ORIGINAL ARTICLE

LIFE, WORK AND HEALTH CONDITIONS OF CARGO TRANSPORTATION DRIVERS
CONDIÇÕES DE VIDA, TRABALHO E SAÚDE DE MOTORISTAS DE TRANSPORTE DE CARGAS
CONDICIONES DE VIDA, TRABAJO Y SALUD DE CONDUCTORES DE TRANSPORTE DE CARGAS

Bruna Helena Ramos[1], Mirele Freitas Camilo de Almeida[2], Jairo Antonio Ribeiro[3], Cristiane Aparecida Silveira[4]

ABSTRACT
Objective: to identify cardiovascular risks, sociodemographic and health profile of cargo drivers. *Method:* quantitative, epidemiological, descriptive study carried out with cargo drivers: 185 professionals were interviewed using a semi-structured instrument, in addition to the Fagerström Test and the Alcohol Use Disorder Identification Test (AUDIT). The analysis was based on descriptive statistics. *Results:* mean age of 42 years, 184 (99.46%) men, 125 (67.57%) married, 122 (65.95%) with one to three children, 114 (61.62%) (17.84%) were hypertensive, 18 (9.73%) were diabetic, 38 (20.54%) were dyslipidemic, only 13 (7.03%) were physically active, 43 (23.24%) were smokers, 51 27.57%) made use of alcoholic beverages, 26 (14.1%) considered to be drinkers at risk. The mean values were: 100.57 cm waist circumference; BMI 28.05; PAS 126.43 mmHg; PAD 84.11mmHg. *Conclusion:* the data suggest the need for health education activities aimed at the health of cargo drivers. *Descriptors*: Occupational Health; Nursing; Working Conditions.

RESUMO
Objetivo: identificar os riscos cardiovasculares, perfil sociodemográfico e de saúde de motoristas de cargas. *Método*: estudo quantitativo, epidemiológico, descritivo, realizado com motoristas de carga: entrevistaram-se 185 profissionais utilizando um instrumento semiestruturado, além do Teste de Fagerström e do Alcohol Use Disorder Identification Test (AUDIT). A análise foi a partir da estatística descritiva. *Resultados*: média de 42 anos, 184 (99,46%) homens, 125 (67,57%) casados, 122 (65,95%) com um a três filhos, 114 (61,62%) com ensino fundamental, 33 (17,84%) hipertensos, 18 (9,73%) diabéticos, 38 (20,54%) dislipidêmicos, somente 13 (7,03%) praticam atividades físicas, 43 (23,24%) são tabagistas, 51 (27,57%) faziam uso de bebidas alcoólicas, sendo 26 (14,1%) considerados bebedores de risco. Constataram-se as médias: 100,57 cm circunferência abdominal; IMC 28,05; PAS 126,43 mmHg; PAD 84,11mmHg. *Conclusão*: os dados sugerem a necessidade de atividades de educação em saúde voltadas à saúde de motoristas de cargas. *Descritores*: Saúde do Trabalhador; Enfermagem; Condições de Trabalho.

RESUMEN
Objetivo: Identificar los riesgos cardiovasculares, perfil sociodemográfico y de salud de conductores de cargas. *Método:* estudio cuantitativo, epidemiológico, descriptivo, realizado con conductores de carga: se entrevistaron 185 profesionales utilizando un instrumento semiestructurado, además del Test de Fagerström y del Alcohol Use Disorder Identification Test (AUDIT). El análisis fue a partir de la estadística descriptiva. *Resultados:* (promedio de 42 años, 184 (99,46%) hombres, 125 (67,57%) casados, 122 (65,95%) con uno a três hijos, 114 (61,62%) con enseñanza fundamental, 33 (17,84%) hipertensos, 18 (9,73%) diabéticos, 38 (20,54%) dislipidémicos, sólo 13 (7,03%) practican actividades físicas, 43 (23,24%) son tabaquistas, 51 (27,57%) utilizaban bebidas alcohólicas, siendo 26 (14,1%) considerados bebedores de riesgo. Se constataron las promedios: 100,57 cm circunferencia abdominal; IMC: 28,05; PAS: 126,43 mmHg; PAD: 84,11mmHg. *Conclusión:* los datos sugieren la necesidad de actividades de educación en salud volcada a la salud de conductores de cargas. *Descriptores*: Salud Laboral; Enfermería; Condiciones de Trabajo.

[1]Nurse, Pontifical Catholic University of Minas Gerais. Poços de Caldas (MG), Brazil. E-mail: enf.brunaramos@outlook.com; [2]Nurse, Pontifical Catholic University of Minas Gerais. Poços de Caldas (MG), Brazil. E-mail: mifreitas_camilo@yahoo.com.br; [3]Nurse, Assistant Professor IV, Graduate / Postgraduate in Nursing / SOBRATI, Pontifícia Universidade Católica de Minas Gerais. Poços de Caldas (MG), Brazil. E-mail: jairojar@pucpcaldas.br; [4]Nurse, Professor, Graduate / Postgraduate in Nursing / EERP / USP, Pontifícia Universidade Católica de Minas Gerais. Poços de Caldas (MG), Brazil. E-mail: casilve@yahoo.com.br

INTRODUCTION

The scientific production related to the work of cargo drivers, both in Brazil, and abroad, show important problems in relation to this professional activity. These drivers present problems related to health, work and lifestyle conditions, as well as high vulnerability to risky practices, drug use and occasional sexual partners. Such problems, arising from working conditions and lifestyle, affect the health of these workers and are important for Nursing in disease prevention actions.[1]

The Brazilian Classification of Occupations defines these workers as drivers of general cargo vehicles, and their activities are described as follows: they transport, collect and deliver cargoes in general; squeal, dismantle and remove damaged vehicles and provide mechanical assistance; they move large and heavy loads and can also operate equipment, carry out inspections and repairs on vehicles; inspect loads, and verify vehicle and cargo documentation; define routes and ensure the regularity of transportation.[2]

The diagnosis of working conditions and health of cargo drivers should serve as a subsidy for companies to implement healthy living programs, such as active commuting, regular physical activities, and improving working conditions as work breaks, as well as the improvement of traffic conditions and safety by public bodies.[3]

OBJECTIVE

● To identify the cardiovascular risks, sociodemographic and health profile of cargo drivers.

METHOD

A quantitative, epidemiological, descriptive study carried out with drivers of cargo transportation of companies from a municipality in the interior of Minas Gerais, with approximately 150 thousand inhabitants.[4]

In order to carry out the study, Resolution 466/12 of the National Health Council, being approved by the Pontifical Catholic University of Minas Gerais Ethics Committee.[5]

Drivers were included, in full professional practice, over 21 years old, who hold a National Drivers License (NDL) of category C, D or E, who accepted to participate in the study and signed the FICT. Those under 21 years old, who did not have NDL in categories C, D or E and who were not in professional practice were excluded.

Data collection used a structured questionnaire, with closed and open questions, built by the authors, in order to reach the proposed goals, in addition to weight and height evaluation, Body Mass Index (BMI), Abdominal Circumference (AC) and Blood Pressure (BP). This data collection instrument was validated by specialists in the area of worker health in order to evaluate the coherence of the instrument regarding the form, content, semantic clarity and objectivity of the issues elaborated.

Sociodemographic variables such as: age (in years); schooling (elementary, middle and high school); marital status: with partner (married or unmarried) and without partner (unmarried or widowed).

The AC was measured at the midpoint between the costal border and the iliac crest. The cutoff point was 102 for men and 88 for women.[6]

The weight and height were measured using a Hercules scale, calibrated daily, and ruler-type anthropometers specially made for the survey, the interviewee being measured standing and barefoot. The BMI (calculated by dividing weight in kg by height in meters squared, kg / m^2) was classified according to Brazilian criteria: healthy (<25 kg / m2), overweight (25 to 29.9 kg / m2) and obese (> 30 kg / m2).[6]

BP was measured by the researchers at the end of the interview. The measurement was performed on the right arm, with the individual sitting and the arm at the height of the mammary region, using calibrated aneroid sphygmomanometer and stethoscope for auscultation. Those who had systolic blood pressure above 140 mmHg and / or diastolic pressure equal to or greater than 90 mmHg and those who reported hypertension and who used medication regardless of the measure obtained were considered hypertensive.

Patients with systolic blood pressure> 140 mmHg and/or diastolic blood pressure> 90 mmHg were classified as hypertensive according to the VII Brazilian Guidelines for Hypertension7 or the reference for the use of antihypertensive drugs.

The Food Frequency Questionnaires (FFQ) were used, a method that records the frequency of food consumption in units of time in order to know the habitual consumption of food in a population group. It is an instrument of easy applicability and low cost, which allows its use in population studies. The frequency of food consumption was standardized in the unit times / day to enable later comparisons.[8]

For the evaluation of the physical activity types, IPAQ 8 - short version was applied. The questions are related to the time spent doing physical activity in the last week. Questions

include activities you do at work, to go from place to place, for leisure, for sport, for exercise or as part of your activities at home or in the garden. In the evaluation of physical activity, was considered as IPAQ-8 short version, namely: insufficiently active, sufficiently active and very active.[9]

Regarding smoking, it was evaluated whether you smoked regularly, ex-smoker (for at least 12 months) or never smoked. Nicotine dependence was also assessed by the Fagerström Test.[10]

The Alcohol Use Disorders Identification Test (AUDIT) was used to evaluate the use and pattern of alcohol consumption.[11]

A database was built in Microsoft Excel for double typing. For analysis, the Statistical Package for the Social Sciences (SPSS), version 14.0, was used from the quantitative data.

In addition to the descriptive analysis, the tests that were used are: comparison of the mean t test of independent samples and the Anova with posthc Bonferroni test, and their respective effect sizes, * d * of Cohen and eta squared (h2); Pearson's correlation test; chi-square test to analyze the association between categorical variables and their Cram V effect size*er*.

RESULTS

185 workers were interviewed, who had their sociodemographic and morbidity data reported in table 1.

Table 1. Distribution of workers according to socio-demographic data and reported morbidity. Minas Gerais (MG), Brazil, 2016. (n = 185)

	Variables	n	%
Sex	Male	184	99.46
	Female	1	0.54
	Total	185	100.00
Marital Status	With partner,	125	67.57
	Without partner	60	32.43
	Total	185	100.00
Children	none	40	21.62
	1 to 3	122	65.95
	4 to 6	23	12.43
	Total	185	100.00
Education	Fundamental	114	61.62
	Medium	69	37.30
	Higher	2	1.08
	Total	185	100.00
Self-reported diseases *	Hypertension	33	17.84
	Diabetes	18	9.73
	Dyslipidemia	38	20.54
	Sedentary	172	92.97
Life habits*	Drink	51	27.57
	Smokes	43	23.24
	Use medicines	55	29.73
Practice of physical activities	Walk at least 10 min / day	13	7.03
	Moderate activities for at least 10 min / day	6	3.24
	Vigorous activities for at least 10 min / day	5	2.7

* Participants could mark more than one alternative.

The profile of the drivers stands out: mostly men, married, with one to three children and who studied until elementary school. Regarding health, 33 (17.84%) are hypertensive; 18 (9.73%) reported being diabetic; 38 (20.54%) had dyslipidemia; 55 (29.73%) reported using controlled medication and only 13 (7.03%) practiced regular physical activity. Regarding lifestyle, 51 (27.57%) were using alcoholic beverages and 43 (23.24%) were smokers.

According to the results obtained, 172 (92.97%) did not walk at least ten min / day,

and only 13 (7.03%) practiced this modality. With an average of 30 min / day, 172 (93.51%) do not spend this time walking and only 13 (6.49%) walk 30 min / day.

In the practice of moderate activities for at least 10 min / day, 179 (96.76%) do not perform and six (3.24%) perform. And according to the time spent with moderate activities, with an average of 30 min / day, 179 (96.76%) do not spend the average time performing moderate physical activities and only six (3.24%) do 30 min / day of moderate physical activity.

In vigorous activities for at least 10 min / day, 180 (97.30%) claimed not to carry out any type of activity of this size and only five (2.70%) performed some type of vigorous activity. Of the interviewees, only five perform physical activities that have a positive effect on health, which are vigorous activities such as playing football, swimming, etc.

With an average of eight hours / day, 172 (92.97%) do not sit for more than 8 hours /

day and 13 respondents (7.03%) sit for more than 8 hours / day. At an average of 12 hours / day at weekends, 177 (95.68%) are no more than these sitting periods and eight (4.32%) spend more than 12 hours sitting at weekends. When it comes to leisure, 185 (100%) claimed to practice some enjoyable activity on weekends, from staying with their family, to talking to friends in the profession.

Table 2. Distribution of workers according to metric variables. Minas Gerais (MG), Brazil, 2016. (n = 185)

Variables	Minimum	Maximum	Average	Median	Standard deviation
Age	23	63	42,68	44	10,562
Height(mts)	1,61	1,97	1,76	1,75	0,071
Weight (kg)	54,3	124	86,75	85	11,816
AC (cm)	72	132,5	100,57	98,5	11,811
BMI	18,92	40,92	28,05	27,93	3,998
SBP (MMHG)	100	160	126,43	120	12,169
DBP	60	110	84,11	90	10,021

AC: Abdominal Circumference. BMI Body Mass Index. SBP Systolic Blood Pressure. DBP Diastolic Blood Pressure

Regarding the age group, the minimum age found was 23 years and the maximum, of 63 years, with a mean of 42.68 years and a standard deviation of 10,562. Regarding the height, minimum of 1.61m and maximum of 1.97m, with a mean of 1.76 m in height. According to the weight, minimum of 54,3 kg and maximum of 124 kg, with an average of 86.75 kg.

Regarding abdominal circumference, the minimum was 72 cm and the maximum, was 132.5 cm, with a mean of 100.57 cm. Regarding BMI, the minimum found was 18.92 and maximum, of 40.92, with a mean of 28.05. According to the blood pressure: minimum SBP of 100mmhg and maximum of 160mmhg, with a mean of 126.43 mmhg; minimum DBP of 60mmhg and maximum of 110mmhg, with a mean of 84.11mmhg.

Table 3. Distribution of workers according to food data. Minas Gerais (MG), Brazil, 2016. (n = 185)

Variables		n	%
Fruit consumption / day	3 servings / day	7	3.78
	Less than 3 servings / day or do not consume	178	96.22
	Total	185	100.00
Consumption of vegetables / day	Do not consume every day	65	35.14
	3 or less tablespoons	120	64.86
	Total	185	100.00
Consumption of pulses / day	2 or more tablespoons	112	33.51
	Consume less than recommended	62	5.95
	Does not consume	11	60.54
	Total	185	100.00
Consumption of meat / eggs / day	1 serving / day	32	17.30
	2 or more servings / day	153	82.70
	Total	185	100.00
Fish consumption	Does not consume	46	24.86
	Only a few times in the year	110	59.46
	2 or more times per week	5	2.70
	1 to 4 times a month	24	12.97
	Total	185	100.00
Consumption of milk and milk products	I do not consume milk and milk products	48	25.95
	3 or more servings / day	16	8.65
	Less than 3 servings	121	65.41
	Total	185	100.00
Type of milk and by-products consumed	Integral	137	74.05
	Low fat	4	2.16
	Non-consumption	44	23.78
	Total	185	100.00
Consumption of fried foods and sausages	Rarely or never	52	28.11
	Every day	34	18.38
	2 to 3 times a week	51	27.57
	4 to 5 times a week	18	9.73
	Less than 2 times per week	30	16.22
	Total	185	100.00
Consumption of sweets / soft drinks and industrialized juices	Rarely or never	55	29.73
	Every day	37	20.00
	2 to 3 times a week	38	20.54
	4 to 5 times a week	12	6.49
	Less than 2 times per week	43	23.24
	Total	185	100.00
Type of fat used at home	Animal lard or butter	14	7.57
	Vegetable oil	171	92.43
	Total	185	100.00
Eating habits in general	Remove visible fat from meat before eating	27	14.59
	Add salt to ready-to-eat foods	34	18.38
	Total	185	100.00
Water consumption per day	8 glasses or more	43	23.24
	Less than 8 glasses / day	142	76.76
	Total	185	100.00
Daily meals*	Breakfast	167	90.27
	Morning snack	27	14.59
	Lunch	180	97.30
	Afternoon coffee	64	34.59
	Dinner	141	76.22
	Supper	22	11.89

* Participants could mark more than one alternative.

According to diet / day: 50 (27.03%) candidates do not consume fruit every day; 65 (35.14%) do not consume vegetables; 11 (5.95%) did not consume legumes; 32 (17.30%) consume a piece of meat or an egg; 158 (85.41%) do not remove the apparent fat from the meat before eating; 110 (59.46%) consume fish only a few times a year; 48 (25.95%) do not consume milk daily; 137 (74.05%) consume whole milk; four (2.16%), with low fat content and 44 (23.78%) did not consume; 34 (18.38%) consume fried foods and salty snacks every day; 37 (20%) consume sweets, soft drinks or industrialized juices every day; 14 (7.57%) use animal lard or butter to cook food at home; 34 (18.38%) add salt to the food in the dish; 18

(9.73%) ingest less than four glasses of water per day.

Regarding the frequency: 18 (9.73%) do not consume breakfast; 158 (85.41%) do not eat morning snacks; five (2.70%) do not eat lunch; 121 (65.41%) did not consume afternoon coffee; 44 (23.78%) do not eat; 163 (88.11%) do not eat supper at night.

Table 4. Distribution of cargo drivers in relation to smoking and alcohol consumption standard. Minas Gerais (MG), Brazil, 2016 (n = 43).

Variables		n	%
First cigarette after waking up	Within 5 minutes	7	3.78
	6-30 minutes	20	10.81
	31-60 minutes	4	2.16
	After 60 minutes	12	6.49
	Non-smoking	142	76.76
	Total	185	100
Find it difficult to quit in public places	No	27	14.59
	Yes	15	8.11
	Non-smoking	143	77.3
	Total	185	100
Cigarette harder to stop	The first morning	19	10.27
	Any	23	12.43
	Non-smoking	143	77.3
	Total	185	100
Amount of cigarettes / day	31 or more / day	4	2.16
	21-30 / day	10	5.41
	11-20 / day	26	14.05
	10 or less / day	2	1.08
	Non-smoking	143	77.3
	Total	185	100
Smokes in different situations	Smokes even when sick	16	8.65
	Smokes in the early hours of the day	19	10.27
	Total	185	100
Levels of risk of alcohol use	Abstainers	132	71.4
	Low risk	27	14.6
	Risk use	26	14.1
	High risk	-	-
	Probable dependence	-	-
	Total	185	100

Regarding smoking, seven interviewees (3.78%) reported lighting the first cigarette within five minutes after waking up; 20 (10.81%) light the first cigarette between 6-30 minutes after waking up, four (2.16%) light the first cigarette between 31-60 minutes after waking up and 12 (6.49%) smoke the first cigarette after 60 minutes upon waking.

Regarding smoking in public places, 27 (14.59%) reported having no difficulty in quitting smoking in public places, and 15 (8.11%) reported having difficulty quitting smoking in public places.

In the part of the most difficult to stop cigarettes, 19 (10.27%) claimed that the most difficult cigarette to quit is the first cigarette in the morning and 23 (12.43%) reported having difficulty quitting any cigarettes during the day.

Of the respondents, four (2.16%) smoked 31 cigarettes or more / day; ten (5.41%) smoked 21-30 cigarettes / day; 26 (14.05%) smoked 11-20 cigarettes / day and only two (1.08%) smoke ten or fewer cigarettes per day.

Regarding the frequency of cigarettes smoked in the first hours of the day, 23 (12.43%) do not smoke in the first hours of the day and 19 (10.27%) smoke more during the first hours of the day.

When it comes to smoking even when sick: 16 (8.65%) smoke even when they are sick.

Regarding consumption pattern, 53 (28.7%) had used alcohol in the last 12 months and 132 (71.4%) declared themselves as abstainers. Among those who consume alcohol, 27 (14.6%) are low risk drinkers and 26 (14.1%) use risk.

In the mean comparison tests, no statistically significant difference was found between the age of the drivers and their alcohol consumption (t (183) = 0.521, p = 0.603, d = 0.12).

statistically significant difference was found between the age of the drivers and their classification in relation to the waist circumference (F (2,182) = 4,032, p = 0,019, ¤2 = 0,05), on average, older than those in the increased risk group (Bonferroni, p = 0.016).

A statistically significant difference was found between the age of the drivers and their classification in terms of abdominal circumference (F (2,176) = 4,665, p = 0,011,

¤2 = 0,06), and those classified in the Obesity I group are, on average, older than those in the normal group (Bonferroni, p = 0.009).

In the correlation tests, a positive correlation was observed between the mean age and the SBP variables (N = 179, r = 0.387, p <0.001) and DBP (N = 179, r = 0.304, p <0, 001) indicating that the older the driver, the higher their pressure levels.

In the association tests, no statistically significant association was found between sociodemographic variables and cigarette smoking, alcohol consumption or physical activity

and week, from staying with the family, to talking with friends of profession.

DISCUSSION

These professionals are mostly male,[11] married or in stable union[12-3] and have low schooling.[12-4] In addition, there is a greater vulnerability of truck drivers to different health problems, such as sexually transmitted diseases[15] , use of psychoactive substances,[12,16-7] traffic accidents, 18 chronic pain due to workloads,[14] among other frequent problems in daily life.

When analyzing the profile of the drivers of this study (masculine, with age in the fourth decade of life, elementary education, with companion and sedentary), similarity is identified with the data of the studies mentioned previously and with those of the Research of the National Confederation of the Profile of 2016 truck drivers: mean age, 44.3 years, with elementary education, with an average of three dependents.19

Among cardiovascular diseases, Systemic Arterial Hypertension (SAH) deserves to be highlighted as being the most frequent in the adult population. In addition, despite worldwide efforts to identify and treat SAH, truck drivers fail to follow proper treatment due to daily routine. HAV is associated with complications such as stroke and acute myocardial infarction, and some of the factors frequently related to its development are overweight, sedentary lifestyle, high alcohol consumption and high age, as well as excessive sodium intake.[20]

In a study that aimed to verify if occupational, sociodemographic, anthropometric and alimentary factors are associated to the practice of insufficient physical activity and if there are differences in this association between truck drivers who work day or night, it was verified that the practice of physical activity is associated with higher level of education and lower consumption of alcoholic beverages. Higher intakes of whole grains were associated with regular physical activity. Among night workers, an association was found between regular physical activity, higher cereal consumption and lower consumption of simple carbohydrates.[21]

Problems related to inadequate food consumption have been known for a long time, exposing the population to serious damage to health. The changes that occurred in the last decades with the substitution of traditional diets based on foods of vegetable origin by diets with high fat content, contribute to the increase of NCD. In addition, changes in the physical activity profile of the population and the exacerbated growth of sedentary activities had a negative impact on health.[22]

Having a healthy diet is a challenge for drivers, usually because they need to eat at restaurants and snack bars near the stops that they make on highways, consuming, in most cases, foods of high caloric value, low nutritional value and, often, of doubtful quality.[22]

BMI is a good indicator, but not totally correlated with body fat, since it does not distinguish fat mass from lean mass, nor does it reflect the distribution of body fat. The association of abdominal circumference with BMI may offer a combined form of risk assessment and help to reduce the limitations of individual evaluations, but, in initial screening (primary prevention), BMI can be used in isolation by the multiprofessional team.[6] In this study, the weight and height data were similar to the national survey, 1.74cm of average height, 87kg of weight, being most overweight according to BMI. The main health problems reported are hypertension, diabetes, heart and spinal problems.[19]

The sedentary lifestyle, characteristic of the study population, together with living and working conditions, also predispose us to musculoskeletal diseases, generating local pain and poor posture.[23]

Cervical pain is the most prevalent. Factors associated with musculoskeletal pain include disability, perceived threat to safety, vibration, loud or unbearable noise, and the adoption of uncomfortable posture.[23]

Another important issue is the type of work link: among freelancers, there is greater dependence on freight carried forward commissioned requiring a greater number of hours worked and, consequently, less for rest, physical activity and adequate food. However, the precariousness of the infrastructure of Brazilian highways and shutdown stations

affects all types of workers (contractors and self-employed) and compromise the working and health conditions of workers submitted to the same context.[24]

Precarious work and shorter delivery times are still related to the use of legal drugs, such as amphetamines and tobacco, and illegal drugs such as cocaine and crack.[24] Drivers with sixteen years or more of professional experience, owners of the truck and who do not have a formal employment relationship have a higher prevalence of continuous use of medication.[25]

Commonly, the driver who uses alcohol, also uses a psychoactive substance, especially, tobacco. In one study, 54.6% of drivers reported multiple use of alcohol predominantly with tobacco and energy.[18]

There is a positive association between illicit drug use, alcoholism, fatigue and the occurrence of automobile accidents.[26] In a Brazilian study, in oral fluid samples, 5.2% of the tests were positive for drugs. Cocaine was the drug most often found, followed by amphetamine and Δ9-THC. All drivers were men, with a mean age of 42.5 years. Many truck drivers were still consuming psychoactive drugs while driving.[27]

Smoking is associated with enormous social and economic costs stemming from increased smoking-related morbidity and mortality. These costs include those generated by smokers (use of health resources, absence from work, loss of productivity, payment of sickness benefits, etc.). According to World Bank estimates, smoking-related expenditures account for 6-15% of the annual costs of high-income countries.[10]

Smoking drivers consume, on average, 17.1 cigarettes per day, whose use may be associated with the stressor and the long hours behind the wheel.[28] Working conditions on the roads, represented by high speed and risky maneuvers due to the association of alcohol and other drugs with the direction, expose the vulnerability in which the driver finds himself to become involved and / or cause accidents, impacting his life and that of other people.

Few respondents sit more than eight hours a day during the week (Monday through Friday), and on weekends the minority claimed to sit for more than 12 hours in a row. The biggest one harmed, by the lack of movement of the organism, is the cardiovascular system. Inactivity caused by too much sitting time increases the level of insulin resistance and fat in the blood, which causes pumping to occur inefficiently through the body. Thus, the risk of infarction, stroke, or sudden death increases.[6] In addition, in the sitting position, the intervertebral discs, which are responsible for damping the impacts of the movements, are pressed and cause inflammation of the nerves, back pain and postural deviation. Problems can not be solved with physical exercise alone.

Regarding leisure, all the interviewees reported practicing some pleasurable activity, even during the working hours or waiting for the loading of the load or during the clearances established. It is of extreme importance the insertion of the leisure in the day to day, mainly in this professional category that suffers daily with poor food, sedentarism, few hours of sleep and distance of its relatives.

In the profession of driver there is no daily work routine, there is no scheduled time for the meal and the rest or dates planned to be with the family. In general, these professionals do not witness the birth and neither accompany the growth of the children, coexist with the loneliness and distance of the family. [29]

Health education measures are needed with this population. In a Dutch study, it was found that health promotion materials had strategies focused predominantly on motivation and were poorly adapted to the language and mentality of Dutch drivers, a fact that generated non-significant learning and a low level of effectiveness of health interventions. Recommendations are needed to develop more appropriate and effective health interventions directed at this high-risk and neglected occupational group.[1]

CONCLUSION

Although the results obtained in this study evaluated a small number of truck drivers, which limits the generalization of the results, it is possible that this reality is found among other truck drivers who are subject to similar conditions of work, health and life similar to that of studied sample.

The work of the truck driver can lead to health damage, as it ends up favoring the adoption of unhealthy lifestyles such as sedentary lifestyle, inadequate eating habits, overweight, alcohol and tobacco use, among others.

It is essential that policies for disease prevention and health promotion specific to this professional category are widely discussed.

We suggest other studies with different methodological approaches to investigate the life, work and health of this category so essential to society.

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Corresponding Address

Cristiane Aparecida Silveira
Av. Padre Francis Cletus Cox, 1661
Bairro Centro
CEP: 37701-355 – Poços de Caldas (MG), Brazil