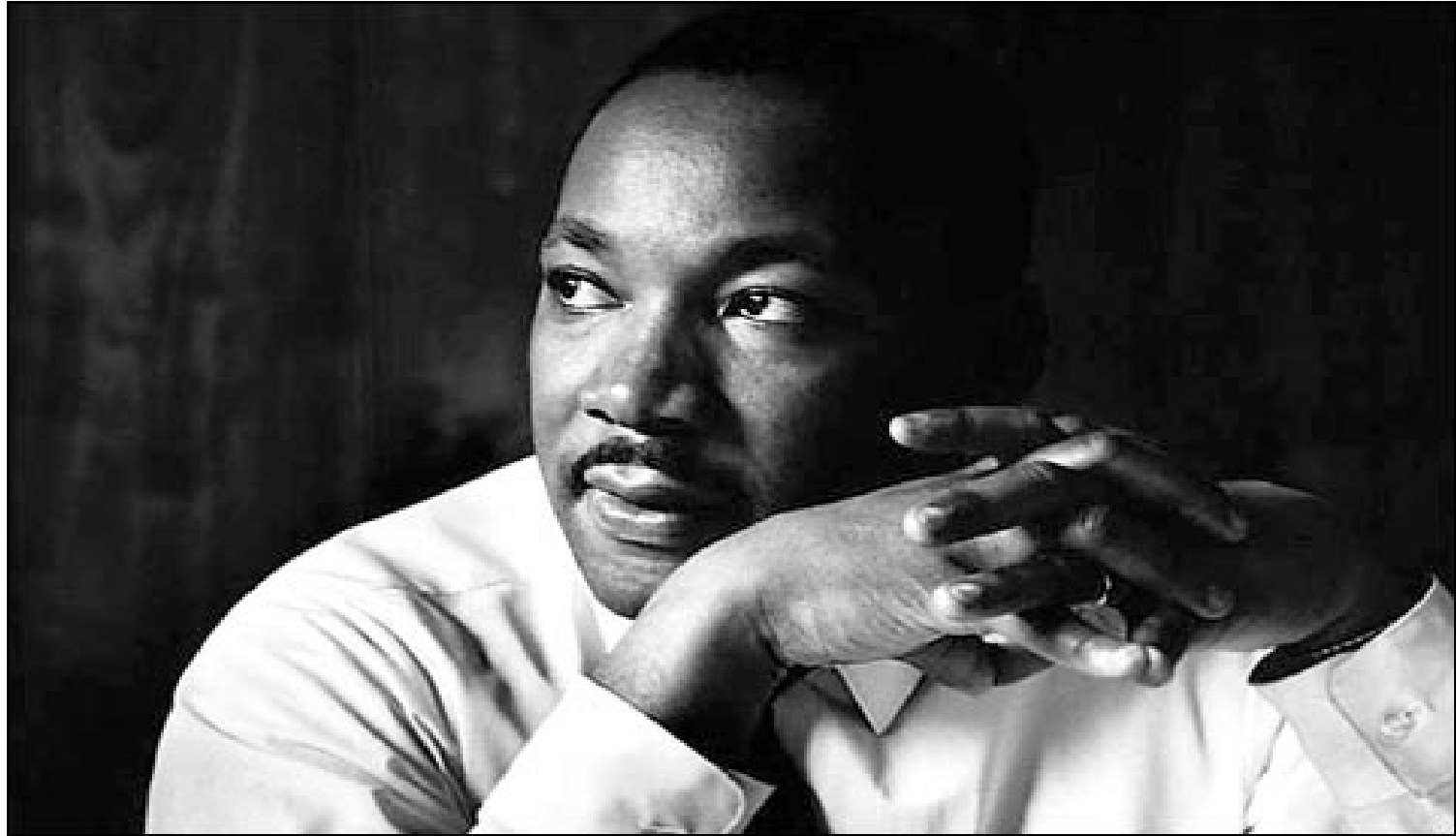
# Conclusion

- Higher CV risk for the socio-economically disadvantaged  
Strong potential impact of socioeconomic factors on CVD  
in this population of African descent
- Several explanatory assumptions:  
genetic, behavioral, psychosocial, health care system, materialist,  
ecosocial
- Wide social inequalities  
“Easy” access to care is insufficient  
More must be done



# Acknowledgements

- Caisse Générale de Sécurité Sociale de la Guadeloupe
- Régime Social des Indépendants
- Groupement Régional de Santé Publique
- Institut de Recherche en Santé Publique
- Institut National de Prévention et d'Éducation pour la Santé
- Haute Autorité de Santé
- Institut National de la Santé Et de la Recherche Médicale
- Fondation de Recherche sur l'Hypertension Artérielle.



*“Of all forms of inequality,  
injustice in Health is the most shocking and inhumane”*

25 Mars 1966, National Convention of the Medical Committee for Human Rights, Chicago

**Martin Luther King Jr**