

Western Pacific

Participant characteristics

Of the 4,219 participants from IDF's Western Pacific Region who took part in the survey, there were almost equal numbers of men (2,124) and women (2,088). Just over one in ten (11%) were under 40, a third were aged 40–60, and the majority (57%) were aged over 60. A fifth of participants (900; 22%) had lived with diabetes for fewer than three years, while a further 30% had had the condition for between three and nine years. Almost half of the respondents (48%) had been living with diabetes for more than nine years. The majority (46%) had secondary level education, more than a third (39%) had tertiary level education and 14% had primary school education.

Knowledge of CVD and risk factors

The majority of the respondents correctly recognised heart attack (69%), stroke (58%), heart failure (56%), angina (55%) and/or atherosclerosis (53%) as types of CVD. A large proportion also identified peripheral arterial disease (50%), with over a third able to recognise brain haemorrhage (39%) and/or aortic aneurysm (35%) (Figure 37).

Figure 37: Knowledge of CVD – WP

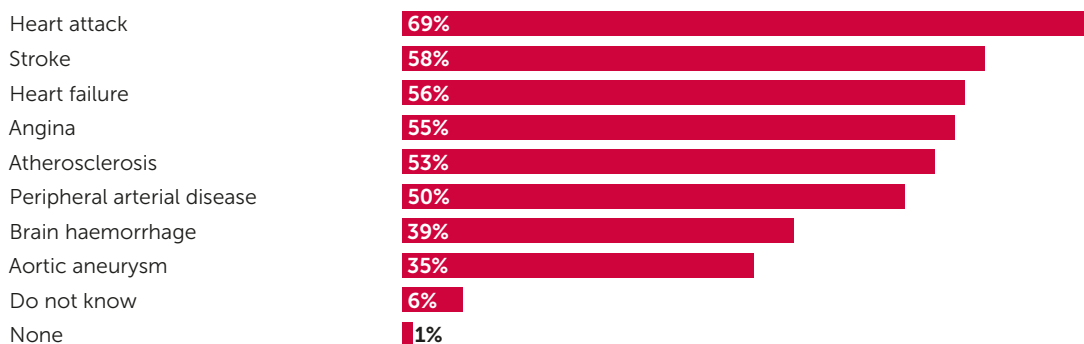
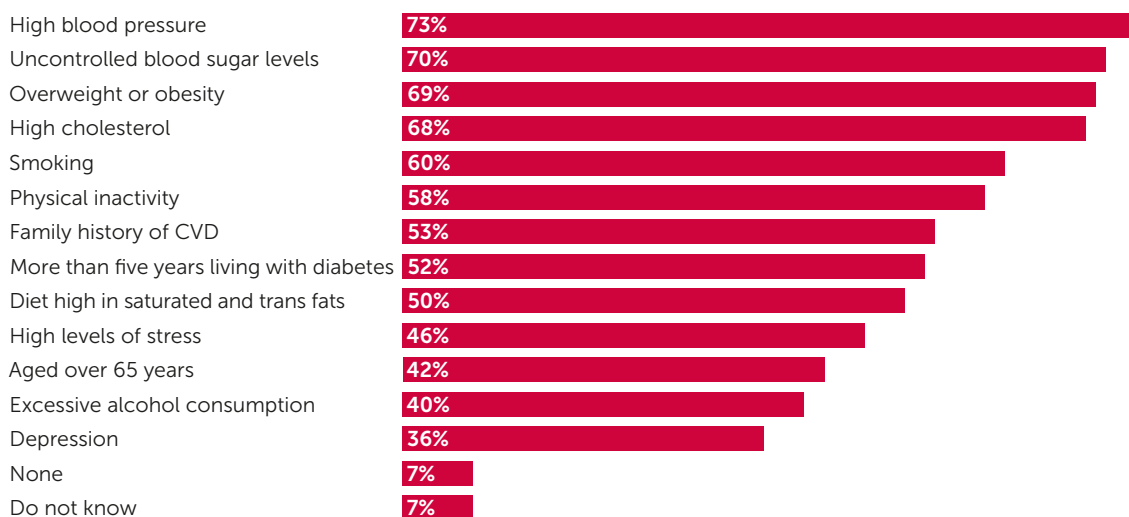


Figure 38: Knowledge of CVD risk factors – WP



Most participants correctly recognised high blood pressure (73%), uncontrolled blood sugar levels (70%), overweight or obesity (69%), high cholesterol (68%), smoking (60%) and/or physical inactivity (58%) as CVD risk factors. Approximately half identified additional risk factors including family history of CVD (53%); living with T2D for more than five years (52%); diet containing high amounts of saturated and trans fats (50%); and/or high levels of stress (46%). Additionally, more than a third recognised being aged over 65 (42%), excessive alcohol consumption (40%) and/or depression (36%) as CVD risk factors (Figure 38).

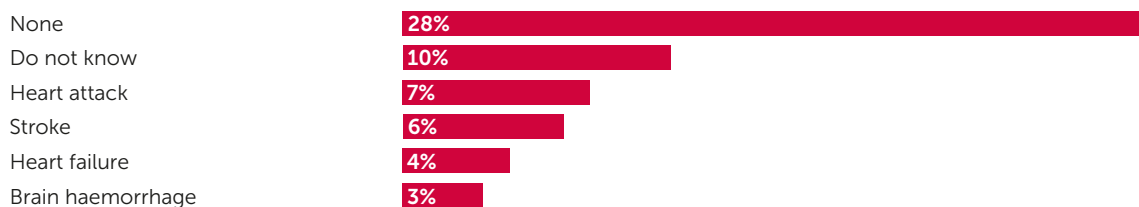
Awareness of CVD and risk factors

A quarter of participants (25%) considered themselves to be at no or low risk of CVD, with 61% categorising themselves as either somewhat at risk or at moderate risk. A minority (15%) considered themselves to be at high risk of CVD. Living with T2D for a shorter time was significantly associated with a higher self-rated CVD risk.

Approximately half of those surveyed reported living with T2D for more than five years (59%); having uncontrolled blood sugar levels (51%); being physically inactive (51%); being overweight or obese (50%); having high blood pressure (50%); and/or having high cholesterol (47%). More than a third identified other personal risk factors including: being older than 65 years (41%); having high levels of stress (38%); having a family history of CVD (37%); and/or following a diet containing high amounts of saturated and trans fats (33%). More than a fifth reported smoking (25%) and/or suffering from depression (22%).

When asked about their personal history of CVD events, 7% of respondents reported experiencing heart attack, 6% stroke, 4% heart failure and 3% brain haemorrhage. Those who were older had experienced more CVD events (Figure 39).

Figure 39: Experienced CVD events – WP



Education about CVD

A third of the participants (33%) reported that they had either never had or could not recall having had a conversation with a health professional about type 2 diabetes and CVD risk. More positively, 10% had had such a conversation before their T2D diagnosis, with 39% discussing CVD risk either at the time of or soon after their diagnosis. A small proportion (7%) reported having had the conversation on several occasions. Slightly more respondents (10%) had only discussed type 2 diabetes and CVD risk when already diagnosed with CVD. Those who had lived with T2D for less time had learned about CVD earlier.

Over a third of participants (35%) reported that they had never had a conversation with a health professional about CVD, or could not remember having done so. One in ten (10%) had last had such a conversation several years before being surveyed. Encouragingly, 36% had discussed CVD with a health professional less than a year before. Those who had talked about CVD with a health professional at earlier points in time had also had more recent conversations with them on the subject.

The majority of participants were aware that CVD risk can be reduced by adopting a healthy diet and increasing levels of physical exercise (82%). Almost a third (31%) believed that T2D does not increase CVD risk when correctly managed.

Participants expressed a need for more information on many aspects of T2D and CVD, including: self-management of T2D (76%); prevention of CVD through diet and exercise (74%); CVD risk factors (65%); general information on signs and symptoms of CVD (65%); self-management of hypertension (59%); and/or how to lose weight or maintain a healthy weight (55%).

Information about CVD

The majority of participants (75%) reported that they depended on a health professional for information on CVD, with 44% choosing their diabetes clinic as an information source. Almost a third relied on digital options (32%) and/or TV or radio programmes (30%). Smaller proportions relied on family or friends (23%) and/or printed material (21%). Older age groups showed a greater preference for information from health professionals. Participants were most satisfied with information received from health professionals and diabetes clinics. The lowest satisfaction scores were associated with CVD information from advertisements, daily magazines and local patient organisations (Figure 40).

Figure 40: Level of satisfaction with the information quality on cardiovascular disease (CVD) – WP

