IJESRT

INTERNATIONAL JOURNAL OF ENGINEERING SCIENCES & RESEARCH TECHNOLOGY
THE ASSOCIATION BETWEEN TALL INDICATOR,AGE, GENDER & CARDIAC DISEASES

Abdul Kareem Ali Qassim*
* Iraq-Basra-Univercity of Basra/College of Nursing/Department of Fundamentals of Nursing

ABSTRACT
The study was conducted at Al- Taaleemy Hospital in Basra city , south of Iraq. The study aims to investigate the association between tall indicator , age , gender, and cardiac diseases. Researcher selected a descriptive design for the study lasted from October 15th 2015 to April 1st 2016 . The sample was 100 adult patients who were diagnosed with different heart diseases. Data were gathered by researcher through structural interview with patients and by the use of questionnaire which was consisted of two parts; part one consisted of informations about , age , gender, tall, and part two consisted of informations about heart diseases. Data collection lasted four months (November 1st/ 2015 - March 1st/ 2016) .The researcher used frequency and percentage as statistical methods for analyzing of data.

KEYWORDS: Tall , age , gender , cardiac diseases.

INTRODUCTION
Cardiovascular diseases are defined as a class of diseases that involve the heart or blood vessels. Cardiovascular disease includes coronary artery diseases (CAD) such as angina and myocardial infarction (commonly known as a heart attack).Other CVDs are stroke, hypertensive heart disease, rheumatic heart disease, cardiomyopathy, heart arrhythmia, congenital heart disease, valvular heart disease, carditis, aortic aneurysms, peripheral artery disease, and venous thrombosis(12). Age has been identified as an independent risk factor for cardiovascular diseases (2).Among men and women, there are notable differences in body weight, height, body fat distribution, heart rate, stroke volume, and arterial compliance.

In the very elderly, age-related large artery pulsatility and stiffness is more pronounced among women than men (5) .

Height has a relationship with a number of medical conditions, including heart disease. The relationship between height and health will be of increasing importance as the population grows taller (11).Epidemiologic studies in which inversed association between height and coronary artery diseases was present in both men and women (10) . Height and other measurements of body size have a positive correlation with the diameter of coronary arteries (9). Age is by far the most important risk factor in developing cardiovascular or heart diseases, with approximately a tripling of risk with each decade of life. Coronary fatty streaks can begin to form in adolescence (3).It is estimated that 82 percent of people who die of coronary heart disease are 65 and older. At the same time, the risk of stroke doubles every decade after age 55 (7). Alarming statistics among younger women 35 to 44 years of age show that congestive heart failure (CHD) mortality rates have increased an average of 1.3% annually between 1997 and 2002(1). Coronary heart diseases are 2 to 5 times more common among middle-aged men than women, and one of the proposed explanations for gender differences in cardiovascular diseases is hormonal difference (6) . It is showed that women have a higher 30-day mortality compared with men (4).

A study using a genetic approach has concluded an association between genetically determined shorter height and an increased risk of CAD (8).

RESULTS

Table 1.Distribution of sample according to gender.

Gender	Frequency	Percentage
Males	**57**	57%
Females	43	43%
Total	100	

The majority of sample represents males .Males are more exposed to heart diseases   than females.

Table2. Distribution of sample according to tall indicator .
Dependent variable is cardiac health status (heart diseases) . Independent

Tall	Frequency	Percentage
143 - 153	4	4%
154 - 164	30	30%
165 - 175	27	27
176 - 186	19	19%
187 - more	20	20%
Total	100	

variable is tall indicator.The most incidence of heart diseases is within the range (154-164 cm) of tall .
There is a primary association between a genetically determined shorter height and an increased risk of cardiovascular diseases (8).

Table3.Distribution of sample according to the demographic characteristic; age .

Age	Frequency	Percentage
22 - 32	10	10%
33 - 43	7	7%
44 - 54	22	22%
55 - 65	22	22%
66 - 76	**26**	**26%**
77 - more	13	13%
Total	100	

Dependent variable is cardiac health status (heart diseases) .Independent variable is 'age'.The most incidence of heart diseases is within the range (66 - 76) years of age.

Age has been identified as an independent risk factor for cardiovascular diseases (2).

CONCLUSIONS & RECOMMENDATIONS
Conclusions
Based on findings . It can be concluded that :-
1. Males are more exposed to heart diseases than females.
2. Individuals (males&females) with the tall between (154-164 cm) are more affected to heart diseases than others
3. Individuals (males&females) with age between (66-76) years are more affected to heart diseases than others .

RECOMMENDATION
The study recommended that people must be educated more about heart diseases through educational programs designed and presented by health authorities to be more aware toward heart diseases.

REFERENCES
[1] Adler NE, Adashi EY, Aguilar-Gaxiola S, Amaro H, Anthony M, Brown DR,   Col N, Cu-Uvin ,et al.(2010)Institute of Medicine's (IOM) Committee on Women's Health Research. Women's Health Research: Progress, Pitfalls, and Promise. Washington DC: National Academies Press; 2010.

[2] Boettger MK, Schulz S, Berger S, Tancer M, Yeragani VK, Voss A, Bär KJ. (2010)Influence of age on linear and nonlinear measures of autonomic cardiovascular modulation. Ann Noninvasive Electrocardiol. 15:165–174.

[3] Finegold, JA; Asaria, P; Francis, DP (2012). "Mortality from ischaemic heart disease by country, region, and age: Statistics from World Health Organisation and United Nations.". International journal of cardiology 168 (2): 934–945.

[4] Hochman JS, Tamis JE, Thompson TD, Weaver WD, White HD, Van De Werf F, Aylward P, Topol EJ, Calif RM; (1999):Global Use of Strategies to Open Occluded Coronary Arteries in Acute Coronary Syndromes IIb Investigators

[5] Jani B, Rajkumar C (2006). "Ageing and vascular ageing". Postgrad Med J 82 (968): 357–362.

[6] Jousilahti V.and Tuomilehto P. (1999). "Sex, Age, Cardiovascular Risk Factors, and coronary heart disease".Circulation99(9):1165–1172.

[7] Mackay, Mensah, Mendis, et al.(2004) The Atlas of Heart Disease and Stroke. World Health Organization.

[8] Nelson C.P., Hamby S.E., Saleheen D., Hopewell J.C., Zeng L., Assimes, T.L. S., Kanoni C. et al. (2015) Genetically Determined Height and Coronary Artery Disease. N Engl J Med;372:1608-18.

[9] NJ, Morton JR, Birkmeyer JD, Olmstead EM, O'Connor GT. Effect of coronary artery diameter in patientsundergoing coronary bypass surgery. Circulation 1996;93:652-5.

[10] Paajanen TA, Oksala NKJ, Kuukasj.rvi P, Karhunen PJ.(2010) Short stature is associated with coronary heart disease: a systematic review of the literature and a meta-analysis. Eur Heart J;31:1802-9.

[11] Rosenbush S. and Parker J.(2014): Height and heart disease .Rev Cardiovasc Med. 2014;15(2):102-8.

[12] Shanthi M.; Pekka Puska; and Bo Norrving(2011)World Health Organization (Global Atlas on Cardiovascular Disease Prevention and Control (PDF). World Health Organization in collaboration with the World Heart Federation and the World Stroke Organization. pp. 3–18.