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A. Oral presentations

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Abstracts

A. Oral presentations

Associations of age, SES and self-control with eating habits in Finnish school children

Absetz Pilvikki and Ollila Hanna

Background: Socioeconomic status (SES) is related to better health, but mechanisms are poorly understood. We examine associations between SES, self-control and eating habits among primary (PSC) and secondary school children (SSC). **Methods:** A cross-sectional survey among 10–16-year-old Finns ($N = 1{,}158$) measured family affluence (FAS) as a SES indicator, self-control (SCS) and eating of vegetables and unhealthy snacks. **Findings:** PSC had higher self-control, and ate fewer snacks and more vegetables than SSC. FAS and SCS were uncorrelated in both groups. FAS correlated positively with vegetable eating, but in regression model with SCS the effect was removed. In both groups (PSC/SSC), SCS was significantly associated with vegetable eating (0.19/0.17***) and snacking (−0.28/−0.29***). **Discussion:** Despite the negligent effect of affluence, associations between high self-control and healthier habits suggest a mechanism between SES and health when interpreted together with earlier research showing that self-control predicts school achievement. Our results imply that this mechanism operates in childhood.

Immediate and future subscales of the Consideration of Future Consequences Scale: Association with health behaviours

Adams Jean

Background: Scores on the Consideration of Future Consequences Scale (CFCS), originally proposed as uni-dimensional, are associated with some health-related behaviours. Recently, a two-factor solution has been suggested: the future (CFC-F) and immediate (CFC-I) sub-scales. **Methods:** $N = 2000$ adults, randomly sampled from the electoral register of an English city, were sent a questionnaire including the CFCS and self-report measures of cigarette smoking, height, weight (used to calculate BMI) and socio-demographic variables. Full data was available for 800 individuals. **Findings:** Confirmatory factor analysis confirmed a two-factor solution. Controlled for socio-demographic variables, greater CFC-I was associated with higher BMI ($\beta = 0.08$, $p = 0.025$) and greater odds of being a current smoker (odds ratio (95%CI) = 1.28 (1.02–1.60, $p = 0.035$). CFC-F was not significantly associated with BMI or smoking. **Discussion:** Low consideration of immediate consequences may be a more important predictor of healthy behaviours than high consideration of future consequences.

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attributions, cardiac anxiety and psychological morbidity. Reassurance about normal cardiac test results was also measured. **Findings:** 87% were diagnosed as non-cardiac. At 1 year, 57% of these participants reported persistent or worsened chest discomfort. A logistic regression model including illness perceptions, illness attributions, cardiac anxiety, receipt of results and reassurance explained 43%–57% of variance in persistent discomfort ($\chi^2(9) = 32.8$, $p < 0.001$). High levels of psychological morbidity were found at baseline: 59% indicated possible/probable anxiety and 25% indicated possible/probable depression. However, psychological morbidity was not predictive of discomfort. **Discussion:** Targeting illness representations and reassurance could improve outcomes in patients with normal cardiac test results.

Testing phase-specific self-efficacy beliefs in the context of dietary behaviour change

Sibylle Ochsner, Urte Scholz and Rainer Hornung

Background: The Health Action Process Approach (HAPA) distinguishes between a motivational and a volitional self-efficacy. It is assumed that the motivational self-efficacy serves as predictor of intention formation while the volitional self-efficacy predicts behaviour change. The aim of this study was to test these assumptions in a sample with overweight individuals. **Method:** Overall, 373 overweight and obese individuals (72.1% women, age $M = 53.7$, $SD = 12.59$) completed a baseline and four months later a follow-up questionnaire on HAPA variables and dietary behaviour. **Findings:** A factor analysis confirmed the phase-specific separation of self-efficacy. In a regression analysis, the motivational self-efficacy and outcome expectancies were significant predictors for intention after 4 months. The volitional self-efficacy and action planning, but not the motivational self-efficacy, emerged as predictors for dietary behaviour after 4 months. **Discussion:** The results support the phase-specific separation of self-efficacy. This should be considered in interventions of dietary change for overweight people.

Sense of coherence and functional status among coronary heart disease patients

Silarova Barbora, Nagyova Iveta, van Dijk Jitse P., Rosenberger Jaroslav, Ondusova Daniela and Reijneveld Sijmen A.

Background: Sense of coherence (SOC) is a stress resource orientated concept which focuses on maintaining health. The aim of this study was to explore the association of SOC with functional status in coronary heart disease patients at 12–28 months follow-up after coronary angiography. **Methods:** 179 consecutive patients (58.32 ± 6.54 years, 19% female) were interviewed before coronary angiography and 12–28 months after. Functional status was assessed by a cardiologist using the NYHA and CCS classifications. SOC was measured using the 13-item Orientation to Life Questionnaire. The relationship between SOC and functional status was explored using one-way ANOVA. **Findings:** Higher SOC scores at baseline were associated with better functional status at follow-up among patients with pharmacotherapy ($F = 4.93$; $p < 0.05$) and percutaneus transluminal coronary angioplasty ($F = 3.86$; $p < 0.05$) but not among patients with bypass grafting. **Discussion:** CHD patients with low SOC before treatment and patients treated with bypass should get additional attention during follow-up.

Psychosocial and health changes with bariatric surgery: A longitudinal study

Silva Susana and Maia Angela

Bariatric surgery is a treatment for morbid obesity associated with short-term psychological and health improvements. Our study pretends to characterise current functioning, including coping and personality psychopathology and health problems in obese before surgery, 6 and

SENSE OF COHERENCE AND FUNCTIONAL STATUS AMONG CORONARY HEART DISEASE´ PATIENTS

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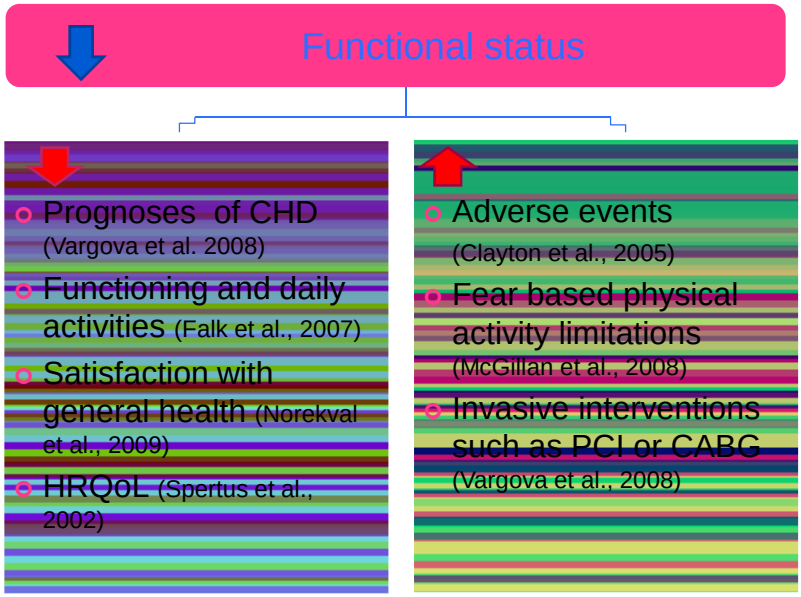
THEORETHICAL BACKGROUND 1/4

- **Chest pain** or **discomfort** is the primary and perhaps **most specific symptom** experienced by people with coronary heart disease (CHD) together with **fatigue** and **dyspnoea** (Hagman & Wilhelmsen 1981, Berra et al. 2008, Herlitz et al. 2008)

→ **Functional status** is an increasingly important as an outcome measure in patients with CHD

→ **3.8 million men** and **3.4 million** women **die** each year from CHD (Mackay & Mensah 2004)

THEORETHICAL BACKGROUND 2/4



THEORETHICAL BACKGROUND 3/4

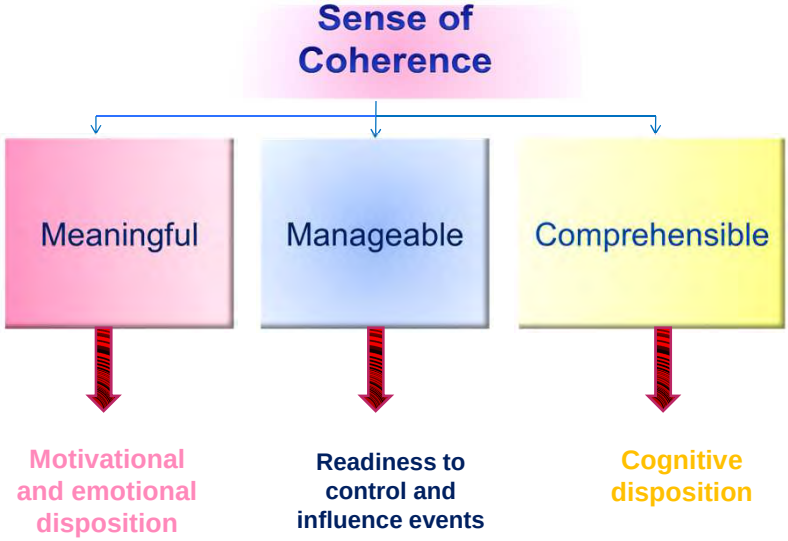
- **Sense of Coherence (SOC)**

- is a core construct of **salutogenetic approach** introduced by Antonovsky (1987)

  ➡ focuses on factors that **promotes health**, in contrast to the factors causing diseases

- is a **person related factor** which determines the use of **appropritiate** **coping strategies** (Antonovsky, 1987)

THEORETHICAL BACKGROUND 4/4



AIM OF THE STUDY

- Several studies have shown association between SOC and various health measures and outcomes (Eriksson, Lindstrom 2005, 2006)

⇒ the connection between SOC and functional status is **unclear**

The aim of this study was to explore the association between SOC and functional status at 12-28 months follow-up among patients with invasive and noninvasive treatment of CHD

SAMPLE

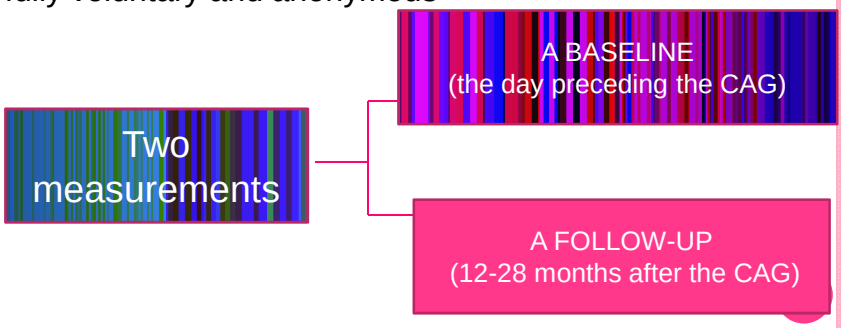
- **179 consecutive patients** who had been referred by their cardiologist for coronary angiography (CAG)
- Mean age **58.32 yrs**, **19% female**

❖ **Inclusion criteria**

- **CHD** in the medical history
- age less than or equal to **75** years
- no diagnose of severe cognitive impairments and psychiatric disorder in the medical history
- no cardiovascular problems other than CHD and no serious co-morbidity

DATA COLLECTION

- the East Slovakian Institute for Cardiac and Vascular Diseases, Kosice, Slovakia
- between November 2004 and September 2008
- fully voluntary and anonymous



MEASURES 1/2

- **Orientation to Life Questionnaire** (Antonovsky, 1987)

- 13-item questionnare consist of 3 dimension:
- Meaningfulness (5 items)
- Comprehensibility (4 items)
- Manageability (4 items)
- a 7-point scale (1=never, 7=always)
- a higher score indicating a stronger SOC
- the validity and internal consistency of the questionnaire are high (Cronbach's α = 0.76 at baseline)

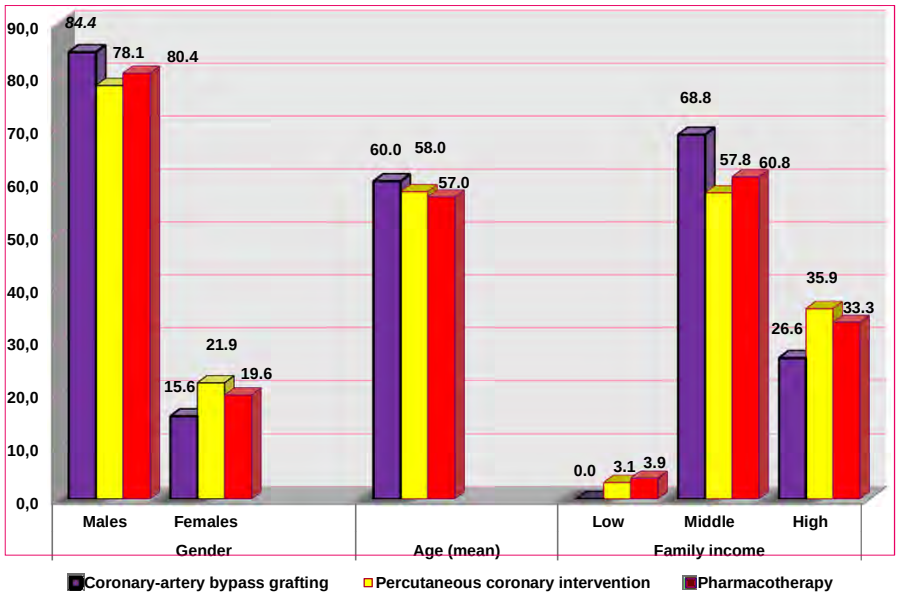
MEASURES 2/2
FUNCTIONAL STATUS

NYHA	CCS
The New York Heart Association classification of dyspnea symptoms (Criteria Committee of the New York Heart Association, 1994)	the Canadian Cardiovascular Society (Campeau, 1976)
4 classifications of dyspnea symptoms	4 classifications of the severity of chest pain
in both scales a higher score represents worse functional status	the worst score on one of these two scales was used to define the functional status

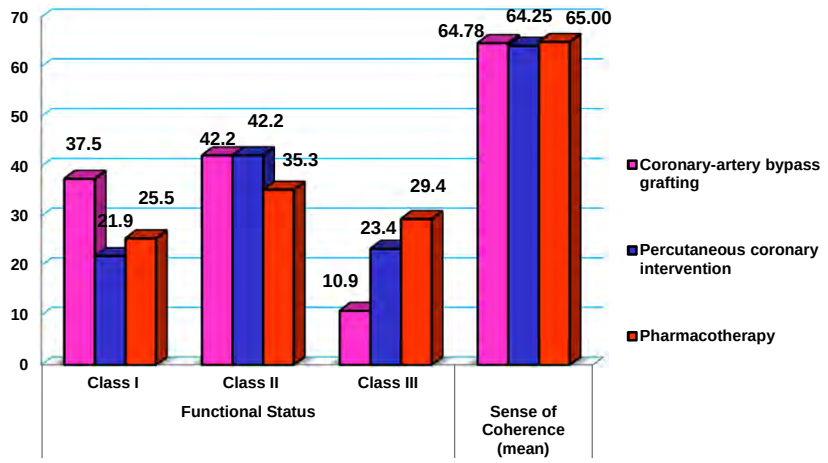
STATISTICAL ANALYSIS

- Standard descriptive analyses
- The relationship between SOC and functional status was examined using **one-way ANOVA with Bonferroni correction**
- All analyses were performed using SPSS version 16.0

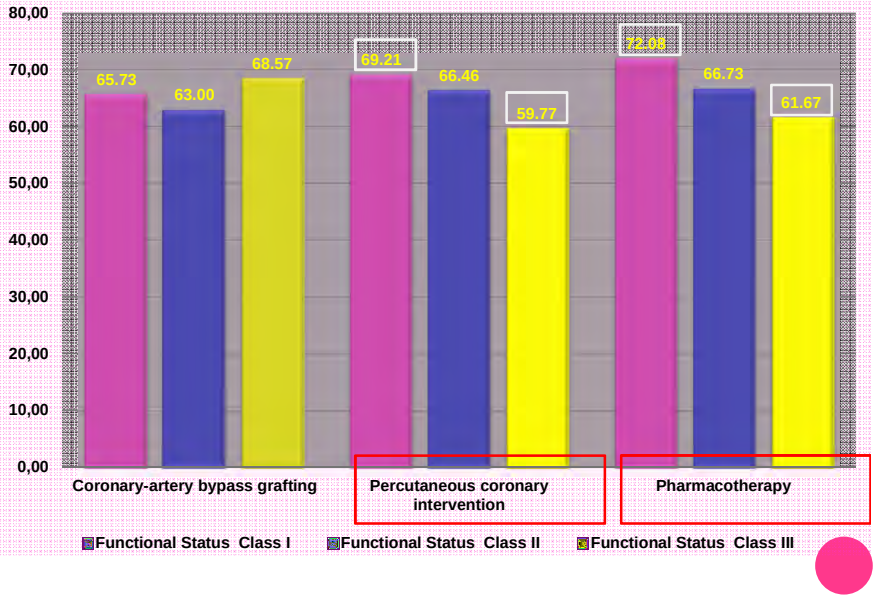
Background characteristics of the subsamples according to the type of intervention at follow-up examination



Functional status at follow-up and Sense of Coherence at baseline examination of the subsamples according to the type of intervention



The relationship between SOC and functional status



DISCUSSION OF OUR FINDINGS

- The aim of this study was to explore the association between SOC and functional status at 12-28 months follow-up among patients with invasive and noninvasive treatment of CHD

- Better functional status at follow-up were associated with higher SOC scores at baseline among patients with
- **pharmacotherapy** (F=4.93; p<0.05) and
- **percutaneous intervention** (F=3.86; p<0.05)
- but not among patients with **bypass intervention**.

DISCUSSION OF OUR FINDINGS

➡ our findings that higher SOC is in the relationship with better functional status is consistent with previous studies (Eriksson, Lindstrom 2005, 2006), and with Antonovsky's theory (1987)

CONCLUSION

- For people with CHD, chest pain, fatigue and dyspnoea are the primary focus of symptom management and chest pain
- A patient´s curent functional status is an important indicator of both short-term prospective health status and the need for the healthcare in the distance future (Mossey, Shapiro, 1982)
- SOC could provide a framework for assesing CHD patients and a possible strategy to identify those at risk for functional status
- Preventive action plans should be outlined and should focus on improvement of these patients' SOC through, e.g., talk-therapy groups (Langeland et al., 2006) or by stress-reduction programmes (Wiessbecker, 2002)

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