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Yannick Bejot, Edith Salès-Wuillemin, Julien Chappé, Maurice Giroud, Corine Aboa-Eboulé, Didier Truchot, Haithem Ayari, Sarah Guinchard, Luc Lorgis, Yves Cottin, et al.

► **To cite this version:**

Yannick Bejot, Edith Salès-Wuillemin, Julien Chappé, Maurice Giroud, Corine Aboa-Eboulé, et al.. Psychosocial factors burden in workers with acute cerebro- or cardiovascular events: A multidisciplinary prospective pilot study. Archives of Cardiovascular Diseases Supplements, Elsevier/French Society of Cardiology, 2018, 10 (1), pp.227-228. 10.1016/j.acvdsp.2017.11.169 . hal-01975147

HAL Id: hal-01975147

<https://hal-univ-bourgogne.archives-ouvertes.fr/hal-01975147>

Submitted on 22 Jul 2019

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$P < 0.10$). Comorbidity score (Charlson) was not correlated with the perceived severity of the disease ($r = -0.06$, $P < 0.28$). Moreover, GRACE score showed a trend toward a correlation with the stress felt before MI ($r = -0.19$, $P < 0.28$).

Conclusion These preliminary data from a prospective pilot study in young patients with acute CVE shows a high PSF burden and suggest for the first time the disconnection between perceived and true severity disease. If confirmed at a larger scale, our data could identify new opportunities for preventive strategies.

Disclosure of interest The authors declare that they have no competing interest.

<https://doi.org/10.1016/j.acvdsp.2017.11.169>

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Psychosocial factors burden in workers with acute cerebro- or cardiovascular events: A multidisciplinary prospective pilot study



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Introduction Psychosocial stress at work is a risk factor for cerebro- and cardiovascular event (CVE) such as stroke or acute myocardial infarction (MI). However, data on psychosocial factors (PSF) profile in patients with CVE are scarce. In a multidisciplinary approach, we aimed to characterize PSF burden in patients with acute stroke or MI.

Patients In a prospective pilot study, 45 patients aged < 60 years, currently working and hospitalized for stroke or MI were included. Risk scores (GRACE, Charlson) were examined across categories of PSF (perceived disease severity, anxiety/depression, stress at work, quality of life at work).

Results Among the 44 patients included, 77% had acute MI and 23% stroke. Mean age was 50 years, 77% were male, 43% were current smokers, 39% had hypertension, 41% hypercholesterolemia and 36% obesity. Education level was at 4,65 (secondary education), and most (41%) had low socioprofessional status. Mean levels of PSF were: perceived disease severity (4.5/5), anxiety/depression (0.91/4), stress at work (2.75/5), quality of life at work (3.67/5). GRACE and Charlson risk scores were at 6 and 93, respectively. Severity of the disease perceived by the patient was correlated positively with the stress experienced before CVE ($r = 0.20$, $P < 0.07$) and with the patient's current anxiety ($r = 0.20$, $P < 0.07$) and negatively with the quality of life at work experienced before the CVE ($r = 0.11$,

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