



Cardiovascular Risk as a Context of Care



Nuno Damácio de Carvalho Félix^{1,2} and Maria Miriam Lima da Nóbrega²

¹Health Sciences Center, Federal University of Recôncavo da Bahia, Brazil.

²Health Sciences Center, Federal University of Paraíba, Brazil.

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***Corresponding author:** Nuno Damácio de Carvalho Félix, Health Sciences Center, Federal University of Recôncavo da Bahia, Santo Antônio de Jesus, Bahia, Brazil

Abstract

Cardiovascular diseases stand out in terms of high mortality and the association of various cardiovascular risk factors. It is inferred that these involve a context of care with the interrelation of factors that accompany a situation of individual and/or collective cardiovascular vulnerability. This context demands a review and clarification of concepts and the development-based care protocols are in theory s to guide health policies and targeted assistance programs for health promotion and cardiovascular disease prevention in the world.

Keywords: Cardiovascular risk; Context; Care; Health; Prevention of diseases; Promotion of Health.

Opinion

Cardiovascular diseases stand out in terms of high mortality and the association of various cardiovascular risk factors, being the main cause of death in the world, with more than three quarters of these occurring in low- and middle-income countries [1]. Individuals at cardiovascular risk have a double chance of death, three times more likely to develop diseases of the circulatory system and five times more likely to suffer from type 2 diabetes mellitus [2]. It is inferred that cardiovascular risk is a context of care that involves the interrelation of factors that accompany a situation of individual and/or collective cardiovascular vulnerability.

Care in the context directed at people at cardiovascular risk should be developed through disease prevention and health promotion actions, with the potential to generate health indicators in the perspective of collaborating with the advancement of knowledge about the health phenomena involved. In view of this panorama, it is questioned what is the impact of care in the context of cardiovascular risk to be developed by health professionals in the world in which the concept of cardiovascular risk is often linked to cardiovascular disease itself, which seems to hinder the broad and structuring effective care.

Regarding the definition, the concept of cardiovascular risk is underwritten and not clarified, with restriction in punctuating the main factors involved (gender, age, smoking, physical inactivity, inadequate diets, hypertension, diabetes mellitus, dyslipid

emia, overweight and obesity) and diseases consequent. In this perspective, it is understood that the definition of the concept of cardiovascular risk, as a context of care, is scarce, despite being widely presented, given the relevance of the theme and the impact on the life of the population, requiring critical analysis to contribute to the advancement in the identification and implementation of care directed at people at risk, regardless of the stratified score.

It is essential to overcome the reductionist view that links cardiovascular risk factors strictly to biological aspects, which can compromise care from the perspective of the complexity and comprehensiveness of interventions developed by health professionals, such as nurses, doctors and nutritionists. These health professionals should investigate cardiovascular risk with a broad view of the concept, understanding it as a context of care, in the varied profiles of patients and their community, with a focus on disease prevention and health promotion at the primary level, thus contributing to advance knowledge about the concept and refine its definition.

he literature also discusses the insertion of the metabolic syndrome in the context of cardiovascular risk, as a central phenomenon, due to the highlight of new and relevant empirical data, such as the psychosocial and cultural factors involved and the perspective of vulnerability in which people with the syndrome are inserted [3]. There is a need to analyze and understand the breadth of the concept of cardiovascular risk as a context of care

for use in practice, teaching and research in health and to enable the recognition of the variables involved in this phenomenon to guide health professionals in the identification process human needs of these individuals and care planning.

Conclusion

Care in the context of cardiovascular risk should involve clarifying concepts and developing care protocols based on theories to guide health policies and assistance programs aimed at health promotion and cardiovascular prevention. Health professionals should strive to improve the concept and verify the occurrence of cardiovascular risk in individuals and the community, in order to contribute to the development of care

for cardiovascular prevention in this public and to expand the investigation regarding the referred context of health care.

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