125 - PHYSICAL ACTIVITY AND HEALTH: ANALYSIS OF HABITS OF PHYSICAL ACTIVITY AND BODY COMPOSITION IN PATIENT OF LOW SOCIOECONOMIC LEVEL WITH ETHYL DEPENDENCE OF THE CENTER OF SUPPORT PSYCHOSOCIAL ALCOHOL AND DRUGS (CAPES-AD) OF THE CITY OF JUAZEIRO DO NORTE, CE-BRASIL

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INTRODUCTION

The alcoholism is the group of problems related to the excessive and lingering consumption of alcohol. It can be understood as the addiction of excessive and regular ingestion of alcoholic drink, and all of the current consequences. The dependence, the abstinence, the abuse (excessive used, although not continuous), intoxication for alcohol (intoxication), amnesic syndromes (restricted losses of memory), insanity, hallucinatory, delirious, of humor, among others are factors that are associated to the harms of the consumption of alcohol.

When analyzing the difficulties associated to the consumption of alcohol, it is verified that it is a matter of Public Health, mainly on the aspects that can be joined, as heart disturbances, hepatic, gastro-intestines, renal, physical inactivity, among others. The experts on the subject diverge a lot on the causes and the dependent's treatment, and also the frequency of these in Brazil. Taxes of prevalence extremely varied space from 2% to 10%.

Such disagreement alerts for the need of interventions in the extent of the public administration through programs that involve since information on how to recognize and drive to the treatment until the modalities of works, isolated and or in group that assist to the dependence programs. In this perspective, the physical exercise is an intervention possibility with in the organs of public nature and or private ones, because it is related with better levels of health and life quality for the ones who practice it.

Juhlin-Dannfelt, Ahlborg, Hangerfeldt (1977) assures that the execution of a program of exercises should, whenever possible, be indicated for individuals that are in recovery of the abuse of alcohol, once that practice, besides inducing a wide improvement of the function of the organism, also induces an improvement of the body functions directly harmed for the chronic use of alcohol, as the hepatic metabolism and the cognitive functions.

Ferreira (2002), says that the accomplishment of a test of progressive effort in cycloergonometer up to the maximum effort (± 15 minutes), under the effect of two to five doses of alcohol, it prolonged the time of recovery of the heart frequency and produced a slight reduction of the alcoholemy, not a lot clinically meaningful. In synthesis, the alcohol is capable of altering the physiology of the whole organism, thus provoking a disturbance of the homeostase. When associated to the practice of the exercise, it is observed an increase of the body waste during the execution of the exercise and also damage in the capacity of recovery of the organism after the end of the activity in execution.

Some anthropometrics measures that represent the body composition, like the index of body mass (IBM), index waist-hip (IWH), circumference of abdominal waist (WC) associated or not to other variables of: age, sex, tabagism, if alcoholic drink are ingested and co-morbidities like tabagism, hypertension, obesity, deslipidemies, among others, have been pointed out as important preditores of the nutritional state and no-transmissible chronic-degenerative diseases. Besides, they have been indicated as important parameters of epidemiologic studies (GUEDES; GUEDES, 1998; HAMMOND, 2002).

Sousa; Sousa; Coura et al (2006) found that the index of waist hip (IWH) was high for the male (0,93+0,10) and female (0,91+0,08) having presence of heart risk considering the cut point for women and men the values of 0,82 and 0,92, respectively, in pilgrims that rarely ingested doses of alcohol.

Silva's studies; Viana; Neto (2003) with female convicts who were 18 to 40 years old, through cutaneous and fat percentile of collections of folds presented as results a high obesity tax on the test, with average of 34,5% of percentile of fat. Bushes (2005) told that the measure of the abdominal waist, became the antropométrico marker of election and, in fact, countless studies confirm that the abdominal waist translates a larger risk of developing DM2, CVD and mortality in general.

The weight excess is related to the largest risk of cardiovascular diseases (CVD) and to increased mortality, so much for CVD as for other related causes. It was that the risk was associated with a distribution of central fat, evaluated through IWH. The first studies, of the group of Gothenburg, in Sweden, explained that the risk of developing diabetes mellitus type 2 (DM2) or developing isquemic disease of the heart, it was related to the increase of IWH, and not in the increase of IBM.

In this sense, in Juazeiro do Norte city there is a Center Psychossocial's Support - Alcohol and Drugs (CAPS - AD), an institution subsidized by the federal government and coordinated by the municipal city hall, having as purpose, to assist chemical dependents of any socioeconomic level, providing the treatment and psychophysicsocial recovery of that population.

So, the problem that orientates this work is: Are the body composition, practice of physical activity and heart risk of alcoholics in altered considered levels according to the norms of health? It is considered here that morphologic aspects, neuromusculares and functional can be altered because of the time of ingestion of alcohol, and level of the accomplishment of physical activities.

METHODOLOGY

CHARACTERIZATION OF THE RESEARCH

This research elapses from a descriptive traversal and field study.

POPULATION AND SAMPLE

The population consisted of alcoholics. The sample was consisted of 16 male individuals, who were about 42,6+10,3 years old alcoholics of low income who were patient of Support Psychossocial's Center - Alcohol and Drugs (CAPS-AD), based in Juazeiro do Norte city, in the south of Ceará, Brazil, selected at random from a population of 25 assisted ones.

INSTRUMENTS FOR COLLECT OF DATA AND VARIABLES OF THE STUDY

The table 01 disposes the variables, protocol source and dimension of unit of measure, category and required instrument for collect.

VARIABLES AND PROTOCOL	UNIT OF MEASURE	CATEGORY	INSTRUMENT
Body Mass (bm)	Kilograms (kg)	Interval	Balances antropométrico analogical Welmy
Stature (st)	Meters (M)	Interval	Estadiômetro cardiomed
Perimeters	Centimeters (cm)	Interval	Stares metallic antropométrico of the mark Sanny
Cutaneous folds (cf)	Millimeter (mm)	Interval	Adipômetro of the mark Sanny
IBM	Kilograms for square meter (Kg/M²)	Interval	Statistical Package Statiscal Package Goes Social Science (SPSS) version 13.00
Percentile of Fat (%G) Equation of Guedes (1995)	Percentile (%)	Interval	Statistical Package Statiscal Package Goes Social Science (SPSS) version 13.00
Risk classification and point of cut	Excellent (I scratch out very low), good (I scratch out low), in the average (effective risk), below the average (moderate risk), bad (I scratch out loud), very bad (I scratch out very loud)	Categorical	Statistical Package Statiscal Package Goes Social Science (SPSS) version 13.00
Weight of Stored Fat (WSF)	Kilograms (kg)	Interval	Statistical Package Statiscal Package Goes Social Science (SPSS) version 13.00
Weight of Thin Mass (WTM)	Kilograms (kg)	Interval	Statistical Package Statiscal Package Goes Social Science (SPSS) version 13.00

PROCEDURES FOR COLLECT OF DATA

At first it was established contact with the coordination of the psychosocial center of support located in Juazeiro do Norte city, Ceará, for the consent of the institution about the individuals' participation assisted in the research. Immediately after, they were made recommendations regarding the regular procedures of the collect. The individuals were selected in a random way and the collect of data proceeded in the Laboratory of Measures and Evaluation in Physical education (LABOMED), of the federal Center of technological Education of Ceará (CEFET-CE), unit of Juazeiro do Norte. They also were informed of the objectives of the research and signature of the Term of Free and Illustrious Consent (TFIC) according to National Council of the Health Law 196/96 (BRAZIL, 2001) for the voluntary participation of the research.

In the day established for collect questionnaires were given with questions regarding the practice of physical activity, time of ingestion of alcoholic drink, acquired pathologies with addict, among others. Therefore after, the subjects were appraised in an individual way obeying the following order: body mass, stature, perimeter (arm, thorax, hip, medial thigh, leg), folds cutaneous triceps (TR), sub-scapular (SB), supra-iliac (SI), abdominal (ABD), thigh (CX). To set out of the body density the mathematical formula was used extolled by Guedes (1994) and for the percentile of the equation of Crab (1963) for conversion of values of body density in percentile of fat, %fat = [(4,95/density body)-4,5]x100. Para the obtaining of the weight of stored fat (WSF) multiplied the body mass (BM) in kg, for the percentile of fat divided by a hundred (WSF = Mass body X %fat/100). The weight of thin mass (WTM) it was obtained by the subtraction of the values of body mass by the values found in the fat weight stored (WTM = BM-WSF).

ANALYTICAL PLAN

After the collect of data, a database was made in statistical package Statiscal Package Goes Social Science (SPSS) version 13.00. It used them the descriptive statistics for measures of central tendency, dispersion and percentile (average, maximum and minimum values, standard deviation, percentile of frequency) and inferential of "t" of Student, "r" of Pearson.

RESULTS AND DISCUSSION

Table 01 demonstrates the values of the coming results of the descriptive statistical treatment applied to the variables, body mass, stature, IBM, percentile of fat, fat weight stored, and weight of thin mass. The medium, maximum and minimum values, found in the IBM components, percentile of fat indicate there not larger risks to the health, in agreement with the point of cut established for WOH - World Organization of the Health (1993) for index of body mass and Pollock; Willmore (1994) for percentile of fat in agreement with the age and gender.

TABLE 01: DESCRIPTIVE STATISTICS OF THE VARIABLES BODY MASS (BM), STATURE (ST), IBM, % FAT (%fat), WSF AND WTM (N=16)

	BM	ST	IBM	%fat	WSF	WC	WTM
Average e SD	60,26 ±10,62	1,61 ±0,06	23,17 ±3,96	16,29 ±6,87	10,20 ±5,24	82,24 ±10,60	50,05 ±7,54
Minimum	45,20	1,51	16,60	4,69	2,10	65,2	39,50
Maximum	82,70	1,73	29,90	31,23	21,30	102,4	68,40

In an analysis for classification of IBM, it was verified that 50,0% of the individuals found themselves classified as having an ideal weight, 37,5% being overweight and 12,5% below the weight. That were not individuals in the mentioned classification pointed out as been the largest risks to health as obesity I, II and morbid. 12,5% come below the weight, and the found minimum values did not cross the limit of IBM of 16,6 Kg/m², not indicating that there are extreme cases of malnutrition through the index tool of body mass. The data related to the classification of IBM can be visualized in table 02.

In the studies of Sousa; Sousa; Coura et al (2006), it was observed values for the general group (men and women) of IBM 26,28+4,97Kg/m2, and for the male was 26,08+ 4,30 Kg/m2 and for female 26,43+5,43Kg/m2, classifying the general group, male and female as overweight. This study urges the fact that the ingestion of alcohol is not a factor that is related to the overweight levels, because people with little ingestion of alcoholic drink presented levels above the normal zone, even with habits of activates lives of going to places on foot.

TABLE 02: PERCENTILE OF RELATIVE AND ACCUMULATED FREQUËNCIA OF THE CLASSIFICATION OF IBM (N=16)

CLASSIFICATION	FREQUENCY	% VALID	%ACCUMULATED
BELOW THE WEIGHT	2	12,5	12,5
IDEAL WEIGHT	8	50,0	62,5
OVERWEIGHT	6	37,5	100,0
TOTAL	**16**	**100,0**	

As for the data regarding the classification of the percentile of fat of the sample, according to the point of adopted cut from 15% to 17% as satisfactory, it was found thought the average of the group that the same ones are very well, although that were cases of %fat of 31%. According to studies of Pollock; Willmore (1993), the percentile zone for male groups with 16,29%, like the case we found in this study, for age and gender, 81,3% are in the defined qualifying zones as above the medium, good and excellent, and 18,2% as being in the average, according to table 03. Such classification descriptions do not expose the analyzed groups to higher risks of development of pathologies regarding to the excess of body fat as arterial hypertension, arteriosclerosis, diabetes mellitus, obesity, among others (NAHAS, 2002).

TABLE 03: PERCENTILE OF RELATIVE AND FREQUENCY ACCUMULATED OF THE CLASSIFICATION OF THE PERCENTILE OF FAT (N=16)

CLASSIFICATION	FREQUENCY	% VALID	% ACCUMULATED
AVERAGE	3	18,2	18,8
ABOVE THE AVERAGE	2	12,5	31,3
GOOD	3	18,8	50,0
EXCELLENT	8	50,0	100,0
TOTAL	**16**	**100,0**	

Table 04 presents the percentile of relative and accumulated frequency of the subject: how long have you been drinking? It is noticed that everybody have been drinking longer than a year, and 31,3% for over 30 years and 93,7% for over 5 years. When it was correlated through the coefficient "r" of Pearson there was low associations (r=0,115) between the time of drink and heart risk; the correlations among WSF, IBM, WC, %fat and IWH were above 0,700; "t" of Student found significant differences between IBM and WC (p=0,000); WC and IWH (p=0,000).

TABLE 04: PERCENTILE OF RELATIVE AND FREQUENCY ACCUMULATED OF THE SUBJECT: HOW LONG HAVE YOU BEEN DRINKING? (N=16)

TIME OF INGESTION	FREQUENCY	% VALID	%ACCUMULATED
1 TO 2 YEARS	1	6,3	6,3
6 TO 10 YEARS	2	12,5	18,8
11 TO 15 YEARS	2	12,5	31,3
16 TO 20 YEARS	4	25,0	56,3
21 TO 25 YEARS	2	12,5	68,8
ABOVE 30 YEARS	5	31,3	100,0
TOTAL	**16**	**100,0**	

Pontes; Sousa; Lima et al (2006), with the objective of analyzing the relationships between the abdominal perimeter and hip, isolated and associated, to esteem the heart risk in academicals youths found for male waist circ of 81,24+8,88cm, considered without heart risk by the intra-abdominal fat and in male IWH 0,84+0,06, without heart risk (HR) for the equation; there were differences between men and women in the body mass, stature, CIRWC, IWH and IBM all with p=0,000; "r" of Pearson presented low correlations (r=0,543) of IWH, in general group; 96,7% of the masc. do not present HR for IWH, while for CIRWCF RC more prevalence was low (46,7%), and it was risks moderate, high and very low, while for the men's group it was very bass (78%), also meeting cases of very low, moderate risk and loud. The heart risk for fat intra - abdominal (waist circumference) and IWH are of very low for bass, and there are differences of CIRWC and IWH between men and women, however the prevalence of the risk is higher when analyzed by CIRWC and the risks by the two techniques are higher for the female group. It suggests that the heart risk is associated to lifestyle habits and hereditariness that are variable intervening in this process. And that whenever it uses IWH as clinical predictor of heart risk, considering the measure of waist circumference as predictor isolated, likely to verify the heart risk for intra-abdominal fat.

This study corroborates with the found ones here when it indicates that, even with the chemical dependence, this group does not present heart risk, however the added difficulties are related with other pathologies. As for the habits of practice physical activity and type of physical activity, table 05 demonstrates that 56,3% are classified of active for very active; 25% play soccer, 25% walk and 6,3% use bicycle as transport; 43,8% insufficiently Active, 43,8 Active 12,5% Very Active. Sousa; Lima; Silva Júnior (2006), aiming at to analyze the relationships among the levels of habitual physical practice, body image and body composition in 182 academicals individuals with social habits of drink ingestion, it found average of score of 9,69+9,19pts, considered of moderately active and percentile of fat (% fat) of 25,89+7,5, high. It is observed here that the sample of this study continues preserved in relation to the risk by excess of % fat even with high ingestion of alcohol and with time of larger drink than 5 years.

TABLE 05: PERCENTILE OF RELATIVE AND FREQUENCY ACCUMULATED OF THE LEVEL OF PHYSICAL ACTIVITY (N=16)

CLASSIFICATION	FREQUENCY	% VALID	% ACCUMULATED
INSUFFICIENTLY ACTIVE	7	43,8	43,8
ACTIVE	7	43,8	87,5
VERY ACTIVE	2	12,5	100,0
TOTAL	**16**	**100,0**	
TYPE OF PRACTICE OF ACTIVITY	**FREQUENCY**	**% VALID**	**% ACCUMULATED**
WALK	4	25,0	25,0
RIDE THE BICYCLE	1	6,3	31,3
SOCCER	4	25,0	56,3
DO NOT PRACTICE	6	37,5	93,8
OTHERS	1	6,3	100,0
TOTAL	**16**	**100,0**	

CONCLUSIONS

The study based on sample allowed us to come to the conclusion that the independent level of physical activity, the body composition found itself inside of the normality zone and it was not observed significant correlations associating the heart risk and the alcohol dependence, time of ingestion and level of physical activity, even if that is done irregularly. It is inferred that in this population of low socioeconomic level, we cannot affirm that just through analysis of body composition they present cardiovascular risks.

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PHYSICAL ACTIVITY AND HEALTH: ANALYSIS OF HABITS OF PHYSICAL ACTIVITY AND BODY COMPOSITION IN PATIENT OF LOW SOCIOECONOMIC LEVEL WITH ETHYL DEPENDENCE OF THE CENTER OF SUPPORT PSYCHOSOCIAL ALCOHOL AND DRUGS (CAPES-AD) OF THE CITY OF JUAZEIRO OF THE NORTH, CE-BRASIL

ABSTRACT

Introduction: Physical exercises act on different organic systems, it does not matter if it is on seemingly healthy people or on chemical dependents. **Objective**: To analyze the body composition, practice of physical activity and heart risk in alcoholics. **Material and Methods**: it comes from a descriptive, traversal study with 16 men of low socioeconomic level, average of 42,6+10,3 year-old age, alcoholic participants of the psychosocial support center (CAPS-AD), in Juazeiro do Norte city, Ceará, that underwent anamnesis questionnaires, perimeter verification, cutaneous folds, body mass (BM) and stature (ST), setting out of IBM, percentile of fat (% Fat) under Protocol of Guedes (1994), Weight of Stored Fat (WSF), Weight of Thin Mass (WTM) in kg and heart risk per waist circumference (WC) with point of cut of 90cm (men) and 80cm (women). The analytical Plan used SPSS 13.0 for descriptive analysis and inferential one. Level of trust of 5%. **Results**: We found: BM 60,26+10,62kg; ST 1,61+0,06m; IBM 23,17+3,96kg/m2; 50,0% normal and 37,5% overweight; % fat 16,29+6,87%; IWH 0,89+0,07, WSF 10,20 + 5,24kg, WTM 50,05+ 7,54kg, WC 82,24+10,60cm; 31,3% has been drinking for more than 30 years and 93,7% for more than 5 years; 56,3% are classified from active to very active; 25% play soccer, 25% walk and 6,3% use bicycle as a means of transportation; 43,8% insufficiently Active, 43,8 Active 12,5% Very Active; the "r" of Pearson found low correlations (r=0,115) between the time of drinking and heart risk; the correlations among WSF, IBM, WC,% fat and IWH were above 0,700; "t" of Student found significant differences between IBM and WC (p=0,000); WC and IWH (p=0,000); **Conclusion**: The body composition is in normal levels for physically active and insufficient active ones. No matter the activity level, ethyl dependence, time of ingestion and associated treatment to the physical activity, even irregularly, significant correlations associated to the heart risk were not observed.

Word-key: alcohol, body composition, physical activity.

ACTIVITÉ PHYSIQUE ET SANTÉ: ANALYSE D'HABITUDES D'ACTIVITÉ PHYSIQUE ET COMPOSITION DU CORPS DANS MALADE DE NIVEAU SOCIO-ÉCONOMIQUE BAS AVEC DÉPENDANCE DE L'ÉTHYLE DU CENTRE DE SUPPORT ALCOOL PSYCHOSOCIAL ET DROGUES (CAPES-AD) DE LA VILLE DE JUAZEIRO DU NORD, CE-BRASIL

RÉSUMÉ

Introduction: Acte des exercices physique sur les systèmes organiques différents, il n'importe pas si c'est sur apparemment gens sains ou sur dependents chimique. **Objectif:** Analyser la composition du corps, entraînement d'activité physique et risque du coeur dans les alcooliques. **Matière et Méthodes:** il vient d'un descriptif, les traversal étudient avec 16 hommes de niveau socio-économique bas, moyenne d'âge de 42,6+10,3 années, participants alcoolisés du centre du support psychosocial (CAPS-AD), dans Juazeiro faites la ville Norte, Ceará qui a subi des questionnaires de l'anamnèse vérification de périmètre, plis cutanés, masse du corps (BM) et taille (ST.), disposer IBM, centile de graisse (% Graisse) sous Protocole de Guedes (1994), Poids de Graisse Entreposée (WSF), Poids de Masse Mince (WTM) dans kg et risque du coeur par circonférence de la taille (W.-C.) avec point de coupe de 90cm (hommes) et 80cm (femmes). Le Plan analytique a utilisé SPSS 13.0 pour analyse descriptive et inférentiel. Niveau de confiance de 5%. Résultats: Nous avons trouvé: BM 60,26+10,62kg; ST. 1,61+0,06m; IBM 23,17+3,96kg/m2; 50,0% normal et 37,5% trop gros; % graisse 16,29+6,87%; IWH 0,89+0,07, WSF 10,20 + 5,24kg, WTM 50,05+ 7,54kg, W.-C. 82,24+10,60cm; 31,3% ont bu pour plus de 30 années et 93,7% pour plus de 5 années; 56,3% sont classés d'actif à très actif; 25% jouent football, 25% marchent et 6,3% utilisent la bicyclette comme un moyen de transport; 43,8% insuffisamment Actif, 43,8 Actif 12,5% Très Actif; le "r" de Pearson a trouvé des corrélations basses (r=0,115) entre le temps de boire et risque du coeur; les corrélations parmi WSF, IBM, W.-C.,% la graisse et IWH étaient précités 0,700; "t" d'Étudiant a trouvé des différences considérables entre IBM et W.-C. (p=0,000); W.-C. et IWH (p=0,000); **Conclusion:** La composition du corps est dans les niveaux normaux pour les actifs physiquement actifs et insuffisants. Peu importe le niveau de l'activité, dépendance de l'éthyle, temps d'ingestion et a associé le traitement à l'activité physique, égalisez irrégulièrement, les corrélations considérables associées au risque du coeur n'ont pas été observées.

Mot clef: alcool, composition du corps, activité physique.

LA ACTIVIDAD FÍSICA Y SALUD: EL ANÁLISIS DE HÁBITOS DE ACTIVIDAD FÍSICA Y COMPOSICIÓN DEL CUERPO EN EL PACIENTE DE NIVEL SOCIO-ECONÓMICO BAJO CON LA DEPENDENCIA DEL ETILO DEL CENTRO DE APOYO EL ALCOHOL DE PSYCHOSOCIAL Y DROGAS (CAPES-AD) DE LA CIUDAD DE JUAZEIRO DEL NORTE, CE-BRASIL

RESUMEN

Introducción: El acto de los ejercicios físico en los sistemas orgánicos diferentes, qué ceja si son personas aparentemente saludables o en personas a cargo químicas. **Objetivo:** Analizar la composición corporal, práctica de actividad física y riesgo cardiaco en alcohólicos. **material y Métodos:** viene de un descriptivo, traversa estudian con 16 hombres de nivel socio-económico bajo, promedio de 42,6+10,3 año de edad, los participantes alcohólicos del centro de apoyan psicosocial (CAPS-AD), en Juazeiro do Norte-CE que sufría las encuestas del anamnese, comprobación del perímetro, pliegues cutáneos, masa del corporal (MC) y estatura (ES), partiendo de IMC, percentil de grasa (% Grasa) bajo Protocolo de Guedes (1994), Peso de Grasa Guardada (PGG), Peso de Masa Delgada (PMD) en kg y riesgo cardiaco por la circunferencia de cintura (CC) con punto de corte de 90cm (los hombres) y 80cm (las mujeres). El Plan analítico usó SPSS 13.0 para el análisis descriptivo e inferencial. Nivelado de confianza de 5%. **Resultados:** encontramos: MC 60,26+10,62kg; ES 1,61+0,06m; IMC 23,17+3,96kg/m2; 50,0% normal y 37,5% sobrepeso; % grasa 16,29+6,87%; ICQ 0,89+0,07, PGG 10,20 + 5,24kg, PMM 50,05+ 7,54kg, WC 82,24+10,60cm; 31,3% beben a más de 30 años y 93,7% más de 5 años; 56,3% son clasificados de activo a muy activo; 25% tocan fútbol, 25% caminan y 6,3% usan la bicicleta como transporte; 43,8% insuficientemente Activo, 43,8 Activo 12,5% Muy Activo; "r" de Pearson encontró las correlaciones bajas (el r=0,115) entre el tiempo de beber y riesgo cardiaco; las correlaciones entre PGG, IMC, CC,% grasa e ICQ eran anteriores 0,700; "t" de Estudiante encontró diferencias significantes entre IMC y CC (el p=0,000); CC e ICQ (el p=0,000); **Conclusión:** La composición del cuerpo está en niveles normales para activos físicamente activos e insuficientes. No importa el nivel de actividad, la dependencia del etilo, tiempo de ingestión y tratamiento asociado a la actividad física, iguala irregularmente, no se observaron correlaciones significantes asociadas al riesgo cardiaco.

Palabra-importante: alcohol, composición corporal, actividad física.

ATIVIDADE FÍSICA E SAÜDE: ANÁLISE DE HÁBITOS DE ATIVIDADE FÍSICA E COMPOSIÇÃO CORPORAL EM PACIENTES DE BAIXO NÍVEL SÓCIO-ECONÔMICO COM DEPENDÊNCIA ETÍLICA DO CENTRO DE APOIO PSICOSOCIAL ÁLCOOL E DROGAS (CAPES-AD) DA CIDADE DE JUAZEIRO DO NORTE, CE-BRASIL

RESUMO

Introdução: Exercícios físicos atuam sobre diferentes sistemas orgânicos, quer seja em pessoas aparentemente saudáveis ou em dependentes químicos. **Objetivo:** Analisar a composição corporal, pratica de atividade física e risco cardíaco em alcoólatras. **Material e Métodos**: decorre de um estudo descritivo, transversal com 16 homens de baixo nível sócio-econômico, média de idade de 42,6±10,3 anos, alcoólatras participantes do centro de apoio psicossocial (CAPS-AD), na cidade de Juazeiro do Norte, Ceará, que submeteram-se a questionários de anamnese, verificação de perimetria, dobras cutâneas, massa corporal (MC) e estatura (EST), equacionando IMC, percentual de gordura (%G) sob Protocolo de Guedes (1994), Peso de gordura Armazenada (PGA), Peso de Massa Magra (PMM) em kg e risco cardíaco por circunferência de cintura (CC) com ponto de corte 90cm (homens) e 80cm (mulheres). O Plano analítico utilizou SPSS 13.0 para análise descritiva e inferencial. Nível de confiança de 5%. **Resultados:** encontrou-se: MC 60,26±10,62kg; EST 1,61±0,06m; IMC 23,17±3,96kg/m^2; 50,0% normal e 37,5% sobrepeso; %G 16,29±6,87%; RCQ 0,89±0,07, PGA 10,20 ± 5,24kg , PMM 50,05± 7,54kg, CC 82,24±10,60cm; 31,3% bebem há mais de 30 anos e 93,7% há mais de 5 anos; 56,3% estão classificados de ativos para muito ativos; 25% jogam futebol, 25% caminha e 6,3% usa bicicleta como transporte; 43,8% Insuficientemente Ativos, 43,8 Ativos 12,5% Muito Ativos; o "r" de *Pearson* encontrou correlações baixas (r=0,115) entre o tempo de bebida e risco cardíaco; as correlações entre PGA, IMC, CC, %G e RCQ foram acima de 0,700; o "t" de *Student* encontrou diferenças significativas entre IMC e CC (p=0,000); CC e RCQ (p=0,000); **Conclusão:** A composição corporal está em níveis normais para ativos e insuficiente ativos fisicamente. Independente do nível de atividade, dependência etílica, tempo de ingestão e tratamento associados ä atividade física, mesmo irregularmente, não observou-se correlações significativas associadas ao risco cardíaco.

Palavras-chave: álcool, composição corporal, atividade física.