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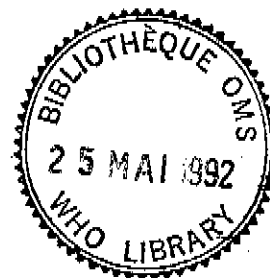
ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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**CONSULTATION
TO DISCUSS PSYCHOSOCIAL FACTORS
ASSOCIATED WITH CVD AND METHODS FOR
THEIR ASSESSMENT**

**MUNICH, FEDERAL REPUBLIC OF GERMANY
18-19 FEBRUARY 1991**



**ICP/CVD 124
1 JUNE 1991**

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1. Introduction

The purpose of the meeting was to review the progress of the MONICA Optional Substudy on Psychosocial Risk Factors, to discuss the first results of the joint data analysis, to update measurement instruments to be used in the study and to outline further plans.

Dr Streiber, on behalf of Professor Wichmann, Director, GSF-Forschungszentrum für Umwelt und Gesundheit, Neuherberg-Munich, welcomed the participants to the Institute and wished them every success in their two-day discussions. Dr Shatchkute, WHO Regional Office for Europe, thanked warmly Dr Ursula Härtel and her colleagues at the Institute for organizing the meeting. Dr Härtel was elected chairperson and Dr Sykes, rapporteur of the meeting.

2. Report on the Recent Meeting of the Steering Committee

Dr Shatchkute reported on the meeting of the MONICA Steering Committee which she had recently attended, where the optional studies had also been discussed. In regard to the Psychosocial Optional Study, several issues had been raised, namely: (1) concern on quality control, it being suggested that quality control might be more problematic in the psychosocial field, given the nature of the instruments being used, (2) collaboration with the Helsinki Data Centre, (3) publication plans and, (4) preparation of an updated manual of Psychosocial Instruments.

2.1 MOPSY Quality Control

A high standard has actually been achieved in the quality of data received so far by the MOPSY Data Centre. This reflects the fact that those MCCs actively participating in the Psychosocial Optional Study and send their data to the MOPSY Data Centre, are few in number, have a strong commitment to the psychosocial optional study, and have personnel associated with their psychosocial optional study who are highly trained in this area of investigation.

The data quality in MOPSY is constantly under review. The MOPSY Data Centre routinely monitors data quality as data is received from participating centres, carrying out a series of tests on the computer-held records. Additionally, the psychometric properties of various instruments are examined (e.g. Cronbach's alpha, factor structure), providing much more sophisticated assessments of data quality than are usually available.

3. MOPSY Data Centre

3.1. Report on Progress

Dr Härtel reported that the psychosocial data transfer form had been sent to those 26 MCCs that had expressed an interest in the Psychosocial Optional Study. However, only a minority of the 26 centres were likely to actually transfer their data to the MOPSY Data Centre. There were several reasons for this. Some MCCs had selected for use, psychosocial instruments that were not comparable to those recommended for use, thereby making comparisons with other centres impossible. Some centres apparently still had difficulty in effecting data transfers by magnetic tape, and some centres simply did not respond to communications from the MOPSY Data Centre.

To date, seven centres had successfully transferred their psychosocial data to the MOPSY Data Centre, namely: Area Brianza, Augsburg, Belfast, Brussels, Kaunas, Krakow and Warsaw. Another three centres are expected to send their data.

3.2 Helsinki-Munich Data Transfer

Of the seven centres that sent their data, permission had been received from all seven PIs for the transfer of core data from Helsinki to Munich. However, there still appeared to be a problem with regard to the level of permission required by Helsinki before data could be transferred. Clarification on this point is to be sought from Geneva by Drs Härtel and Shatchkute.

4. Reports from Collaborating Centres

4.1 Belfast

Psychosocial data has been collected in the first and second surveys, with the first survey data sent to the MOPSY Data Centre. Lack of local resources for the Belfast MONICA Psychosocial Optional Study has delayed the construction of the relevant computer-based files for the second survey data. However, it is hoped to have these files constructed by the Autumn, permitting the transfer of the second survey data to Munich in October/November.

4.2 Brussels

As with Belfast, there is a lack of resources in Brussels for the psychosocial optional study. Furthermore, Dr Kittel herself no longer works for the Belgium MONICA team. Happily, however, she retains a research connection, and will continue to be involved in the analysis of the psychosocial data. The first survey data is with Munich, and the second survey data is ready to be transferred.

4.3 Area Brianza

Financial problems continue to affect the MONICA programme in Area Brianza. Despite this, analyses of the psychosocial data continue. The second survey data has been collected, but the analyses are not yet complete. Some difficulties have been experienced with certain of the recommended psychosocial questionnaires, particularly the Karasek scales and the social support measures, reflecting cultural differences. In the analyses to date, strong associations have been found with age for all the psychosocial variables, these associations probably reflect the changes that have occurred in the education of the population during the past several decades. This has raised the problem of how to combine the socio-economic status with the level of education, to provide one measure of socio-economic status which would also reflect incongruence.

4.4 Warsaw

In the analyses completed so far, attention has been given to the Type A Behaviour Pattern and its relationship to the other risk factors. The results are compatible with those reported in the research literature. A striking finding is the high prevalence of the Type A Behaviour Pattern in Polish women. It is possible that this reflects changes in employment patterns, for many more women are now in paid employment in Poland than previously. This, together with the other roles of women, and the less time for leisure, may be constructing an environment for women that elicits higher levels of Type A Behaviour. The Warsaw team is currently considering what psychosocial measures to incorporate into their third survey.

4.5 Kaunas

Psychosocial data has been collected in the first two surveys, and the data has been transferred to Munich. Current concerns focus on cross cultural comparisons of psychosocial data with Augsburg and Belfast, and analyses of gender differences on the Framingham (Type A Behaviour Pattern scale) factors. In the third survey it is hoped to include additional psychosocial variables, permitting greater compatibility with other MONICA centres. The Kaunas Psychosocial Optional Study is fully supported by the Cardiovascular Research Institute and its Director, and thus has a good level of local support. Dr Gostautas expressed his appreciation for meetings such as the present one, which permits the detailed discussion of research issues with colleagues.

4.6 Augsburg

The Augsburg Psychosocial Optional Study is funded until the end of 1991. Dr Härtel is seeking funds that will allow her to continue her commitment to the psychosocial area. But it has to be recognized that her first responsibility is to the analyses of the core data risk factors. She has most recently been working on collaborative analyses of data from three MOPSY centres with regard to smoking and social networks. Consistently across all three centres, smokers tend to be more socially isolated.

5. Recommended Psychosocial Instruments and the Data Transfer Form

The greater part of the meeting was spent on this subject discussing methodological and other issues relating to the measuring instruments recommended for use.

5.1 Jenkins Activity Survey (JAS)

Dr Kittel raised several methodological issues relating to the use of the JAS in the various centres, namely, whether or not it had been back-translated (B-T), had been subject to validation (V-S) and reliability (R-S) tests; whether it had been previously used (P-U) in the country, and how it had been administered (Admin) in the surveys. The results are summarized in Table 1.

Table 1 Jenkins Activity Survey

Centre	B-T	V-S	R-S	P-U	Admin
Brianza	No	Yes-SI	Yes*	Yes	SA
Augsburg	No	No	No	Yes	SA
Belgium	Yes	Yes-SI	Yes**	Yes	SA
Belfast	N/A	No	Yes*	No	SA
Kaunas	Yes	Yes-SI	Yes**	Yes	SA
Krakow	No information				
Warsaw	Yes	Planned	No	No	SA

SI= Structured interview
*= Cronbach's alpha

SS= self-administered
**= test-retest

5.2 Framingham Type A Scale

The factor structure of the Framingham scale has been examined in three centres, namely Augsburg, Belfast and Kaunas. In all three centres the same three factors emerge, suggesting that in the three populations subjects are responding to the questionnaire in a similar fashion. This can be taken to support the cross-cultural validity of the instrument.

5.3 Psychological Variables

In the research literature, there is increasing evidence implicating hostility, depression and anxiety in cardiovascular disease, particularly hostility and depression. The Data Transfer Form however only includes summary measures for these variables, because no specific instruments were recommended for use. Given the potential importance of these variables, it was decided that specific measures of hostility, depression and anxiety would be included in the revised Manual, with the recommendation that centres should consider seriously including one or more of these measures in their third surveys.

5.4 Health Knowledge

In earlier versions of the Manual, a Health Knowledge questionnaire was recommended for use. As far as can be ascertained, only one centre has elected to use this instrument. It was decided, therefore, to replace the health knowledge questionnaire with a shorter and more psychometrically sound measure of Health Attitudes, namely the Health Locus of Control Scale, together with a small set of health-related behaviour change items.

5.5 Manual of Recommended Instruments (Revision)

As a result of the discussions in regard to instrumentation and the associated decisions that were taken, a Third (and final) revision of the Manual was agreed upon; the revised Manual will be incorporated with the Data

Transfer Form. The revised Manual and Data Transfer Form will be issued to MCCs. MCCs that have not yet included any psychosocial measures in their first or second surveys are urged to consider including one or more measures in their third survey. Psychosocial data collected in only one of the surveys can still lead to worthwhile cross-cultural comparisons.

6. Data Analyses

Requests for specific analyses on the psychosocial data from interested parties should be made directly to the MOPSY Data Centre. Requests should be made on the approved forms, which are available from the Centre (address requests to Dr Härtel).

7. Publications

7.1 MOPSY Leaflet

Dr Shatchkute raised the possibility of producing a leaflet on the Psychosocial Optional Study for distribution to health authorities, and the like, the purpose being to increase the general level of awareness of MOPSY. It was agreed that this was a good idea. However, it was recognized that such a leaflet would have to be professionally produced with the requisite artwork, etc. and thus was beyond the financial and staffing resources of any centre at present.

7.2 Publication Policy Rules and Committee

These rules, which had been distributed with the report on the Lugano meeting (Annex 1 to ICP/CVD 121), were reviewed and accepted. All present were elected to the Publications Committee (according to rule 3.1).

7.3 Publications Planned

The value of writing a general methods paper on the Psychosocial Optional Study was discussed. Opinions differed here. It was concluded that although there would be benefit in terms of publicity for MOPSY from such a publication, the benefit would be outweighed by distracting attention (diverting effort) from the main goal of publications policy, namely the publication of the substantive findings from the MOPSY study. Given this goal (publication of the substantive findings), it was agreed that named individuals should be given specific tasks:

- (1) Dr Cesana accepted responsibility for the preparation of a paper on the relationship between socioeconomic status and the risk factors.
- (2) Dr Kittel is to prepare a paper on the Type A Behaviour Pattern (the Jenkins Activity Survey), with specific reference to (a) social variables, and later (b) cardiovascular risk factors.
- (3) Dr Sykes will draft a paper on the factor structure of the Framingham Type A Behaviour Pattern in Augsburg, Belfast and Kaunas.
- (4) Dr Gostautas will examine the international replicability of linkages between behavioural (Type A Behaviour Pattern) and somatic risk factors for CHD.
- (5) Dr Härtel will write a paper on social support and its relationship with certain behavioural risk factors (smoking, alcohol use, body mass index, and Type A Behaviour Pattern).

The time schedule is for a first draft of each paper to be ready by September 1991, with submission of the papers to appropriate journals by year end. The principal author will send drafts to other participating members for revision and/or approval with a copy to WHO/EURO, and will choose the journal to which the article will be submitted.

On a slightly longer time-scale, Drs Härtel and Kittel will prepare a paper on the Karasek Job Characteristics Scale, and Drs Gostautas and Sykes will examine the relationships between the psychological variables and measures of life stress.

7.4 2nd International Congress on Behavioural Medicine

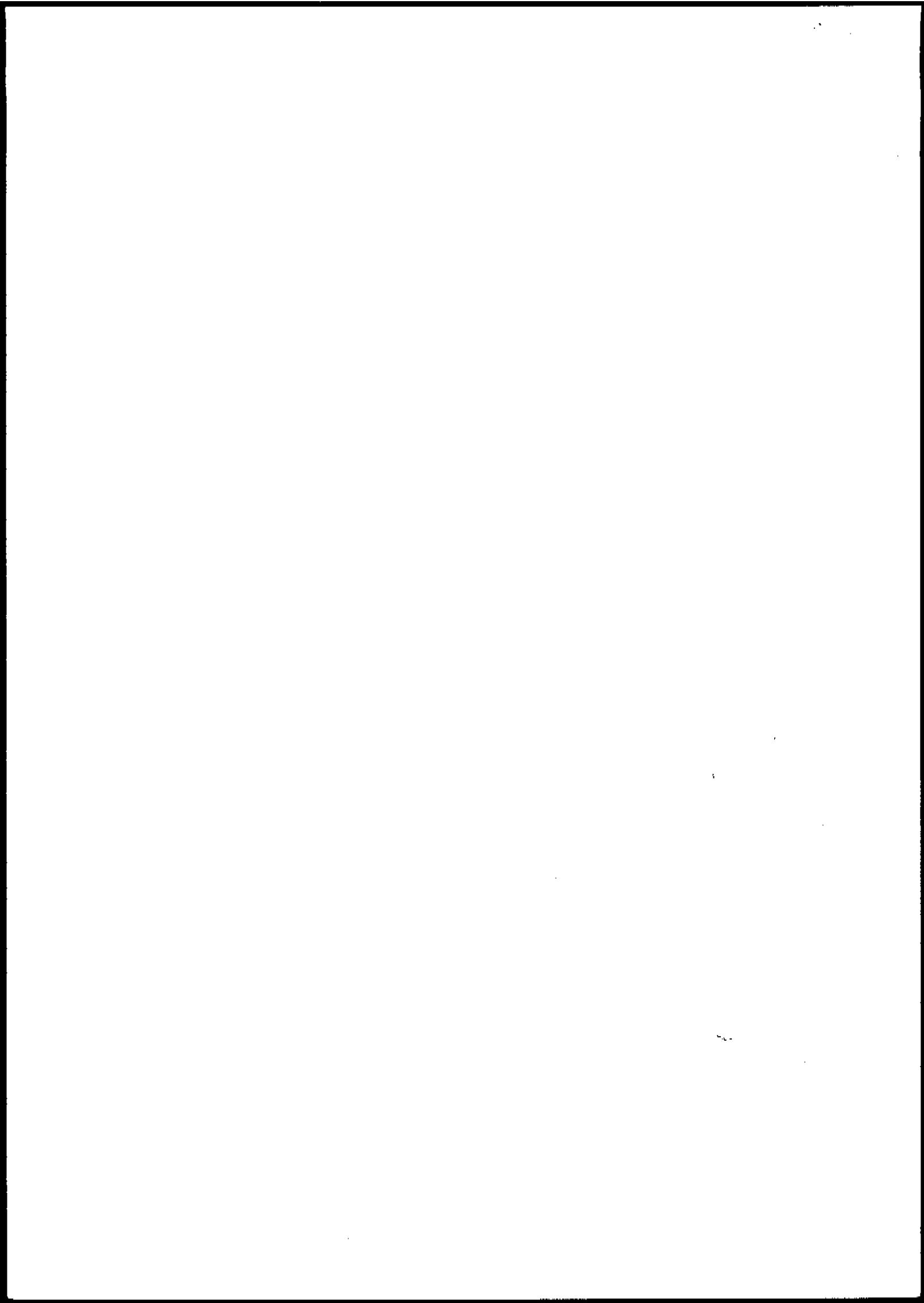
The 2nd International Congress will be held in Hamburg, Federal Republic of Germany, from 15-18 July 1992. It was agreed that Dr Härtel should approach the organizers regarding the possibility of a MOPSY symposium.

8. Conclusion of Meeting

The meeting concluded on an optimistic note, with the participants well satisfied with the progress made during the two days. Dr Shatchkute expressed to Dr Härtel and her colleagues the thanks of all present for the generous hospitality offered by the Institute, and for the personal kindness of Dr Härtel herself and her husband.

9. List of Participants

(See Annex I)



A N N E X I

LIST OF PARTICIPANTS

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