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ORIGINAL ARTICLE

RISK FACTORS FOR CHRONIC NON-COMMUNICABLE DISEASES IN PRIESTS FATORES DE RISCO PARA DOENÇAS CRÔNICAS NÃO TRANSMISSÍVEIS EM SACERDOTES FACTORES DE RIESGO PARA LAS ENFERMEDADES CRÓNICAS NO TRANSMISIBLES EN LOS SACERDOTES

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ABSTRACT

Objective: to verify the modifiable risk factors for chronic non-communicable diseases in Catholic priests. **Method:** a quantitative, cross-sectional study conducted with 47 Catholic priests with the use of a questionnaire, carried out descriptive and inferential statistical analysis, and the results presented in tables. **Results:** found that the participants were in an average age of 44.21, of the white race, with good health status referred to and some had chronic diseases. Ingesting protective foods (beans, fruits and vegetables) in insufficient quantity and small quantities of harmful foods (meat with fat or chicken with skin, soft drinks and sweets). Did not use sunscreen. Practiced physical activity, not smoked and few drank alcohol. Have chronic disease was significantly associated to alcoholism, consumption of beans, fruits and vegetables. The consumption of sweets was associated to the weight, and the use of sunscreen to the perception of health status. **Conclusion:** there were identified modifiable risk factors in the participants. Therefore, show as a susceptible population and it is necessary a greater attention from nursing for disease prevention. **Descriptors:** Chronic Diseases; Risk Factors; Religious People; Nursing.

RESUMO

Objetivo: verificar os fatores de risco modificáveis para doenças crônicas não transmissíveis em sacerdotes católicos. **Método:** trata-se de um estudo quantitativo, transversal, realizado com 47 sacerdotes católicos, com utilização de um questionário, realizada a análise estatística descritiva e inferencial e os resultados apresentados em tabelas. **Resultados:** verificou-se que os participantes apresentaram média de 44,21 anos de idade, em sua maioria de raça branca, com bom estado de saúde referido e alguns possuíam doenças crônicas. Consumiam alimentos protetores (feijão, frutas, verduras e legumes) em quantidade insuficiente, e pequenas quantidades de alimentos prejudiciais (carne com gordura ou frango com pele, refrigerantes e doces). Não usavam protetor solar. Praticavam atividade física, não fumavam e pouco consumiam álcool. Possuir doença crônica esteve associado significativamente ao etilismo, consumo de feijão, frutas, verduras e legumes. Ainda, o consumo de doces esteve associado ao peso, e o uso de protetor solar à percepção do estado de saúde. **Conclusão:** identificaram-se fatores de risco modificáveis nos participantes investigados. Portanto, mostram-se como uma população suscetível e faz-se necessária uma maior atenção da enfermagem para a prevenção de agravos. **Descritores:** Doença Crônica; Fatores de Risco; Religiosos; Enfermagem.

RESUMEN

Objetivo: verificar los factores de riesgo modificables para las enfermedades crónicas no transmisibles en los sacerdotes católicos. **Método:** un estudio cuantitativo y transversal realizado con 47 sacerdotes católicos con el uso de un cuestionario. Realizó se un análisis estadístico descriptivo e inferencial, los resultados se presentaron en tablas. **Resultados:** se encontró que los participantes tenían una media de 44.21 años, de la raza blanca, con buen estado de salud y algunos tenían enfermedades crónicas. Ingerir los alimentos protectores (frijoles, frutas, verduras y legumbres) en cantidad insuficiente, y pequeñas cantidades de alimentos nocivos (carne con grasa o el pollo con piel, refrescos y dulces). No uso de bloqueador solar. Practica de actividad física, no fumaban y pocos bebían alcohol. Tener enfermedad crónica fue asociado con el alcoholismo, el consumo de frijoles, frutas, verduras y legumbres. Sin embargo, el consumo de golosinas se asoció con el peso, y el uso de protector solar con el estado de salud. **Conclusiones:** identificaron los factores de riesgo modificables en los participantes. Por lo tanto, muéstranse como una población vulnerable y es necesario una mayor atención de enfermería para la prevención de enfermedades. **Descritores:** Enfermedad Crónica; Factores de Riesgo; Personas Religiosas; Enfermería.

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INTRODUCTION

It is evident that chronic non-communicable diseases (NCDS) are in the affections of multiple etiologies associated with the non-modifiable risk factors (gender, age and genetic inheritance) and modifiable risk factors (smoking, diet, physical inactivity, consumption of alcohol and other drugs) and prolonged course.¹

Stand out as major causes of mortality, cardiovascular diseases (cerebrovascular diseases and ischemic), neoplasms, chronic respiratory diseases and Diabetes mellitus (DM).²

It is known that the CNCD feature high rate of morbidity and mortality, with a social and economic impact to interfere in the quality of life of individuals, generating absenteeism at work and burden to the health care system.³ The nursing staff plays a vital role in relation to the promotion and education in health, especially in orientation about self-care.

It should be emphasized that the adoption of healthy habits such as a diet rich in fruits and vegetables, the practice of physical activities, the use of sunscreen and performing routine examinations (rectal and PSA), can minimize the impact of NCDS. Nevertheless, the health promotion represents the means to prevent the increase of these diseases.³ However, these actions, they are often neglected by men; therefore, the male public must be dealt with in its entirety and judicious manner in the detection and prevention of NCDS.

It should be emphasized that religious leaders are subject to the same risk factors than the general population. Have a style of life based on the giving of himself to the faithful: full-time dedicated to the service of neighbor. Commonly take meals outside of these hours, suspend the rest and sleep in favor of occupational activities, practice at least weekly physical exercise or physical activity and neglect of routine exams. Furthermore, no studies were found that addressed exclusively to population composed by Catholic religious.

It should be emphasized that it is necessary to the creation of bonds of the nursing team with this audience in order for the early detection of risk factors conducive to the development of the CNCD and, when already installed perform longitudinal follow appropriate.

OBJECTIVE

- To check modifiable risk factors for chronic non-communicable diseases in Catholic priests.

METHOD

It is a quantitative, cross-sectional study conducted with 47 catholic priests, selected by convenience. Included priests in the exercise of the ministerial function. It excluded the priests who were absent from the dioceses in the data collection period.

Follow the following steps: contact with the priest, inviting them to participate in the data collection; signing the Informed Consent Form; and sending the questionnaire for data collection, by email or conventional, in accordance with the preference of the participant.

It was used an instrument adapted from the questionnaire-based Surveillance of Risk and protective factors for chronic diseases through telephone survey - VIGITEL⁴, which compose the system of surveillance of risk factors for CNCD, the Ministry of Health.

We grouped the questions on sociodemographic variables, health and modifiable risk factors for CNCD (frequency of food and lifestyle habits).

It is defined as adequate information about frequency of food regarding quantities: the completion of 30 minutes of moderate physical activity for a period of 5 days per week⁵, the daily consumption of at least 1 portion of beans (55 kcal), 3 servings of fruit (70 kcal each) and 3 servings of vegetables (15 kcal), removing chicken skin or fat of meat⁶, and the consumption of a portion of soft drinks and sweets in less than five days a week⁷.

The data were analyzed through descriptive statistics obtained with the aid of SPSS 20. Inferential analysis was performed with the application of the Chi-square Test and Mann-Whitney U, preceded by checking the normality of the sample by the Shapiro-Wilk Test. The data presented in tables. It respected all ethical principles, with submission and approval by the Committee for Ethics in Research of the Theological Institute of Philosophy Our Lady Immaculate Queen of the Dry lands - Catholic Faculty Queen of the Dry lands (CAAE 49054815.7.0000.5046).

RESULTS

The authors investigated 47 priests. Being 78.7% of diocesan priests, in the exercise. As regards the data of schooling, higher level

predominated (55.3%) and post-graduate students (44.7%). Table 1 presents data from

sociodemographic and health of participants.

Table 1 - Sociodemographic and health characterization of Catholic priests (N=47). Quixadá (CE), Brazil, 2015.

VARIABLES	n	%				
Race						
White	22	46.8				
Black/Brown	16	34.0				
Other	9	19.1				
State of health						
Good	37	78.7				
Regular	10	21.3				
Frequency of chronic diseases						
Yes	26	55.3				
No	21	44.7				
	Average	SD ²	Median	P25 ³	P75 ⁴	P*
Age	44.21	14.74	39.00	35.00	48.00	0.000
Weight	78.85	13.71	79.50	68.00	86.00	0.058
Height	1.71	0.09	1.71	1.65	1.75	0.273

* Shapiro-Wilk Test

It was found that chronic diseases mentioned by participants were arterial hypertension, Diabetes mellitus and gastritis. It was evidenced that none investigated

reported smoking. In Table 2 we present the modifiable risk factors for chronic non-communicable diseases listed by the participants.

Table 2: Modifiable risk factors for chronic non-communicable diseases (N=47). Quixadá (CE), Brazil, 2015.

Variables	n	%
Practice of physical activity	28	59.6
Secondhand smoke	1	2.1
Alcoholism	7	14.9
Use of sunscreen	22	46.8
Protective foods		
Adequate consumption of beans	15	31.9
Adequate consumption of vegetables	18	38.3
Adequate consumption of fruit	14	29.8
Harmful food		
Adequate consumption of lean or chicken without skin	16	34.0
Adequate consumption of soft drinks	46	97.9
Adequate consumption of sweets	44	93.6

It has been observed that at least one screening studies of health condition had been carried out by the participants in the last year, highlighting the dosage of triglycerides (80.9%). While only 39.1% underwent serum

PSA or digital rectal examination to identify changes in the prostate. Table 3 presents the inferential analysis of sociodemographic data with modifiable risk factors for chronic non-communicable diseases.

Table 3: Inferential analysis with sociodemographic and health data and modifiable risk factors of priests. Quixadá (CE), Brazil, 2015.

Risk factors	State of health *	Have chronic disease *	Age**	Weight**	Height**
Practice of physical activity	0.487	0.770	0.862	0.539	0.097
Secondhand smoke	0.599	0.364	0.851	0.391	0.957
Alcoholism	0.136	0.018	0.256	0.291	0.569
Use of sunscreen	0.009	0.202	0.449	0.717	0.094
Bean consumption	0.884	0.038	0.918	0.729	0.165
Consumption of vegetables	0.901	0.015	0.939	0.265	0.693
Fruit consumption	0.987	0.037	0.311	0.201	0.632
Consumption of meat without fat or chicken without skin	0.654	0.927	0.991	0.460	0.151
Soft drink consumption	0.599	0.364	0.511	0.435	0.652
Sweet consumption	0.598	0.108	0.548	0.031	0.150

* Pearson's Chi-square Test

** Mann Whitney Test

It was evident that the perception of health status, have chronic disease and high weight showed a statistically significant association with some of the modifiable risk factors for chronic non-communicable diseases. We found that the weight was correlated with the consumption of sweets, while the perception of health status was related to the use of sunscreen. Already have chronic disease showed a significant association with alcohol consumption, consumption of beans, consumption of vegetables and fruit.

DISCUSSION

It appears that sociodemographic variables such as schooling and race can affect the risk of developing chronic morbidities. A North American population study done with adults indicates that have a limited education can contribute to a worse social condition characterized by inadequate health practices, such as unhealthy diet, physical inactivity and few preventive care. Realizes that the black race was associated with higher probability of developing chronic diseases, even controlling for other sociodemographic variables, due to cultural differences in health practices and social support, or to the greater psychological stress due to the perception of discrimination.⁸

It is emphasized that the morbidities most referred were hypertension and diabetes mellitus. This fact highlights the guidelines that will be performed both primary prevention, with the aim of protecting susceptible individuals to develop diabetes mellitus, as well as secondary prevention, in order to prevent the onset or progression of chronic complications.⁹

It should be noted, regarding gender, that hypertension affects more men than women up to 50 years old, and after this age, the instrument is inverted. Regarding age group, individuals between 18 and 29 years old presented prevalence of 2.8% of hypertension, while in the elderly (≥ 60 years old) the disease affects 68% of the population.¹⁰

It is noteworthy that men tend to assess their own health as poor in the presence of some disease installed.¹¹ Nevertheless, in the present study predominated the perception of good health.

Configures to obesity as a modifiable risk, the average BMI of the sample was of 27.28 kg/m², classified as overweight. It should be noted that the increased prevalence of gastroesophageal reflux follows the worldwide epidemic of obesity.¹² It was identified in

research carried out in the cardiology outpatient clinic in Rio Grande do Sul that lower values of BMI, waist circumference and waist-hip ratio were significantly associated with greater knowledge about healthy nutritional habits.¹³

It should be emphasized that there is an inadequate intake by the fathers in relation to the consumption of fruits and vegetables. The reversal of this clinical condition in Brazil requires an intersectoral work within the public policies. It should be emphasized that the consumption of these foods is inversely proportional to the development of cardiovascular diseases and Diabetes mellitus type II.¹⁴ Identified the same correlation in the present study, i.e., the inadequate consumption of fruits and vegetables was significantly associated with the presence of chronic non-communicable diseases.

It is pointed in relation to the consumption of beans 31.9% of priests include daily meals. This legume, when not consumed on a regular basis, has been associated with the development of Diabetes mellitus, in research with adults older than 45 years of age.¹¹

It is considered that not consuming soft drinks represents a protective factor for the development of osteoporosis in a study conducted in São Luis, Maranhão.¹⁵ On the other hand, it was found that the consumption of coffee, smoking and physical inactivity are risk factors for the development of the disease.

Warns that the consumption of foods of animal origin was associated with higher levels of fasting blood glucose, total cholesterol, systolic and diastolic arterial pressure in accordance with population study done in India.¹⁴ Therefore, remove excess of fat from the meat and the chicken skin decreases the calorie intake of saturated fats and consequent cardiovascular risk.

It is inferred that the NCD mortality may be reduced by the practice of physical activity, because this gives the body resilience to painful procedures. Therefore, it is an inexpensive tool, secure and not patentable, and may replace the need for medicines. It is noteworthy that the sedentary lifestyle is associated to a higher risk of metabolic and increased insulin resistance.¹⁶ This risk factor is particularly identified in males.¹⁷

Clarifies that regarding life habits, all investigated reported being non-smokers. This is a positive point for the prevention of COPD and lung cancer, since smoking (active and passive) is the main triggering factor.⁴ In relation to alcoholism, the denial of the habit

showed a statistically significant correlation with have chronic disease. It is noteworthy that the ingestion of alcoholic beverages carries an increased risk of premature mortality and hospitalization for chronic diseases.¹⁸

Reveals that other preventive measures involve the use of sunscreen and perform examinations on health condition. The sun's rays cause skin burns, premature aging, benign tumors and cancer.¹⁹ It was found that 46.8% of the priests do not use sunscreen which signals the urgent need to protect themselves against UV radiation, once that predominate the shades of lighter skin.

It is pointed, in relation to the examination of PSA/Digital rectal examination, only 39.1% of the priests performed. You can justify this amount by the fact of being young (average age of 44 years old), since they were not surveyed regarding family history of prostate cancer. It should be emphasized that the main risk factors for the development of the disease are the advanced age (>50 years old), black race and family history.²⁰

Understand, as limitations of this research, the reduced number of the selected sample, what can compromise the generalization of the data. In addition, that the anthropometric data or habits of life were self-referred.

Stresses that the above findings point to the urgent reconstruction of the social idea of human health, i.e., that an intersection between the nursing staff and the other sectors of society in the fight against health inequities can slow down the growth of CNCD, prevent its occurrence and mitigate their effects.

CONCLUSION

It is demonstrated, in this study, that the priests had inadequate daily food frequency, based on the low intake of beans, vegetables and fruits; foods considered protective for NCDS. There are; however, healthy habits such as low sodium diet, preference for meat without fat and chicken without skin, low consumption of alcohol and frequent practice of physical exercises. Few participants reported some of the morbidities investigated. Show, therefore, as a susceptible population and it becomes necessary a greater attention of nursing for the prevention of diseases.

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