

The cardiovascular risk factor profile in the Seychelles

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In 1989, cardiovascular diseases were attributable for 39.5% of all deaths registered in the Seychelles. A survey was carried out in order to investigate the prevalence and distribution of hypertension, cigarette-smoking, obesity and dyslipidemias in the Seychelles. The study area was located to Mahé which is the main island of the Seychelles and counts for 90% of the total population of 66,370. The population is ethnically mixed but predominantly of black African origin.

An age-stratified random sample of 1309 subjects was drawn from the 21,300 people aged 25–64 of Mahé. The data collection lasted from April to September 1989. The data were gathered through interview and physical examination following the international guidelines of the MONICA project (MONItoring Cardiovascular diseases) launched by the World Health Organization. A response of 86% was achieved.

Hypertensive subjects are defined as those with high blood pressure (BP) values at the time of the survey (systolic BP \geq 160 or diastolic BP \geq 95 mm Hg) or being currently under anti-hypertensive drug treatment. Current smokers refer to subjects presently smoking at least 1 ci-

garette per day. Body mass index (BMI) is calculated as weight divided by height squared (kg/m^2) and obesity is defined for values greater than 30. For blood lipids, the cut-off values used to characterize at risk subjects follow the american and european guidelines.

The prevalences (%) have been standardized for age in order to get estimates for the entire 25–64 years age group (Table 62). Because of the predominant proportion of people aged 25–34 in the 25–64 years age group (48% of men and 42% of women respectively), age-standardized figures are also provided for the population aged 35–64 years (figures between parenthesis in the Table 62). Other results may be found above (see Table 39–47 and Figures 38–41).

These data show high prevalences of high blood pressure in men and women, cigarette-smoking in men and obesity in women. Hypercholesterolemia (total cholesterol $>$ 6.5 mmol/l) and hypo-HDL-cholesterolemia (HDL-cholesterol $<$ 0.9 mmol/l) appear to be less common, however the prevalence of elevated levels of lipoprotein (a) is high. These data indicate that a large room is left for effective prevention strategies.