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RATJA SRISUTHEP : CARDIOVASCULAR DEATH AND LIFESTYLE DETERMINANTS OF
CARDIOVASCULAR DISEASE : A STUDY OF PICHIT PROVINCE : THESIS ADVISORS :
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This study was attempted to identify determinants of the morbidity due to cardiovascular disease and its death rates in relation to socio-economic development. The survey employed screening form to recruit cases of the out patients department (OPD) who first visited doctor during January to April 1997 from eight hospitals in Pichit province. There were totally 659 respondents to be selected. The recruited cases were characterized to have ages between 35 to 59 years. They were divided into two groups; 538 persons of control and 121 cases of diagnosed ischaemic heart disease. Using the questionnaire, the variables to be investigated included self actualization, social support, stress management, health responsibilities, eating habits and exercise practices. In addition, the analysis employed secondary data regarding numbers of age specific death caused by particular cardiovascular disease and others. In the reference of the multiple - decrement life table, curves of deaths by all causes, probability of death by CVD and life expectancy were analyzed. For primary data, statistics used included mean, median, standard deviation, and percentage. ANOVA and MCA were used to determine the health promoting lifestyle whereas logistic regression was employed to predict the likelihood of the morbidity caused by ischaemic heart disease.

The analysis of secondary data indicated that in Pichit, there has been an improvement of socio-economic status. In relation to this development, increased mortality rates of cardiovascular disease were found. The provincial curve of death caused by CVD was not significantly different from those of the nation. The deaths emerged at ages ranged 20-25 years. To estimate the probability of death by CVD, the disease related status were hypothesized into two conditions. First, if people live in existing lifestyle, the results showed that people in Pichit were relatively higher risk to the problems than those of the national statistics. Second, if the causes of cardiovascular disease were controlled or eliminated, the life expectancy of the people in Pichit would be 3.8 years increasing from the actual situation. This magnitude of an increment was close to the national figure, i.e., 4.4 years.

The factors employed in the model revealed from ANOVA and MCA analysis based on significant level at $p < 0.05$ demonstrated that the significant influences to health promotion lifestyle were due to sex, migration, parent's history of having morbidity/mortality due to cardiovascular disease, residential areas (rural-urban), occupation, perceived health status, self-efficacy and the co-variables were CVD knowledge and education. This finding partially retained the hypothesis.

Logistic regression analysis signified that age, parent's history of having morbidity/mortality due to cardiovascular disease, health responsibilities, eating habits and exercise practices were directly effected on the occurrences of the ischaemic heart disease at the significant level of $p < 0.05$. On the other hand, indirect significant determinants were found to be family income per month, residential area, education, sex, occupation, perceived health status and self-efficacy ($p < 0.05$). This finding again, retained part of the hypothesis.

In conclusion, the results from this survey indicated that if people can modify their lifestyles emphasizing on factors of health responsibilities, eating habits, and physical exercises, there will be a reduction of the incident of the cardiovascular morbidity and mortality. Consequently, the life expectancy of Pichit population will be improved.