

EXPLORATORY STUDY A BRAZILIAN POPULATION WITH MULTIPLE CHRONIC CONDITIONS FROM THE PERSPECTIVE OF SMOKING



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Table 1: Baseline characteristics according to the status of smoking among users with multiple chronic conditions

Variables	Smokers	Former smokers	No smokers	p value
Prevalence	12%	41%	47%	<0,001
Women	52,4%	41,5%	74,6%	< 0,001
Age (years)	56,2±12,5	62±11,9	60,2±14,8	< 0,001
Low Education	75,9%	75,9%	75,3%	0,654
AH (self-report)	92,4%	92,5%	91,9%	0,920
DM2 (self-report)	48,1%	61,7%	60,3%	0,003
CKD (self-report)	15,1%	19%	20,4%	0,260
Normal Circumference abdominal	40,8%	32,8%	21,8%	< 0,001
Normal systolic blood pressure	36,4%	33,1%	34,9%	0,636
Normal blood glucose	42,1%	32,3%	33,3%	0,051
Normal glycated hemoglobin	50%	50,9%	45,8%	0,223
Normal LDL-cholesterol	38,5%	48,2%	40,4%	0,005
CKD absent	58,9%	65%	61,9%	0,258
Sedentary lifestyle	81,6%	69,8%	70,3%	0,005
Obesity	32,6%	43,2%	50,5%	< 0,001
Abuse of alcohol	13,4%	5,7%	2,7%	< 0,001
Depression	44,9%	30%	32,7%	< 0,001
COPD	5,4%	2,3%	0,3%	< 0,001
Asthma	3,2%	1,9%	2,8%	0,494
Previous cancer history	2,2%	3,1%	1,7%	0,240
Declared atherosclerotic disease	26,5%	27,1%	19,4%	0,002

Introduction: Recent evidence shows that are modifiable risk factors and preventable, the most responsible for the high morbidity and mortality secondary to multiple chronic conditions (MCC), and smoking is one of the most important representatives. However, we still lack studies of populations with MCC and its association with smoking status. **Objectives:** To identify clinical and psychosocial characteristics according to the status of smoking among users with MCC, at high cardiovascular risk. **Methods:** Cross-sectional study with evaluation of socio-demographic, clinical and laboratory data, in HIPERDIA Center Juiz de Fora, Minas Gerais (CHM-JF), Brazil, assisting users with MCC (hypertension, diabetes mellitus and chronic kidney disease). To check the status of smoking was considered smokers (S), former smokers (FS) and nonsmokers (NS). Control blood pressure (systolic blood pressure <130 mmHg); metabolic (normal fasting blood glucose <100 mg/ dl and/ or regular glycated hemoglobin <7%, for users <60 and <8% for those with ≥60 years); Normal LDL-cholesterol (<100 mg/ dL); chronic kidney disease absent, the glomerular filtration rate (GFR) >60 ml/ min / SC. Depression (PHQ-2 ≥3 points) and alcohol abuse (AUDIT-C >5 points). Declared atherosclerotic disease, DAD (vascular damage documented, regardless of the affected territory).

Results: 1558 users reviews, of which 12% were S; 41% and 47%, FS and NS.

Conclusion: The current smoking was more common in the younger population, sedentary, alcohol abuse, depressive symptoms, users declared atherosclerotic disease, COPD and a history of cancer. These data gave to S, a worse clinical profile compared to the NS. For despite the termination, the FS remained with similar comorbidities that active smokers.

Where; AH = Arterial hypertension; DM2 = type 2 diabetes mellitus; CKD= chronic kidney disease; COPD= Chronic obstructive pulmonary disease

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