

Cardiovascular Risk Factors among College Students

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Background: Cardiovascular diseases (CVD) are the leading causes of death worldwide. Their incidence particularly coronary heart diseases (CHD) are increasing among young adult. Few data exist on the prevalence of risk factors in young adult college students.

Aim: To determine the prevalence of CVD risk factors among young adult college students.

Method: Two Hundred and thirty-two questionnaires covering socio-economic aspects, physical activity, diet, smoking, personality, and parental history of CHD death were reviewed. In addition, clinical examination, biochemical analysis of lipid profile were done.

Result: All were students asymptomatic for CVD, 36 (15.5%) were smokers, 92 (39.6%) consumed mostly fatty diet, 17 (7.3%) were obese. 22 (9.5%) were physically inactive, 24 (10.3%) had positive parental history of CHD death, 49 (21.1%) had type A personality, 5 (2.2%) had diabetes mellitus, 13 (5.6%) had systolic blood pressure ≥ 140 mmHg, and 20 (8.6%) had diastolic blood pressure ≥ 90 mmHg. The prevalence of smoking and physical inactivity was significantly higher among men than women. While obesity and parental history of CHD death were significantly more prevalent among older age group (≥ 30 years) than in younger age group (<30 years). High serum cholesterol level was prevalent in 17 (7.3%), low level of HDL-C in 12 (5.2%), high levels of LDL-C in 11 (4.7%), and high triglycerides level in 5 (2.2). Low level of apo A was prevalent in 28 (16.2%) of men and 9 (15.3%) of women, while high level of apo B was prevalent in 12 (6.9%) of men compared to 2 (3.4%) of women. The prevalence of abnormal levels of HDL-C, TC/DL and LDL/HDL ratios were significantly higher among older age group (≥ 30 years) than in younger subjects (<30 years). No significant difference in the prevalence of lipid risk factors was noted between men and women.

Conclusion: Many CVD risk factors were prevalent among apparently healthy young college students. Those young adult people may be more at risk from subsequent CVD than was expected.