

CINDI population strategies and prevalences of noncommunicable diseases risk factors in Slovakia 1993 – 2003

Introduction: Slovakia applied in 1992 for membership in the WHO CINDI network to influence an unfavourable morbidity and mortality of cardiovascular and cancer diseases. This started intervention activities aimed to prevalence decrease of noncommunicable diseases risk factors. Efficacy of interventions was measured by cross-sectional surveys on prevalence of the risk factors, mainly smoking, increased total cholesterol, increased blood pressure, overweight and obesity. **Methods:** Interventions were performed on individual, group, and population levels via 38 Health Promotion Centers established as parts of national and regional Authorities of Public Health. Cross-sectional surveys were performed on representative samples from model areas populations in 5 year intervals (1993, 1998, 2003) using standardized methods of examinations and data collection by the CINDI protocol. **Results:** In the surveys during 1993-2003, there were observed significant decreases of smoking prevalences in 9% in men, and 4% in women. Mean values of total cholesterol significantly decreased in 8.2% in men, and 9.7% in women. Mean values of SBP increased in 1.5% in men, and decreased in 2.2% in women. Similarly mean values of BMI increased in 1.8% in men, and decreased in 1.1% in women. **Conclusions:** In Slovak population, a significant decrease of risk connected with noncommunicable diseases was observed during studied years. Decrease in smoking prevalence was reached through interventions on prevention and stop smoking, and also through participation in international campaigns. Decrease in values of TCH was reached through interventions on healthy nutrition, namely on fats contents. However these interventions did not influence BMI values, nor prevalence of overweight and obesity. Therefore nutrition interventions were strengthened starting 2003, also on total energy income, balance between energy income and use, and on other nutrition components, mainly sacharides. Also, since 2003 a campaign to increase physical activity was performed every year. Problem of the elevated blood pressure and hypertension will require a complex solution in cooperation of intervention, primary prevention and treatment.

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