

A1: LEBENSSTIL UND CHRONISCHE KRANKHEITEN A1 : MODE DE VIE ET MALADIES CHRONIQUES

VIA –BEST PRACTICE GESUNDHEITSFÖRDERUNG IM ALTER

Andreas Biedermann

Public Health Services GmbH, Bern

Heute sind 5% der schweizerischen Bevölkerung über 80-jährig, in 25 Jahren werden es gegen 10% sein. Die Pflegeheimkosten betragen zurzeit rund CHF 8,1 Mia. pro Jahr und die Sturzfolgekosten für die über 65-jährigen CHF 1,4 Mia. Werden sich die Kosten mit einer Verdopplung des Anteils älterer Menschen ebenfalls verdoppeln? Wer wird das bezahlen? Und woher kommt das Personal für die Pflege?

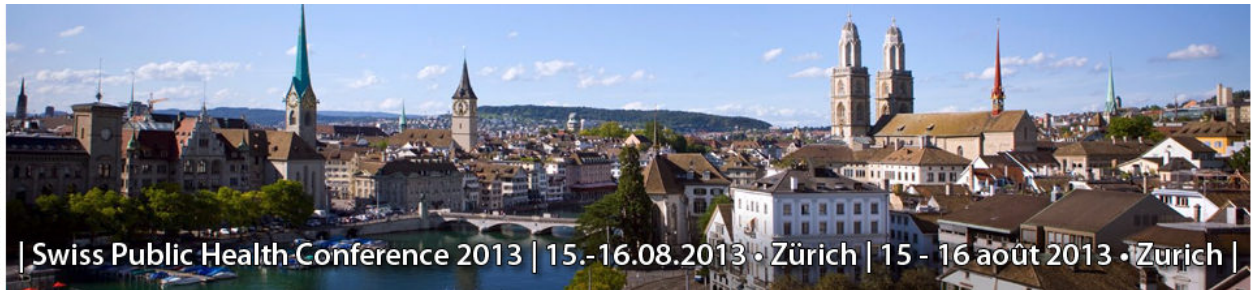
Gesundheitsförderung und Prävention können die Auswirkungen der demografischen Entwicklung günstig beeinflussen. Aus diesem Grund führt Gesundheitsförderung Schweiz als Trägerin das interkantonale Projekt „Via – Best Practice Gesundheitsförderung im Alter“ zusammen mit aktuell 10 Kantonen und der bfu - Beratungsstelle für Unfallverhütung. 2009 wurden in einer Analyse die thematischen Schwerpunkte bestimmt. 2010 und 2011 wurden diese Schwerpunkte von verschiedenen universitären Instituten wissenschaftlich aufgearbeitet. Seit 2011 werden die Erkenntnisse Schritt für Schritt in den Partnerkantonen umgesetzt und dabei das gewonnene Wissen laufend ausgetauscht und weiterentwickelt.

Die thematischen Schwerpunkte von Via sind die Bewegungsförderung, die Sturzprävention und die Psychische Gesundheit – mit Fokus auf die soziale Teilhabe. Als Transversalthemen stehen die Zusammenarbeit mit der Ärzteschaft und die Erreichung von benachteiligten Zielgruppen im Vordergrund. Via entwickelt Umsetzungstools und Best Practice-Ansätze für die kantonalen und kommunalen Partner und stellt die Produkte und Erkenntnisse auf www.gesundheitsfoerderung.ch/via zur Verfügung.

Der Fokus im Teilprojekt „Hausärzte“ liegt auf den folgenden Themen:

- Nutzung des Potenzials der medizinischen Prävention und Gesundheitsförderung
- Information der Ärzteschaft über die kommunalen, nicht-medizinischen Anbieter von gesundheitsförderlichen und präventiven Dienstleistungen
- Verbesserung der Zusammenarbeit und der Kommunikation zwischen den Akteuren

Hierzu wurden verschiedene Initiativen auf nationaler und kantonaler Ebene gestartet. Über deren Stand und die angetroffenen Hürden soll berichtet werden. Die Präsentation und die anschließende Diskussion sollen dazu dienen, das Vorgehen zu reflektieren – im Sinne eines „lernenden Projekts“.



NATIONAL PHYSICAL ACTIVITY RECOMMENDATIONS: WHAT ARE COUNTRIES DOING ACROSS EUROPE?

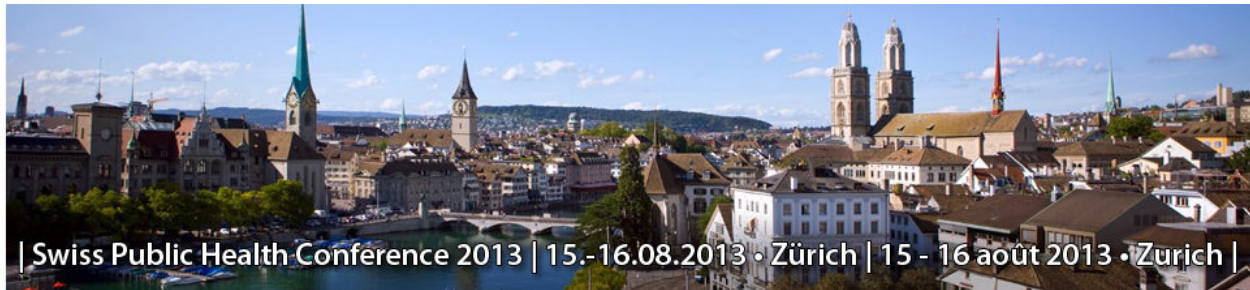
Sonja Kahlmeier, Patrick Alpiger, Brian W. Martin
ISPM

Introduction: Physical inactivity is a key target for the prevention of a range of chronic diseases and has now become the fourth-leading risk factor for premature mortality globally, being associated with about 10% of deaths in the European Region alone. Developing national physical activity recommendations is an essential element of an effective national approach to promote physical activity. We provide the first systematic overview and analysis of national physical activity (PA) recommendations across Europe.

Methods: Existing information from WHO was complemented through online searches and input from national focal points and experts. An analysis grid was developed to analyze and compare the national documents with the 1995 CDC/ACSM recommendations and the ones issued 2010 by WHO.

Results: Information received until summer 2012 from 37 countries was analyzed. Twenty-one countries reported national PA recommendations of which 19 (90.5%) referred to adults, 14 to young people (66.7%) and 6 to older adults (33.3%). Information from 17 countries was available for analysis. Most national recommendations for children and young people are quite similar: 12 countries (70.6%) recommend at least 60 minutes of moderate- to vigorous-intensity physical activity each day, in line with the WHO recommendation. For adults, most countries still follow the 1995 CDC/ACSM recommendations of “at least 30 minutes on 5 days a week”. The 6 recommendations for older adults are mainly similar to those for adults but underline that particularly for this age group also less activity has important health benefits; 4 countries (66.7%) also recommend balance training.

Conclusions: Much remains to be done for the new WHO recommendations to be fully reflected in national documents across all parts of the European region and for all age groups. Further investment is needed to address this important and often first step towards a comprehensive approach to promoting physical activity.



VITAMIN D LEVEL AND DEFICIENCY IN THE GENERAL ADULT POPULATION: A 11-YEAR TRENDS ANALYSIS

Idris Guessous¹, Pierre Lescuyer¹, Jean-Michel Gaspoz¹, Murielle Bochud²

¹Geneva University Hospitals

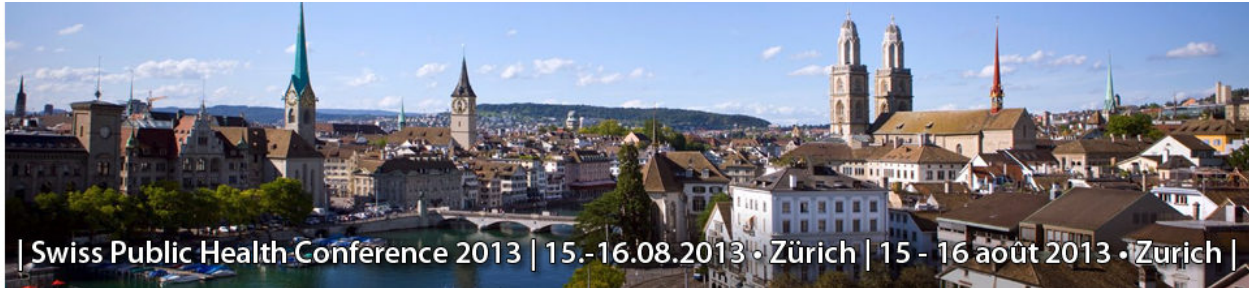
²IUMSP Lausanne

Objective: Vitamin D level has been associated with multiple chronic diseases. Vitamin D deficiency seems to be highly prevalent in Switzerland but data on the evolution of vitamin D circulating levels are lacking in the Swiss general adult population. The aims of the study were to estimate the 11-year trends of vitamin D levels and prevalence of vitamin D insufficiency and deficiency in a Swiss adult population. We also identified factors associated with vitamin D status.

Methods: The “Bus Santé” study is an ongoing population-based cross-sectional study that examines the health of the general adult population in the Canton of Geneva. Serum 25-hydroxyvitamin D [25(OH)D] was measured by using a unique immunoassay kit in adults who participated to the “Bus Santé” study between 2002 and 2012. We estimated the adjusted mean 25(OH)D level by multivariate linear regression. The prevalence of vitamin D insufficiency was defined as 25(OH)D level between 50 nmol/L and 75 nmol/L and deficiency was defined as 25(OH)D <50 nmol/L.

Results: 7'454 adults were included in this analysis. Mean and median 25(OH)D levels were 49.2 and 47.1 nmol/L, respectively. The prevalence of vitamin D insufficiency and deficiency were 34.0% and 55.3%, respectively. Vitamin D levels and status varied greatly by age, sex, body mass index (BMI), and month of study participation. Adjusted for age, sex, BMI, and month of study participation, the mean 25(OH)D level increased from 45.8 nmol/L to 51.0 nmol/L between 2002 and 2012 (p value <0.05). While the magnitude of the increase differed by age, sex, and BMI categories, the increase trends was consistently found.

Conclusions: We found that the population-averaged vitamin D level in Geneva increased between 2002 and 2012. Nevertheless, the prevalence of vitamin D deficiency remained very high, which is of potential concern considering the role of vitamin D in key biological processes.



PHYTOESTROGENS & METABOLIC SYNDROME IN THE NHANES SURVEY

Tristan Struja¹, Aline Richard¹, Jakob Linseisen², Monika Eichholzer³, Sabine Rohrmann⁴

¹ISPM Zürich

²Helmholtz Zentrum München

³ISPM Zurich

⁴ISPM, University of Zurich, Zurich, Switzerland

Metabolic syndrome is a major risk factor for cardiovascular diseases, which are still the major cause of death in developed countries.

We cross-sectionally studied the association between urinary phytoestrogen excretion and metabolic cardiovascular risk factors. Hence, we used data from the National Health and Nutrition Examination Survey from 1999 to 2004 with 1,748 participants, who had urine levels of isoflavones and lignans measured. Geometric means of waist circumference, blood pressure, fasting glucose, HDL-cholesterol and triglyceride levels were computed by quartiles of isoflavone or lignan urinary excretion. Outcome was assessed as the occurrence of metabolic syndrome according to NCEP-ATP III criteria. The association between phytoestrogen concentration and the metabolic syndrome was calculated using logistic regression analyses. Blood pressure ($P < 0.05$) and plasma triglyceride levels ($P < 0.01$) were lower in participants in the highest quartile of lignan excretion compared to the lowest. In the highest quartile of urinary concentrations of isoflavones, HDL-cholesterol concentration was significantly higher compared to the lowest quartile ($P < 0.05$). However, waist circumference and plasma glucose levels did not differ significantly between extreme quartiles. The occurrence of a metabolic syndrome was lower with increasing levels of urinary lignans (OR = 0.59, 95% CI 0.32; 0.85 top vs. bottom quartile), especially when separately computed for the excretion of enterolactone (OR = 0.47, 95% CI 0.24; 0.91). Our study shows that an increasing excretion of lignans, especially enterolactone, might be associated with a decreased occurrence of the metabolic syndrome.