

# STUDY OF DIETARY PATTERNS IN PATIENTS WITH NEWLY DIAGNOSED CARDIOVASCULAR DISEASES: A QUESTIONNAIRE BASED ASSESSMENT.

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## ABSTRACT

### **Background:**

*In recent years, the correlation between dietary patterns and the onset of cardiovascular diseases (CVD) has become a focal point of medical research. This surge in interest stems from the growing prevalence of CVD globally and the potential for dietary intervention as a preventative strategy. Cardiovascular diseases, which encompass a range of heart and blood vessel disorders, have been closely linked to lifestyle choices, particularly dietary habits. The impact of diet on cardiovascular health is profound, as certain foods can significantly influence blood pressure, cholesterol levels, and overall heart health. This study, titled "Study of Dietary Patterns in Patients with Newly Diagnosed Cardiovascular Diseases," aims to delve into the dietary behaviours of individuals at the time of their CVD diagnosis to identify prevalent patterns that may contribute to their disease state. By analysing the consumption of various food groups, including red and processed meats, fruits, vegetables, sugary beverages, and foods rich in saturated fats, this research seeks to uncover specific dietary trends that could inform more effective dietary guidelines and interventions. Additionally, the study considers the influence of other lifestyle factors such as physical activity, smoking, and alcohol consumption, providing a holistic view of the risk factors that accompany dietary habits in the development of cardiovascular diseases. This comprehensive approach is crucial for developing targeted strategies that can reduce the burden of CVD and improve the cardiovascular health of the population.*

### **Objective:**

*The primary objective of this study is to investigate the dietary patterns followed by patients with newly diagnosed cardiovascular diseases, focusing on their consumption of various food groups such as meats, fruits, vegetables, and foods high in saturated fats. This investigation seeks to identify specific dietary trends that could be linked to the onset and progression of cardiovascular conditions. In conjunction with the primary objective, the study also has several secondary objectives. These include assessing the prevalence of tobacco and alcohol consumption among the patients to understand broader lifestyle patterns that may contribute to cardiovascular risk. Additionally, the study aims to investigate other crucial lifestyle elements such as sleep duration and the level of engagement in physical activities. These combined objectives are designed to provide a comprehensive analysis of the interplay between dietary habits and other lifestyle factors in the development of cardiovascular diseases.*

### **Methodology:**

*The study conducted was an observational study, conducted at D.Y Patil Hospital in Nerul, Navi Mumbai. A total of 100 patients participated, selected through convenience sampling based on the specific inclusion and exclusion criteria. Data collection proceeded only after obtaining informed*

consent from each participant, utilizing a questionnaire that had received approval from the ethics committee and my research guide. This questionnaire was comprehensive, covering various aspects including family history of cardiovascular diseases and dietary habits such as vegetarianism/non-vegetarianism, consumption of fruits and vegetables, saturated fats, sugary beverages, red and processed meats, and the addition of salt to foods. Additionally, it assessed lifestyle factors including sleep duration, tobacco and alcohol use, the types of accompaniments consumed with alcohol, and the engagement in physical activities. Each questionnaire was meticulously filled out, and the gathered data were subsequently analyzed.

### **Results:**

The study conducted among 100 patients at D.Y Patil Hospital in Nerul, Navi Mumbai, offers detailed insights into the dietary and lifestyle patterns among individuals with newly diagnosed cardiovascular diseases. The dietary assessment underscored a predominant inclination toward non-vegetarian diets, with 90% of the sample consuming meat. A considerable 42% of participants reported daily consumption of foods high in saturated fats. Moreover, the intake of red and processed meats was notably high, with 67% of the cohort consuming these meats at least once daily, and 25% consuming them more than twice daily. Fruit and vegetable intake was moderate but below recommended levels, with 79% of participants consuming 1-2 servings per day, and none consuming more than five servings daily. Additionally, the consumption of sugary beverages varied, with a significant 54% of the study population never consuming them. The data revealed a specific preference for certain traditional snacks, with 72% of patients consuming papad and pickles daily. Also, more than half of the patients (53%) reported adding salt to their foods, which is a significant factor considering the potential health risks associated with high sodium intake.

Lifestyle factors also played a crucial role in the study's findings, revealing significant areas for potential intervention. A large majority of the study population led sedentary lifestyles, with 72% reporting no engagement in physical activity. Sleep patterns were similarly concerning, with 55% of participants sleeping less than 6 hours per night. This combination of poor diet, lack of physical activity, and insufficient sleep duration highlights critical risk factors that need addressing to mitigate cardiovascular risks effectively.

### **Conclusion:**

The findings from the observational study conducted at D.Y Patil Hospital, Nerul, Navi Mumbai, with 100 patients newly diagnosed with cardiovascular diseases, highlighted significant dietary and lifestyle risk factors.

Predominantly, the dietary patterns among these patients reveal a strong preference for non-vegetarian foods, with a particularly high intake of red and processed meats, which were consumed at least once daily by 67% of the participants. Additionally, a concerning 42% of the cohort consumed high-saturated fat foods daily, and a similar percentage added extra salt to their meals, enhancing their risk for hypertension and further cardiovascular complications. These dietary habits, coupled with suboptimal fruit and vegetable consumption where none exceeded five servings per day, illustrate a critical need for dietary interventions aimed at promoting healthier eating habits.

Furthermore, the lifestyle factors identified in the study indicate a predominance of sedentary behaviour, with 72% of patients reporting no regular physical activity, and over half of the cohort sleeping less than the recommended 6-8 hours per night. These behaviours are well-known risk factors for cardiovascular disease and other health issues. Therefore, the study underscores the importance of integrated health strategies that not only encourage dietary improvements but also advocate for increased physical activity and better sleep hygiene.

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## **1. STUDY OF DIETARY PATTERNS IN PATIENTS WITH NEWLY DIAGNOSED CARDIOVASCULAR DISEASES: A QUESTIONNAIRE BASED ASSESSMENT.**

Cardiovascular diseases are a group of disorders that affect the heart and its surrounding blood vessels. Cardiovascular diseases (CVDs) encompass a range of conditions affecting the heart and blood vessels, constituting a significant global health burden. These diseases, including coronary artery disease, stroke, heart failure, and hypertension, are major causes of morbidity and mortality worldwide. They often develop due to a

complex interplay of genetic, lifestyle, and environmental factors, making them a multifaceted challenge for healthcare systems.

With risk factors such as smoking, unhealthy diet, physical inactivity, and obesity on the rise, the prevalence of CVDs continues to escalate. Addressing these conditions requires a comprehensive understanding of their etiology, risk factors, prevention strategies, and innovative treatment modalities. Efforts toward public awareness, early detection, and effective management are imperative in mitigating the impact of CVDs on individuals and society as a whole.

The most important CVDs risk factor is an unhealthy lifestyle. There is an alarming need to increase the physical activity of individuals to counter cardiac diseases and reduce their prevalence throughout the world. [1].

Recommendations are still made for saturated fat, added sugar, sodium, and dietary cholesterol because these are over-consumed by many people and are related to chronic disease development. Epidemiological studies highlight the significance of taking into account the entirety of one's diet and recognizing the interconnectedness of nutrients within a dietary framework. [2].

Coordinated efforts targeting risk factors such as smoking, lack of physical activity, and poor dietary choices, when carried out within societal settings, have the potential to decrease the occurrence of significant cardiovascular events.

The study aims to investigate the dietary patterns in patients with newly diagnosed cardiovascular diseases and other lifestyle factors like tobacco and alcohol consumption, hours of sleep per night, accompaniments with alcohol and physical activities throughout the week. This study will be carried out through a prepared questionnaire and will aim to lay out the most common risk factors among these patients. This opportunistic study will be helpful to healthcare professionals and patients to know which lifestyle factors and dietary patterns to inculcate and which to avoid to potentially minimize the risk of cardiovascular diseases.

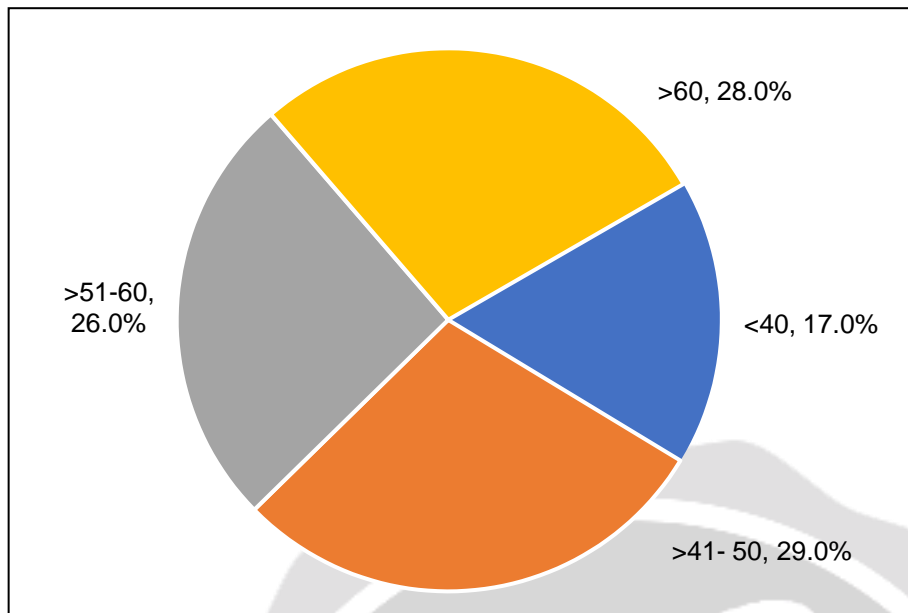
## PERSONAL INFORMATION

**Table 7.1: Age group of patients (n=100)**

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>
<b>Age (Yrs.)</b>					
• <40	17	33.71	5.03	23	39
• >41- 50	29	45.86	2.61	41	50
• >51-60	26	55.54	2.67	51	60
• >60	28	68.14	8.75	40	81
Total	100	52.55	13.19	23	81
<b>Age (Yrs.)</b>	<b>No.</b>	<b>%</b>			
• <40	17	17.0%			
• >41- 50	29	29.0%			
• >51-60	26	26.0%			
• >60	28	28.0%			
Total	100	100.0%			

*N: No of patients; Min: Minimum; Max: Maximum; SD: Standard deviation*

**Figure7. 1: Age group of patients (n=100)**



The table provides a breakdown of patient demographics based on age groups in a sample of 100 individuals. The data reveals a diverse distribution across different age brackets. The majority of patients fall within the age range of 41 to 60 years, with 29% aged between 41 and 50 years, and 26% aged between 51 and 60 years. Notably, there is a significant representation of older individuals, with 28% aged over 60 years. The mean age of the sample is 52.55 years, with a standard deviation of 13.19, indicating some variability in age among the patients. The youngest patient is 23 years old, while the oldest is 81 years old, suggesting a wide age range within the sample.

**Table7.2: Gender distribution of patients (n=100)**

	<u>No.</u>	<u>%</u>
<b>Gender</b>		
• Male	72	72.0%
• Female	28	28.0%
Total	100	100.0%

No.: No of count

**Figure7. 2: Gender wise distribution of patients (n=100)**

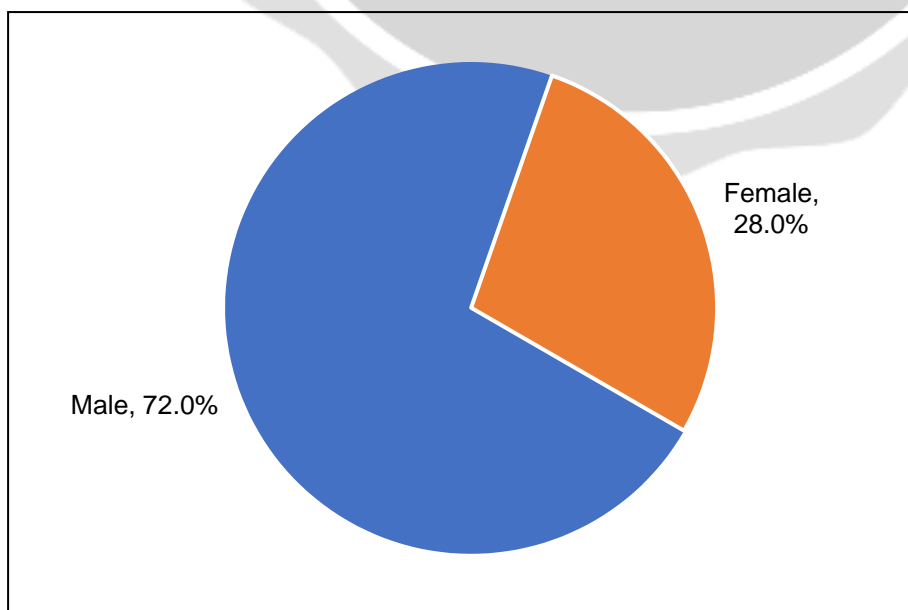


Table7.2 presents the gender distribution among the patients, comprising a total of 100 individuals. The data indicates

that 72% of the patients are male, while 28% are female. This distribution suggests a notable predominance of males in the sample.

**Table 7.3: Ethnicity of patients (n=100)**

	<i>No.</i>	<i>%</i>
<b>Ethnicity</b>		
• Christian	5	5.0%
• Hindu	70	70.0%
• Muslim	25	25.0%
Total	100	100.0%

*No.:* No of count

**Figure7. 3: Ethnicity of patients (n=100)**

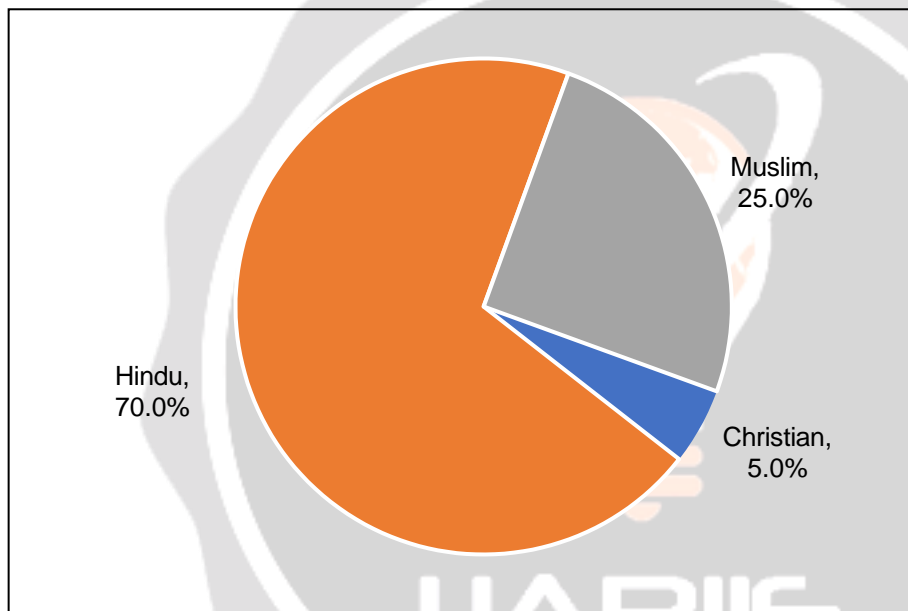


Table 7.3 displays the ethnic composition of the patients, with a total sample size of 100 individuals. The data reveals that the majority of patients, constituting 70%, identify as Hindu. Following this, 25% of the patients identify as Muslim, and a smaller proportion, 5%, identify as Christian. The table provides a straightforward breakdown of the count and percentage of patients belonging to each ethnic group, offering insights into the ethnic diversity within the surveyed population.

**Table7. 4: Family History of cardiovascular diseases (n=100)**

	<u>No.</u>	<u>%</u>
<b>Family History</b>		
• Yes	27	27.0%
□ No	73	73.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

No.: No of count

**Figure7. 4: Family History of cardiovascular diseases (n=100)**

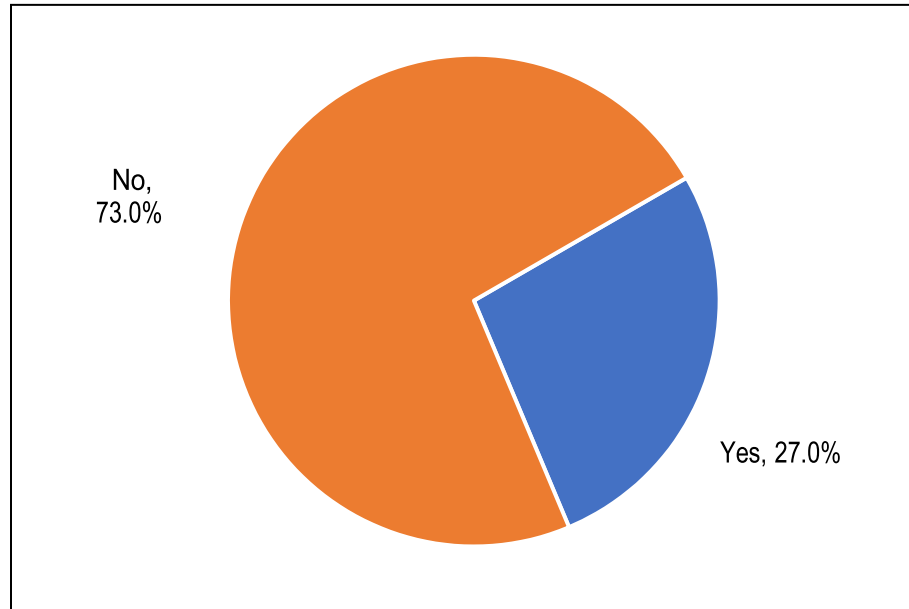


Table 7.4 presents data on the family history of cardiovascular diseases (CVD) among the surveyed patients, with a total sample size of 100 individuals. The table indicates that 27% of the patients have a family history of CVD, while the majority, comprising 73%, report no such family history. This information suggests that a significant portion of the surveyed population has a genetic predisposition or familial risk factor for cardiovascular diseases, which could potentially influence their own risk profile and health outcomes.

**SECTION 1: DIETARY ASSESSMENT**

**Table 7.5: Dietary pattern of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Vegetarian	10	10.0%
• Non-Vegetarian	90	90.0%
• Vegan	0	0.0%
• Others	0	0.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

No.: No of count

**Figure7. 5: Dietary pattern of patients (n=100)**

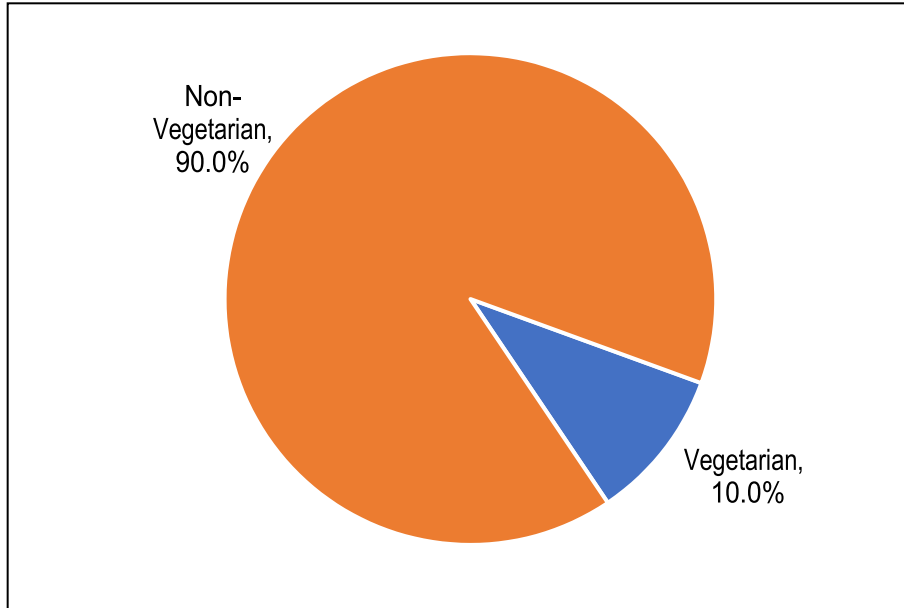


Table 7.5 outlines the dietary patterns observed among the patients, with a total sample size of 100 individuals. The data illustrates that the overwhelming majority of patients, constituting 90%, follow a non-vegetarian diet, while only 10% adhere to a vegetarian diet. Interestingly, there are no patients reported as following a vegan diet or any other dietary pattern. This distribution highlights a clear preference for non-vegetarian food choices among the population.

**Table7. 6: Consumption of fruits and vegetables of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Rarely	4	4.0%
• 1-2 Servings /day	79	79.0%
• 3-4 Servings /day	17	17.0%
• 5 Or More/ day	0	0.0%
Total	100	100.0%

No.: No of count

**Figure7. 6: Fruit and vegetable consumption across patients (n = 100)**

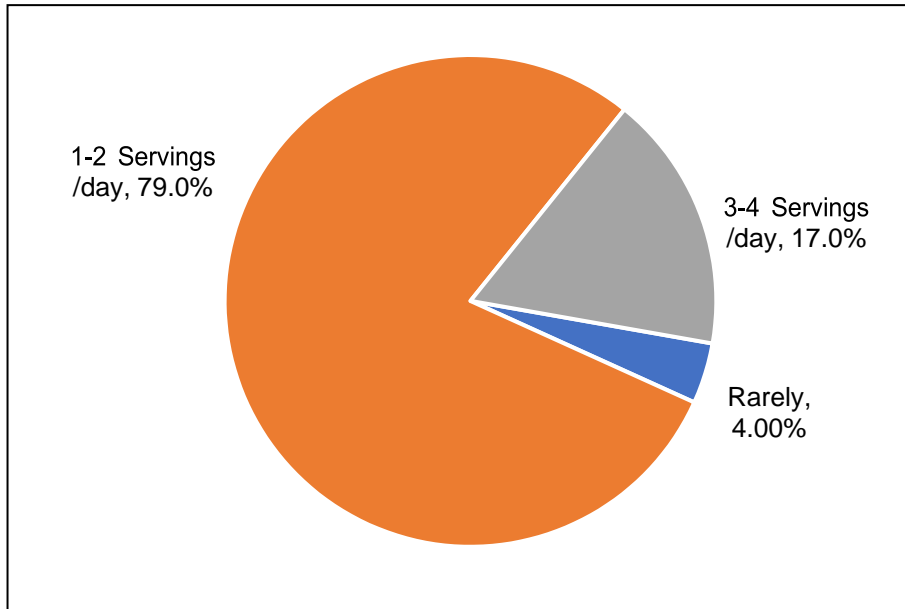


Table 7.6 provides insights into the frequency of fruit and vegetable consumption among the patients, with a total sample size of 100 individuals. The data indicates that the majority of patients, accounting for 79%, consume fruits and vegetables at a moderate frequency, with 1-2 servings per day. Additionally, 17% of patients report consuming fruits and vegetables at a higher frequency, with 3-4 servings per day. Notably, no patients in the sample reported consuming 5 or more servings of fruits and vegetables per day. This distribution suggests a prevalent pattern of moderate fruit and vegetable intake among the population, with relatively fewer individuals adhering to higher consumption levels.

**Table7. 7: Consumption of red meats or processed meats of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Rarely	21	21.0%
• Never	12	12.0%
• 1-2 Times/ day	42	42.0%
• >2 Times/ day	25	25.0%
Total	100	100.0%

No.: No of count

**Figure7. 7: Red meat and processed meat consumption among the patients (n=100)**



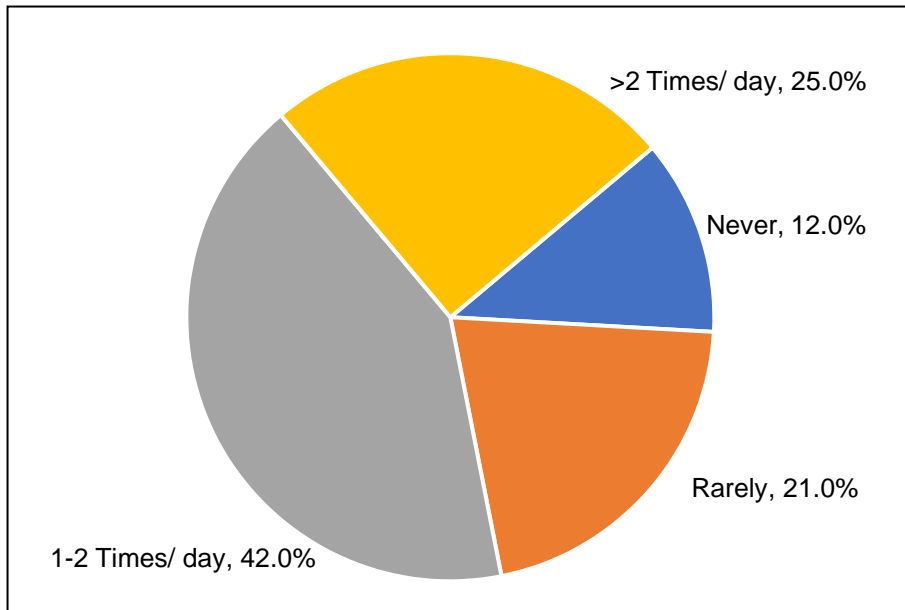


Table 7.7 illustrates the consumption patterns of red meats or processed meats among the patients, with a total sample size of 100 individuals. The data reveals that a considerable proportion of patients, constituting 42%, consume these meats 1-2 times per day, while a similar percentage, 25%, report consuming them more than twice a day. Additionally, 21% of patients indicate consuming red meats or processed meats rarely, with another 12% reporting never consuming them. This distribution suggests that a significant portion of the population includes red meats or processed meats as part of their daily diet, with a smaller percentage opting for less frequent consumption or abstaining altogether.

**Table 7.8: Consumption of high saturated fat foods of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Daily	42	42.0%
• Rarely	5	5.0%
• Never	8	8.0%
• 1-2 Times/ day	41	41.0%
• 3-4 Times/ day	4	4.0%
Total	100	100.0%

No.: No of count

**Figure7. 8: Consumption of high saturated fat foods of patients (n=100)**

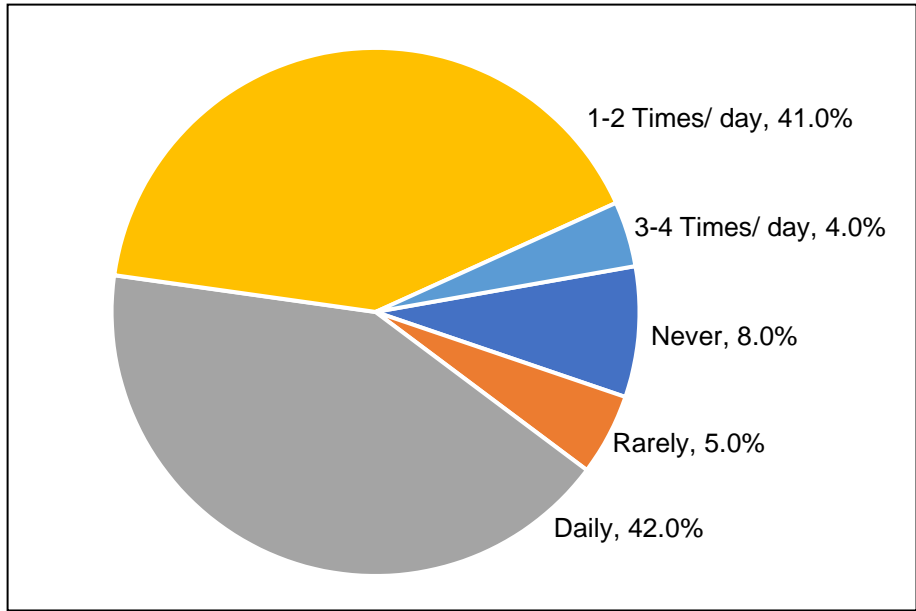


Table 7.8 provides insights into the frequency of consumption of foods high in saturated fats among the patients, with a total sample size of 100 individuals. The data reveals that a significant portion of patients, comprising 42%, consume these high-saturated fat foods daily, indicating a regular inclusion of fried, oily, cheesy, or buttery foods in their diets. Additionally, 41% of patients report consuming these foods 1-2 times per day, further emphasizing the prevalence of frequent consumption. Conversely, a smaller percentage of patients, 8%, indicate never consuming such foods, while 5% report rarely consuming them. A negligible portion of patients, 4%, report consuming high-saturated fat foods 3-4 times per day.

**Table 7.9: History of previous consumed Item by patients (n=100)**

	<u>No.</u>	<u>%</u>
• Vada pav	40	40.0%
• Chicken	26	26.0%
• Samosa	15	15.0%
• Bhaji pav	6	6.0%
• Pakoda	2	2.0%
• Fries	1	1.0%
• Medu Vada	1	1.0%
• NA	9	9.0%
Total	100	100.0%

No.: No of count

**Figure7. 9: History of previous consumed Item by patients (n=100)**

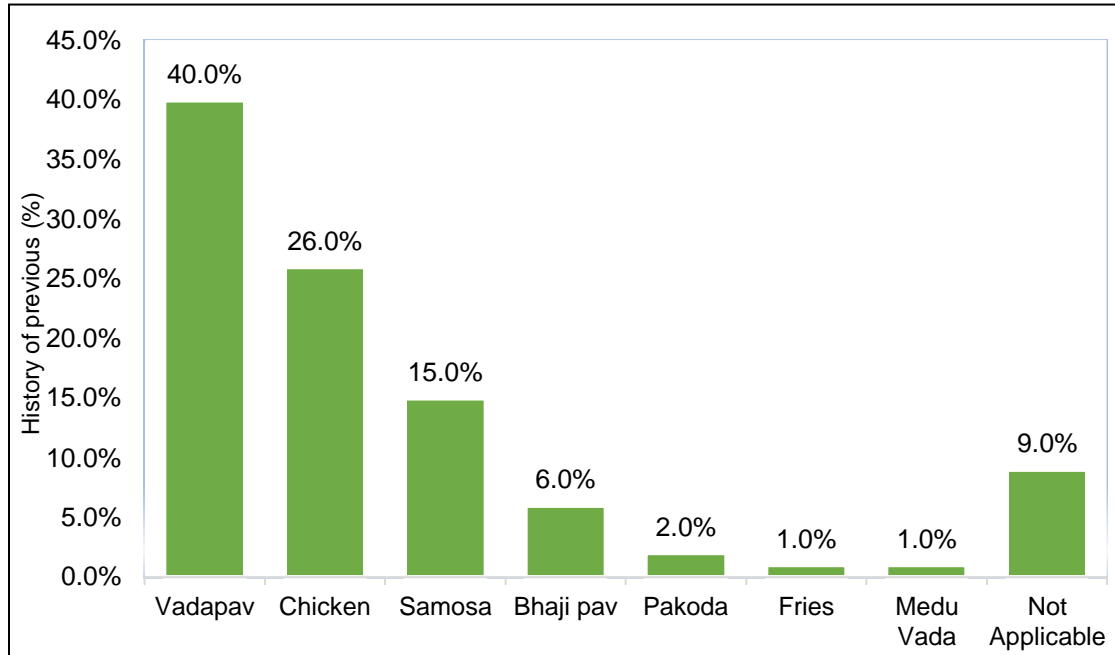


Table 7.9 presents the history of previously consumed items among the patients, with a total sample size of 100 individuals. The data reveals that the most commonly consumed item among the patients is Vada pav, with 40% of individuals reporting having consumed it previously. Following Vada pav, chicken is the next most commonly consumed item, with 26% of patients indicating previous consumption. Samosa is another frequently consumed item, reported by 15% of patients. Other items such as Bhaji pav, Pakoda, Fries, and Medu Vada are less commonly consumed, each accounting for 6%, 2%, 1%, and 1% of reported consumption, respectively. Additionally, 9% of patients indicated "NA" (Not Applicable), suggesting that they did not provide information on their previous consumption history for these items. This distribution highlights the varied preferences and dietary habits among the surveyed population, with certain food items being more popularly consumed than others.

**Table7. 10: Consumption of sugary beverages of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Daily	2	2.0%
• Never	54	54.0%
• 1-2 Times/ day	36	36.0%
• 3-4 Times/ day	5	5.0%
• >5 Times/ day	3	3.0%
Total	100	100.0%

No.: No of count

**Figure7. 10: Sugary beverage intake of the patients (n=100)**

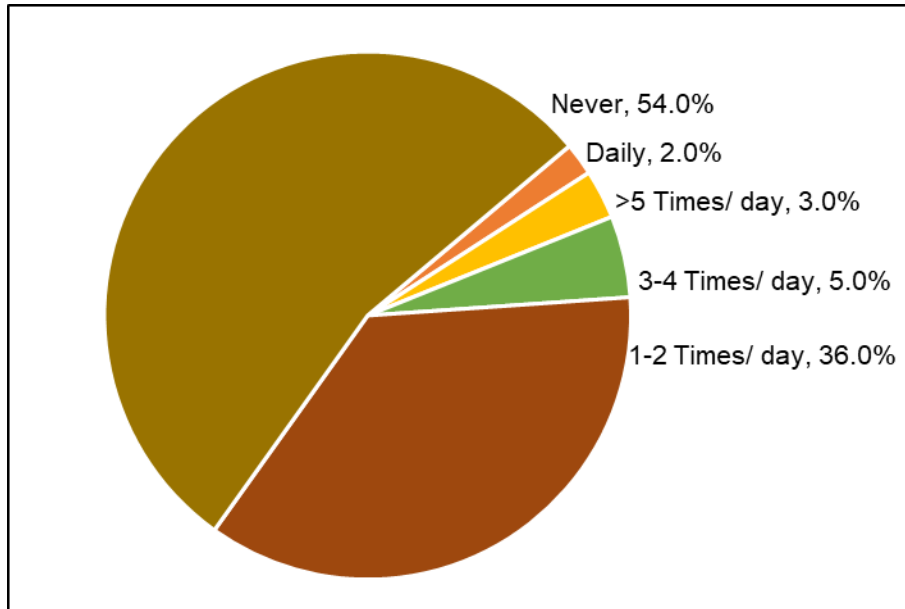


Table 7.10 provides insights into the consumption patterns of sugary beverages among the patients, with a total sample size of 100 individuals. The data indicates that a substantial portion of patients, comprising 54%, report never consuming sugary beverages. Among those who do consume them, 36% report doing so 1-2 times per day, while smaller percentages consume them daily (2%), 3-4 times per day (5%), or more than 5 times per day (3%). This distribution suggests a varied consumption pattern of sugary beverages among the population, with a notable proportion abstaining from their consumption altogether.

**Table7. 11: Consumption of papad & pickles of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Daily	72	72.0%
• Rarely	0	0.0%
• Never	21	21.0%
• 1-3 Times/ Week	7	7.0%
• >3 Times/ Week	0	0.0%
Total	100	100.0%

No.: No of count

**Figure7. 11: Consumption of papad & pickles of patients (n=100)**

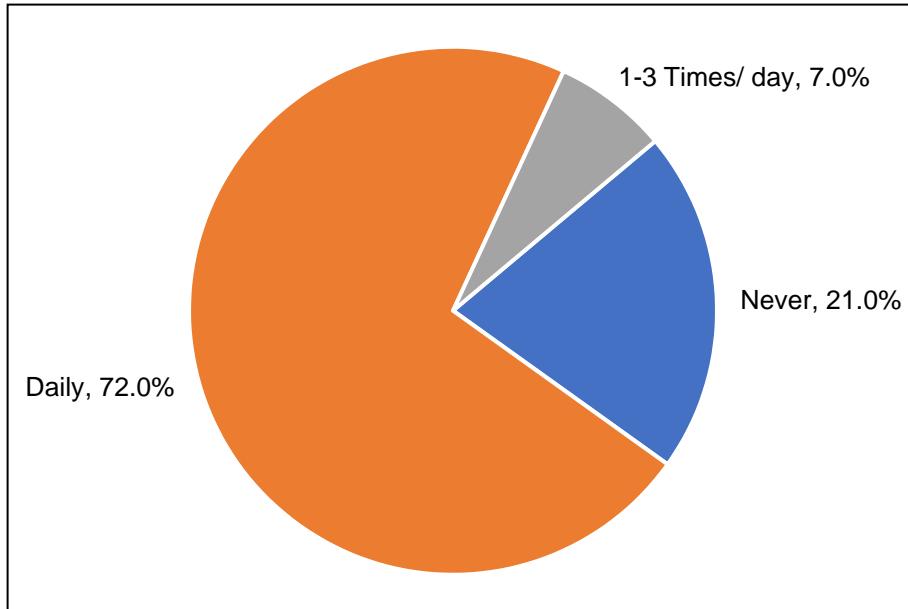


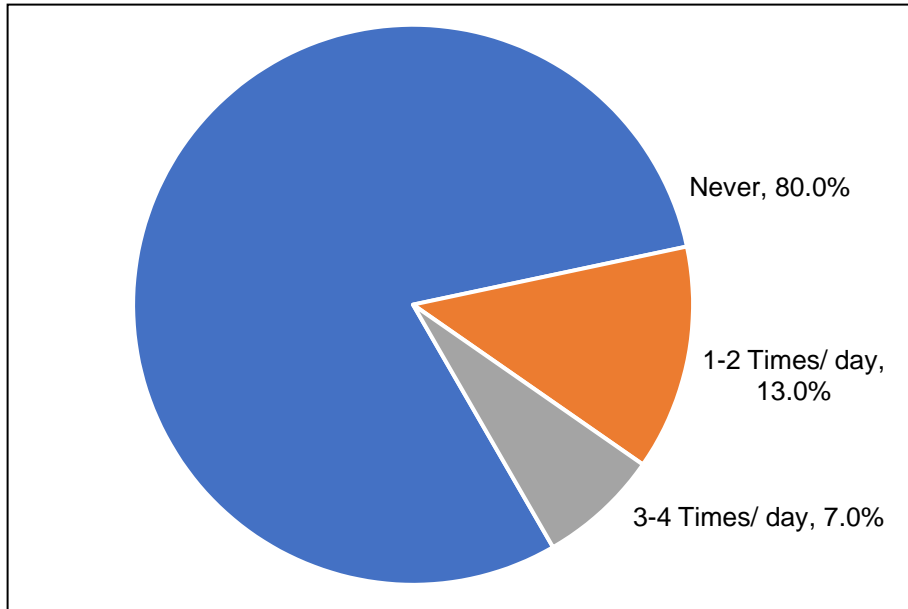
Table 7.11 illustrates the consumption patterns of papad and pickles among the patients, with a total sample size of 100 individuals. The data reveals that the majority of patients, accounting for 72%, consume papad and pickles on a daily basis. Conversely, 21% of patients report never consuming these items, while a smaller proportion, 7%, indicate consuming them 1-3 times per week. Notably, none of the patients reported consuming papad and pickles more than 3 times per week.

**Table7. 12: Consumption of sweets of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Daily	0	0.0%
• Rarely	0	0.0%
• Never	80	80.0%
• 1-2 Times/ day	13	13.0%
• 3-4 Times/ day	7	7.0%
Total	100	100.0%

No.: No of count

**Figure7. 12: Sweets consumption of patients (n=100)**



According to Table 7.12, which represents the consumption of sweets among 100 patients, a significant majority, comprising 80% of the sample, reported never consuming sweets. This suggests a prevalent avoidance or restriction of sweets among the patients surveyed. Interestingly, there were no respondents who reported consuming sweets on a daily or rare basis. However, a notable portion reported occasional consumption, with 13% indicating they consume sweets 1-2 times per day, and 7% reporting consumption 3-4 times per day. This indicates a minority of the sample engages in more frequent sweet consumption habits.

**Table7. 13: Addition of salt to food by patients (n=100)**

	<u>No.</u>	<u>%</u>
• Yes	53	53.0%
• No	47	47.0%
• Rarely	0	0.0%
Total	100	100.0%

*No.: No of count*

**Figure7. 13: Addition of salt to food by patients (n=100)**

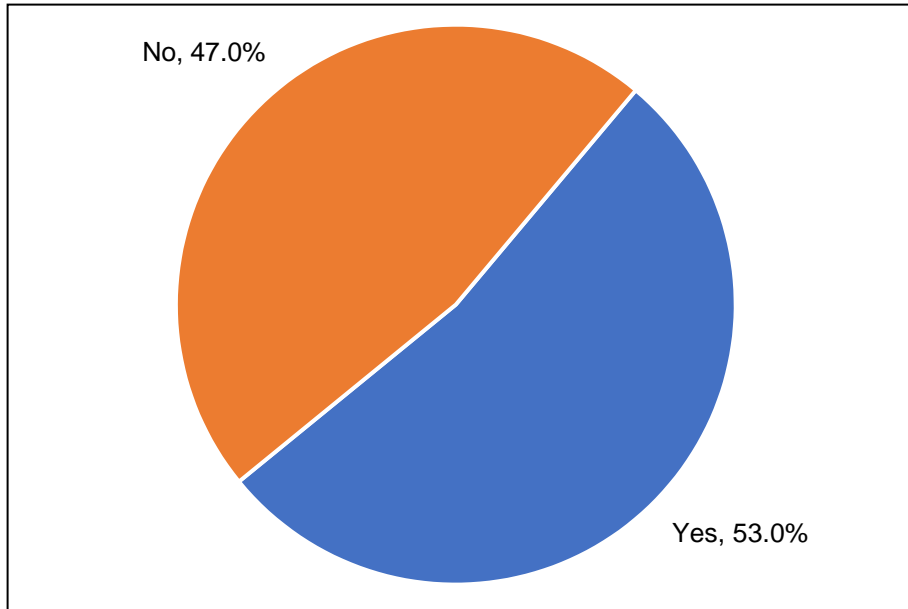


Table 7.13 illustrates the habits of patients regarding the addition of salt to their foods, based on a sample size of 100 individuals. Interestingly, just over half of the respondents, constituting 53%, reported adding salt to their foods separately. This indicates a prevalent practice of enhancing the salt content of meals among a significant portion of the surveyed population. Conversely, a notable 47% of respondents indicated that they do not add salt separately to their foods.

**SECTION 2: LIFESTYLE FACTORS**

**Table7. 14: Sleep duration of patients per night (n=100)**

	<u>No.</u>	<u>%</u>
• <6 hours	55	55.0%
• 6-8 hours	24	24.0%
• >8 hours	21	21.0%
Total	100	100.0%

*No.: No of count*

**Figure7. 14: Average sleep duration for patients each night (n=100)**

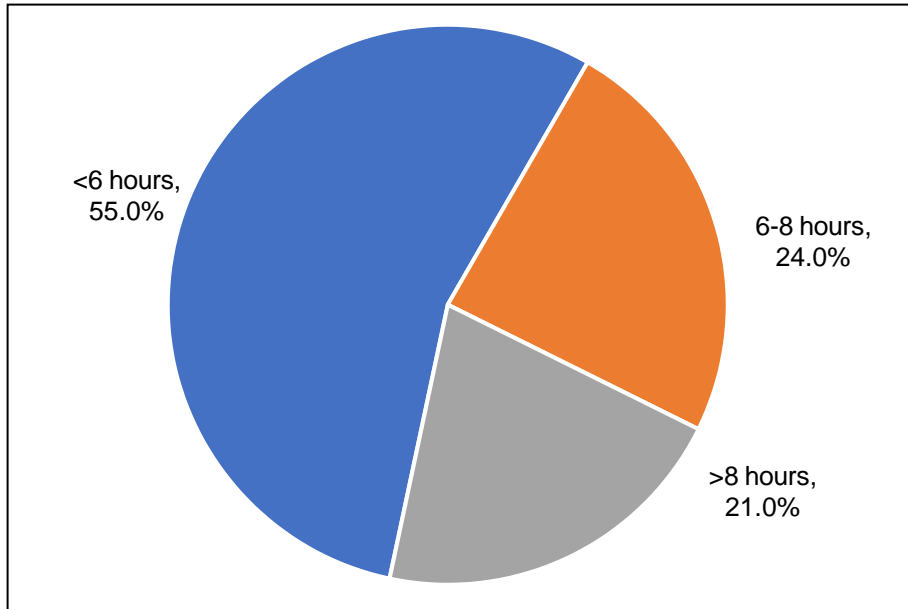


Table 7.14 provides insights into the sleep duration patterns of 100 patients. The data reveals that the majority of patients, comprising 55%, reported sleeping for less than 6 hours per night. This suggests a prevalent trend of insufficient sleep duration among a significant portion of the population. In contrast, a smaller proportion, constituting 24% of respondents, reported sleeping for the recommended duration of 6 to 8 hours per night. This indicates that while a notable portion of patients are meeting the suggested sleep duration, it remains a minority within the sample. Additionally, 21% of respondents reported sleeping for more than 8 hours per night, indicating a smaller yet significant segment of the population potentially oversleeping. Overall, the data highlights a concerning trend of inadequate sleep duration among the surveyed patients, with a majority falling short of recommended sleep hours.

**Table 7. 15: Consumption of tobacco or alcohol by patients (n=100)**

	<u>No.</u>	<u>%</u>
• Yes (only tobacco)	14	14.0%
• No (no tobacco)	0	0.0%
• Both alcohol & tobacco	35	35.0%
• Yes (only alcohol)	14	14.0%
• Neither	2	2.0%
• NA	35	35.0%
Total	100	100.0%

No.: No of count

**Figure 7. 15: Consumption of tobacco or alcohol by patients (n=100)**



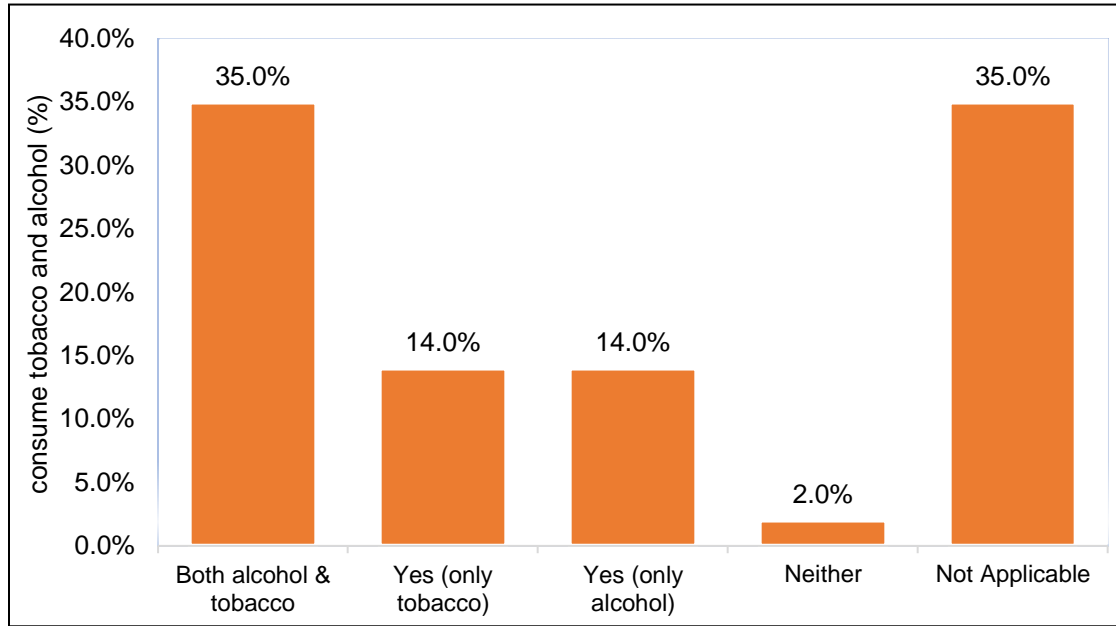


Table 7.15 presents data on the consumption of tobacco products or alcohol among 100 patients. Strikingly, none of the respondents reported abstaining from both tobacco and alcohol, indicating a universal engagement with at least one of these substances within the sample. A notable 35% of patients reported consuming both alcohol and tobacco, suggesting a significant overlap in the consumption of these substances among the surveyed population. Additionally, 14% of respondents reported consuming only tobacco, while another 14% reported consuming only alcohol. This highlights a diversity in substance consumption habits among patients, with some exclusively engaging with either tobacco or alcohol.

**Table 7. 16: Consumption of accompaniments with alcohol by patients (n=100)**

	<i>No.</i>	<i>%</i>
• Yes	50	50.0%
• No	0	0.0%
• Not applicable	50	50.0%
Total	100	100.0%

*No.:* No of count

**Figure 7. 16: Consumption of accompaniments with alcohol by patients (n=100)**

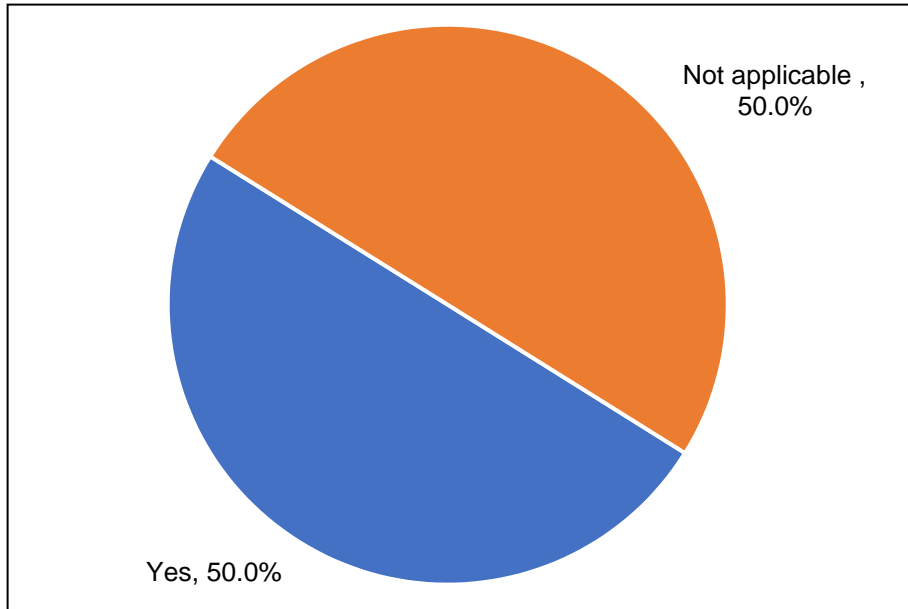


Table 7.16 provides insights into the consumption habits of accompaniments with alcohol among 100 patients who reported consuming alcohol. Remarkably, half of the respondents, constituting 50%, indicated that they do consume accompaniments with alcohol. This suggests a prevalent practice of combining alcohol with other substances or food items among a significant portion of the surveyed population. However, an equal proportion of respondents, also at 50%, marked the response as 'Not applicable', indicating that they either do not consume accompaniments with alcohol or did not perceive the question as relevant to their consumption habits.

**Table 7. 17: List of accompaniments consumed by patients (n=100)**

	<u>No.</u>	<u>%</u>
• Salty (Salted or Roasted Nuts)	10	10.0%
• Oily (Fried Options)	11	11.0%
• Both	0	0.0%
• Fried	36	36.0%
• Salads	0	0.0%
• Packeted Foods (Chips, Snacks, Etc)	13	13.0%
• All of the above.	0	0.0%
• Other	0	0.0%
• Not applicable	50	50.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

**Figure 7. 17: List of accompaniments**

**consumed by patients (n=100)**

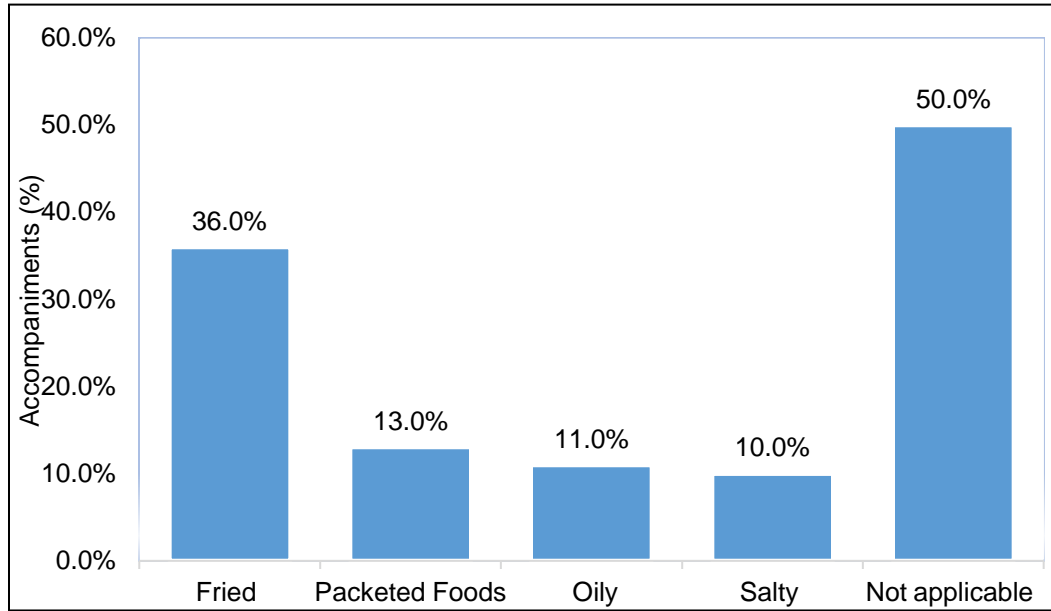


Table 7.17 outlines the types of accompaniments consumed by patients who reported consuming accompaniments with alcohol. Among the options provided, the most commonly consumed accompaniment was 'Fried', with 36% of respondents indicating this choice. This suggests a prevalent preference for fried food items alongside alcohol consumption among the surveyed population. Following this, 'Packeted Foods (Chips, Snacks, Etc)' were consumed by 13% of respondents, indicating a notable but relatively lower prevalence compared to fried options. 'Salty (Salted or Roasted Nuts)' and 'Oily (Fried Options)' each garnered 10% and 11% of responses, respectively, indicating a moderate but still significant level of consumption. Interestingly, none of the respondents selected 'All of the above', 'Salads', or 'Other' as their main accompaniments, and half of the respondents marked 'Not applicable', suggesting a diverse range of preferences or possibly a lack of relevance of the options provided to their consumption habits.

**Table 7. 18: Duration of physical activities of patients (n=100)**

	<u>No.</u>	<u>%</u>
• Daily	2	2.0%
• Rarely	0	0.0%
• 1-2 Times/ Week	26	26.0%
• 3-4 Times/ Week	0	0.0%
• No physical activity	72	72.0%
Total	100	100.0%

No.: No of count

**Figure 7. 18 Patients' duration of physical activity (n=100)**

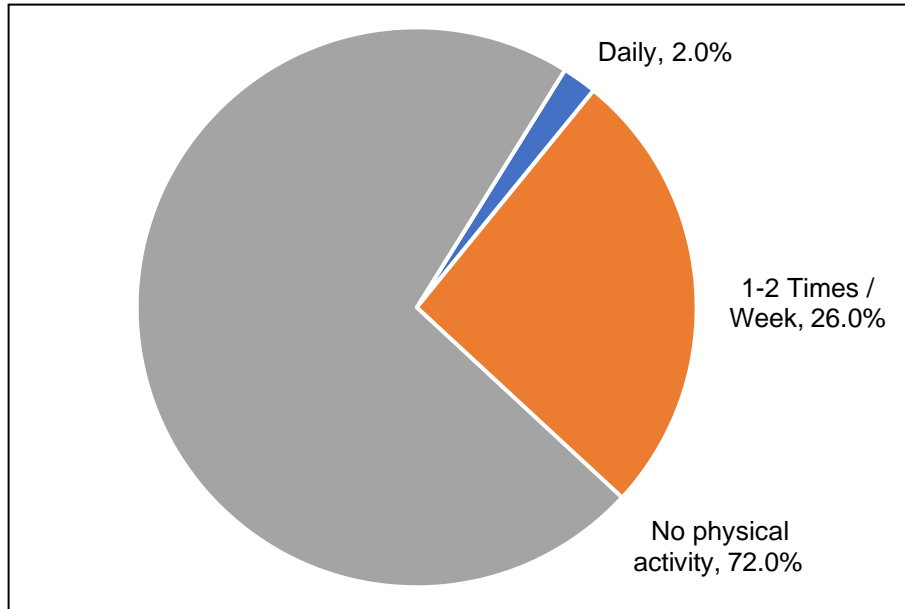


Table 7.18 presents data on the frequency of physical activities among 100 patients. The majority of respondents, constituting 72%, reported engaging in no physical activity during the week. This suggests a prevalent lack of regular exercise habits among the surveyed population. Interestingly, no respondents reported engaging in physical activities on a daily basis or 3-4 times per week. However, a notable portion, representing 26% of respondents, reported engaging in physical activities 1-2 times per week.

#### 4. CONCLUSIONS

The findings from the observational study conducted at D.Y Patil Hospital, Nerul, Navi Mumbai, with 100 patients newly diagnosed with cardiovascular diseases, highlighted significant dietary and lifestyle risk factors.

Predominantly, the dietary patterns among these patients reveal a strong preference for non-vegetarian foods, with a particularly high intake of red and processed meats, which were consumed at least once daily by 67% of the participants. Additionally, a concerning 42% of the cohort consumed high-saturated fat foods daily, and a similar percentage added extra salt to their meals, enhancing their risk for hypertension and further cardiovascular complications. These dietary habits, coupled with suboptimal fruit and vegetable consumption where none exceeded five servings per day, illustrate a critical need for dietary interventions aimed at promoting healthier eating habits. Furthermore, the lifestyle factors identified in the study indicate a predominance of sedentary behaviour, with 72% of patients reporting no regular physical activity, and over half of the cohort sleeping less than the recommended 6-8 hours per night. These behaviours are well-known risk factors for cardiovascular disease and other health issues. Therefore, the study underscores the importance of integrated health strategies that not only encourage dietary improvements but also advocate for increased physical activity and better sleep hygiene.

#### 5. REFERENCES

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