

Health Promotion for People Belonging to the Cardiovascular Disease Risk Group 'hereinafter – Program' Lithuania

Title in original language:

Širdies ir kraujagyslių ligų rizikos grupės asmenų sveikatos stiprinimas 'hereinafter – Program'

Which 'life stage' for CVDs prevention targets the intervention?

Adults. It is a program for 40-55 years men and 50-65 years women who belongs to cardiovascular disease risk group (obesity, smoking etc.) and also participate in Screening and prevention program for people at high risk for cardiovascular disease (secondary prevention).

Short description of the intervention:

The Program was approved by the Ministry of Health Minister Order in 22th of September 2014. Order No. V-979 "For approval of cardiovascular disease risk persons health promotion procedure description" (hereinafter - Description). The primary health care physician informs the person about opportunity to participate in a Program. If a person agrees to participate in the Program the physician fills and hands him a sheet of health indicators status and includes that person to the Program list. At least once a month the list is being sent to the Municipal public health bureau by the physician. Municipal public health bureau, in accordance with lists, organizes the Program. For example Vilnius Public Health Bureau in cooperation with primary health care institutions carried out the Program since September 2014. Two-month long program involved two groups of 18 people (hereinafter – Vilnius group), belonging to cardiovascular disease risk group, for example, those who have the most common cardiovascular risk factors such as high blood pressure, high cholesterol, type II diabetes, overweight or obesity and smoking.

How is this example of good practice funded?

National/regional/local government.

What is/was the level of implementation of your example of good practice?

The Program is implemented in all Public Health Bureaus in the municipalities.

What are the main aim and the main objectives of your example of good practice?

The goal – using the integration of primary health care facilities and municipal public health bureaus ongoing health activities, effectively strengthen the persons health, introduce them with cardiovascular disease risk factors and healthy lifestyle principles, teach how to change lifestyle, manage stress, choose the healthy diet and physical activity and reduce the cardiovascular diseases risk factors.

Implementation of your example of good practice is/was:

Continuous (integrated in the system).

Did the evaluation results achieve the stated goals and objectives?

Yes, nearly all participants in Vilnius group noted an improvement of their overall well-being, increased physical activity, consumption of fresh vegetables and fruit, reduced-fat, sugary and salty food after the Program. Participants' body weight decreased by an average of 1.45 kg (range from 0.4 kg to 2.6 kg), BMI decreased by an average of 0.52 (range from 0.1 to 0.9), waist circumference decreased by an average of 2.5 cm (range from 0 cm to 8 cm) during the Program. Two months after the program positive changes were observed in high-density lipoprotein (HDL) and glucose levels in the blood.

Was there a follow-up (describe how) or is any follow-up evaluation planned in the future?

The evaluating will be continued.

What core activities are/have been implemented?

In Vilnius group: The specialists explained about the most important cardiovascular risk factors and their correction and prevention, the main cardiovascular diseases and their symptoms during the training. The dietician taught about the importance of healthy eating, presented the general dietary recommendations, taught how to read and understand food labels. It was also emphasized high salt intake negative influence on blood pressure. Each participant had a unique opportunity to consult with nutritionists; also individual nutrition plans were scheduled for each participant. The importance of Physical activity in the prevention of cardiovascular was set not only by lectures, but in practice too: each participant had the opportunity to exercise weekly with physical therapist. Physical therapist arranged physical activity plan for each one, taking into account the human individual characteristics and an assessment of the physical capacity of every individual and consulted during the entire Program. The psychologist taught stress management techniques, moreover, free psychological counselling was provided.

Contact details of person who may be contacted for further information

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