

41 - THE EPIDEMIOLOGICAL STUDY OF THE RELATIONSHIP ICQ AND PAR-Q IN A SAMPLE OF THE POPULATION OF CABO FRIO IN TERMS OF ITS QUALITY OF LIFE IN THE CONTEXT OF HEALTH, UVA, RJ, BRAZIL.

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INTRODUCTION:

The modern world is rapidly evolving in several areas especially in the area of public health. In the sports area are seen advances that would not be imaginable thirty or forty years or even less time. The academic preparation and practical experience of professionals who campaign mainly in the area of public health.

In the technical-scientific evolution of the sport there is a great evidence of the constant use of the relationship ICQ and PAR-Q. However, there are no known studies that explain the growth of knowledge and its contribution to the modern sport. Were sought in the relations to quality of life and relationship ICQ and PAR-Q and its importance in approaches. Thus, this introduction of the problem described above, is presented and discussed issues related to the relationship ICQ and PAR-Q. We also sought to develop, analyze them, identify them and discuss them in their implications with respect to quality of life, preparation process and physical recovery, and the need for their inclusion.

STUDY OBJECTIVES:

This study aims to determine the epidemiological profile in relation ICQ and PAR-Q in a sample of the population of Cabo Frio in terms of its quality of life in the health context.

STUDY BACKGROUND:

Various studies ICQ and PAR-Q in the epidemiological profile, we are seeking answers about the distribution of a factor in a population sample or in the specific case study on the rate of ICQ (waist to hip ratio) and condition physics. With data like this, you can predict and prevent the occurrence of ailments related to obesity and physical condition, because bearing in mind the habit of postmodern man and its stagnation at the lack of adequate physical activity aimed at preventing the evils that affect society. Facilitating public health policy to guide their work to avoid or minimize the causes that can lead people to this lifestyle. Verify and evaluate the epidemiological profile is the first step to identify such evils from the inactivity, and this is the main justification for the elaboration of this theme, because knowing the mechanisms that can cause these bouts can avoid them more successfully.

RESTRICTED TO THE STUDY:

Whatever the nature of the study, the methodological procedures employed, the type of literature used, it has limitations and these should be clear to the reader to better establish the analysis about the subject. In this, the restrictions were limited to: access to the population, lack of support from public health policy with regard to lifestyle, the indiscriminate use of drugs without medical prescription to hasten their recovery. All detected in this condition were included in the study. However, you can have the occurrence of cases that go unnoticed to the researcher.

THE RELATIONSHIP ICQ / PAR-Q AND QUALITY OF LIFE:

A relatively new health, which is increasingly gaining ground in the multidisciplinary treatment of the individual, giving him a better quality of life. A field operated by WHO is the activeness of public policies in this context due to the lack of sports. The emergence of social principles related to this issue due to the health of the population, leads us to see a large number of individuals who presented with motor and need to reintegrate into society. The goal of care is primarily curative and rehabilitative. The ICQ and PAR-Q relation, developed by the observations began to show us a model of development as a determinant aspect in prophylactic and rehabilitation for the inactivity of the postmodern man.

KEY INJURIES FOUND ON THE VERIFICATION OF INDICATORS OF OBESITY:

The sport of competition has nothing to do with health. This is because the human body, especially the muscle-joint system is often used in the sport. Similar to any assessment instrument ICQ / PAR-Q has help to identify early a time for possible injuries caused by over-weight. This overload causes great distress in your body. This being repetitive wears, due to a sedentary lifestyle, as a creator of pain and deformation of impotence of all genres, which will hinder the performance of man in relationship to their peers. Of all the injuries, 50% to 84% involve the extremities, particularly the knee (26%) and ankle (23%). For the population at all levels, the lower extremities are involved in 84% of injuries, twisted ankle as the most common (23%). (RENSTRÖM and Lynch, 1999). In a study conducted in Denmark, more than 20% of knee injuries are caused by direct physical contact. Knowing that obesity causes a decrease in physical strength and increases the imbalance by changing the physical location of the center of gravity of the body, creating an overload these ends. Traumatic injuries are equally distributed among non-sedentary and sedentary with the predominance in the second group (sedentary), suggesting a potential fatigue factor. Strictly 28% of traumatic injuries are the result of direct contact with the outside agency that does not prevent the effect on body burden interferes-fundamental factors in relation to gravity (Santos, 2002).

THE METHODOLOGY OF THE STUDY:

The method used for this exploratory study was observational documentary (Lakatos and MARCONI, 1992) which is done in a statistical relationship ICQ and PAR-Q in a sample of the population of the city of Cabo Frio - Rio de Janeiro.

POPULATION AND SAMPLE:

The study population consists of citizens chosen at random and randomized from October 2009, is intentional, because it comprises all people who attended.

INSTRUMENTS:

The instruments used for data collection were the evaluation sheets of the Global Action Project SESI - Cabo Frio - RJ containing Name, Last Name, Age, Height, Weight, History of Present Illness (HDA), History and Physical Evaluation, File assessment containing ICQ and PAR-Q.

DATA COLLECTION:

The project has required its evolution from an interview on the indicators of population in relation to the ICQ and PAR-Q. The service was divided into 2 hours, from 08:30 to 12:00 and from 13:00 to 17:00, so you can meet a greater number of people with the same quality of care. During development work, were included in bibliographic databases were searched through books, articles, internet, journals and dissertations. The data studied were collected from medical records of people served by the project. This process was operationalized as follows: The records were divided among the evaluators at random, once classified, the data were properly collected and stored in the form of charts and tables, completed this step, there was a tabulation of all data at this point were used features such as the computer program Microsoft Excel version 2007, which were distributed in the following categories: age, sex, ICQ and PAR-Q. After tabulation, broke for the treatment of data was performed using descriptive statistics and simple calculations of measures of dispersion and correlation coefficients.

ANALYSIS AND DISCUSSION:

The data were analyzed quantitatively using descriptive statistics (frequency and percentage), using data formatting in Microsoft Word and Excel, and estimation of measures of dispersion and correlation coefficients. The following data relate to procedures performed in the project SESI / GLOBE Global action with teachers and students at UVA (University Veiga de Almeida) in the period from October 2009. During this period they met thirty-eight people.

Table 1. Results

NAME	AGE	SEX	ICQ	PAR-Q
X ¹	45	M	0.94	Moderate
X ²	65	W	0.8	Moderate
X ³	71	M	0.96	Moderate
X ⁴	24	M	0.85	Moderate
X ⁵	49	W	0.81	High
X ⁶	70	W	0.94	Very High
X ⁷	60	M	1.08	Very High
X ⁸	27	W	0.86	Very High
X ⁹	65	W	0.84	High
X ¹⁰	72	M	0.92	Moderate
X ¹¹	49	M	0.94	Moderate
X ¹²	50	W	0.84	High
X ¹³	30	W	0.9	Very High
X ¹⁴	30	W	0.9	Very High
X ¹⁵	58	W	0.94	Very High
X ¹⁶	38	W	0.86	Very High
X ¹⁷	50	M	0.87	Low
X ¹⁸	26	W	0.72	Moderate
X ¹⁹	43	W	0.79	Moderate
X ²⁰	48	W	0.72	Low
X ²¹	77	W	0.93	Very High
X ²²	30	W	0.89	Very High
X ²³	31	M	0.89	Moderate
X ²⁴	52	M	1.14	Very High
X ²⁵	49	W	0.82	High
X ²⁶	33	W	0.73	Moderate
X ²⁷	38	W	0.7	Low
X ²⁸	34	W	0.84	High
X ²⁹	69	M	1.03	High
X ³⁰	25	M	0.87	Moderate
X ³¹	39	W	0.82	High
X ³²	65	W	0.77	Moderate
X ³³	46	W	0.85	High
X ³⁴	43	W	0.85	High
X ³⁵	55	W	0.9	Very High
X ³⁶	21	W	0.79	High
X ³⁷	31	W	0.8	High
X ³⁸	35	M	0.94	High

Table 2. Average Indicators

	Male	Female
Total ICQ	11.43	21,61
Average ICQ	0.95	0.83
Average ID	48	44
Risk Average	Moderate	High

Table 3. Correlations and standard

Age Average 45,868	Woman 26
Age Deviation 15,707	Man 12
Deviation Do ICQ 0,094	
Age Woman Deviation 15,126	
Age Man Deviation 17,265	
Woman ICQ - Deviation 0,068	
Man ICQ - Deviation 0,089	
Age Correlation - ICQ 0,379533992	
Age Correlation ICQ - Female 0,308355626	
Age Correlation ICQ - Male 0,517545379	

CONCLUSION:

We conclude from this that the reality we find in the research, expresses the moment of human health postmodern. Involving a high degree of inactivity in humanity, reflecting directly on the health conditions in general and changing public health policies in all spheres. The World Health Organization (WHO) recommends the use of waist circumference at a cutoff of 92 cm for men and 88 cm for women, such as increased metabolic risk. Knowledge of these cutoffs is useful in detecting the risk of developing diseases, both in nutritional surveillance and diagnostic studies in population. In relation to male age and ICQ (ID = 48 / ICQ: 0.95), moderate risk, and female (ID = 44 / ICQ: 0.83), and high risk. It was found that female high intensity of high risk of ICQ in this age range from 34 to 49 years where he was noticed chest pains and osteoarticular problems. In the male group it was found that there is a moderate risk with a heterogeneous distribution between ages. Though there is a moderate risk in the age group 24 to 31 years and 71 to 72 years, where he observed the same diagnosis earlier. All of these factors to a greater relevance is need of better research covering an even larger sample, with laboratory tests in order to clarify and resolve any doubts about the method used, we will not save the public health, instead, will be an active member within the process.

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SUMMARY:

The World-wide Organization of Health (OMS) praises the use of the circumference of the waist in the point of cut of 92 cm for men and 88 cm for women, as measured of increased metabolic risk, despite diverse methods can be used in the characterization of the distribution of the fabric fat. The knowledge of these points of cut is useful in the detention of the risk of development of illnesses, as much in the nutritional monitoring how much in studies of population diagnosis. The study it searched to verify the index of risk of the population of Cabo Frio/RJ Handle in relation the coronarianas illnesses and if it would be practices possible it of physical activities through the protocol of ICQ and the questionnaire of PAR-Q. 38 adult being 12 of masculine sex and 26 of the feminine sex, previously sedentary, living individuals of the city of handle had participated of this study Cabo Frio/RJ region of the lakes. In the relation masculine age and ICQ (ID = 48/ICQ: 0.95), the moderate risk and in the feminine sex (ID = 44/ICQ: 0.83), the high risk and. The great concentration of high risk of the ICQ was verified that in the feminine sex this in the etária band of 34 the 49 years where it was observed pains in the chest and problems osteoarticulares. No longer was masculine group verified that it has a moderate risk with a heterogeneous distribution between the ages. One evidenced a moderate risk in the etária band of 24 the 31 years and 71 and 72 years, where it was observed pains in the chest and problems osteoarticulares.

WORDS KEYS: Quality Of Life, Epidemiology, Obesities

L'ÉTUDE ÉPIDÉMIOLOGIQUE DE LA RELATION ICQ ET PAR-Q DANS UN ÉCHANTILLON DE LA POPULATION DE CABO FRIO EN TERMES DE QUALITÉ DE VIE DANS LE CONTEXTE DE LA SANTÉ, LES UVA, RJ,

BRÉSIL.**RÉSUMÉ:**

L'Organisation mondiale de la Santé (OMS) recommande l'utilisation du tour de taille, ayant un seuil de 92 cm pour les hommes et 88 cm pour les femmes, comme une mesure du risque métabolique accrue, bien que différentes méthodes peuvent être utilisées pour caractériser la distribution tissu adipeux. La connaissance de ces seuils est utile pour déceler les risques de développer des maladies, tant dans la surveillance nutritionnelle et des études de diagnostic dans la population. L'étude vise à évaluer l'indice de risque de la population de Cabo Frio / RJ pour la maladie coronarienne et si il est possible de pratiquer des activités physiques par l'intermédiaire du protocole ICQ questionnaire et de PAR-Q. Ont participé à cette étude, 38 adultes et 12 mâles et 26 femelles, auparavant sédentaires, vivant dans la municipalité de Cabo Frio / Région des lacs RJ. En ce qui concerne l'âge des hommes et ICQ (ID = 48 / ICQ: 0.95), risque modéré, et les femmes (ID = 44 / ICQ: 0,83), et à haut risque. Il a été constaté que l'intensité des femmes est élevé de risque élevé d'ICQ dans cette tranche d'âge des 34 à 49 ans où il a été remarqué des douleurs thoraciques et des problèmes ostéoarticulaires. Dans le groupe des hommes il a été constaté qu'il existe un risque modéré avec une distribution hétérogène entre les âges. C'était un risque modéré dans le groupe d'âge de 24 ans à 31 ans et 71 à 72 ans, où il a été observé des douleurs thoraciques et des problèmes ostéoarticulaires.

MOTS CLÉS: Qualité De Vie, L'épidémiologie, L'obésité

EL ESTUDIO EPIDEMIOLÓGICO DE LA RELACIÓN DE ICQ Y PAR-Q, EN UNA MUESTRA DE LA POBLACIÓN DE CABO FRIO, EN TÉRMINOS DE SU CALIDAD DE VIDA EN EL CONTEXTO DE LA SALUD, LA UVA, RJ, BRASIL.**RESUMEN:**

La Organización Mundial de la Salud (OMS) recomienda el uso de la circunferencia de la cintura con un corte de 92 cm para los hombres y 88 cm para las mujeres, como medida de riesgo metabólico aumentado, aunque varios métodos puede ser utilizado para caracterizar la distribución el tejido adiposo. El conocimiento de estos puntos de corte es útil para detectar el riesgo de desarrollar enfermedades, tanto en la vigilancia nutricional y estudios de diagnóstico en la población. El estudio pretende evaluar el índice de riesgo de la población de Cabo Frio / RJ para la enfermedad coronaria y si es posible realizar las actividades físicas a través del protocolo ICQ y cuestionario PAR-Q. En este estudio participaron 38 adultos y 12 hombres y 26 mujeres, sedentarios, que viven en el municipio de Cabo Frio / RJ lagos de la región. En relación a la edad de hombres y ICQ (ID = 48 / ICQ: 0,95), riesgo moderado, y mujeres (ID = 44 / ICQ: 0,83), y de alto riesgo. Se encontró que la alta intensidad femenina de alto riesgo de ICQ en este rango de edad 34 a 49 años, donde se notó dolores en el pecho y problemas osteoarticulares. En el grupo masculino, se constató que existe un riesgo moderado, con una distribución heterogénea entre las edades. Era un riesgo moderado en el grupo de edad de 24 a 31 años y 71 a 72 años, donde se ha observado dolor en el pecho y problemas osteoarticulares.

PALABRAS CLAVES: Calidad De Vida, La Epidemiología, La Obesidad

O ESTUDO EPIDEMIOLÓGICO DA RELAÇÃO ICQ E PAR-Q DE UMA AMOSTRA DA POPULAÇÃO DE CABO FRIO NO TOCANTE A SUA QUALIDADE DE VIDA NO CONTEXTO DA SAÚDE, UVA, RJ, BRASIL.**RESUMO:**

A Organização Mundial da Saúde (OMS) preconiza o uso da circunferência da cintura no ponto de corte de 92 cm para homens e 88 cm para mulheres, como medida de risco metabólico aumentado, ainda que diversos métodos possam ser utilizados na caracterização da distribuição do tecido adiposo. O conhecimento desses pontos de corte é útil na detecção do risco de desenvolvimento de doenças, tanto na vigilância nutricional quanto em estudos de diagnóstico populacional. O estudo buscou verificar o índice de risco da população de Cabo Frio/RJ em relação a doenças coronarianas e se seria possível a prática de atividades físicas através do protocolo de ICQ e do questionário de PAR-Q. Participaram desse estudo 38 indivíduos adultos sendo 12 do sexo masculino e 26 do sexo feminino, previamente sedentários, moradores do município de cabo frio/RJ região dos lagos. Na relação idade e ICQ masculino (ID = 48 / ICQ: 0.95), o risco e moderado e no sexo feminino (ID = 44 / ICQ: 0.83), o risco e alto. Verificou-se que no sexo feminino a grande concentração de risco alto do ICQ esta na faixa etária de 34 a 49 anos onde foi observado dores no peito e problemas osteoarticulares. Já no grupo masculino verificou-se que há um risco moderado com uma distribuição heterogênea entre as idades. Constatou-se um risco moderado na faixa etária de 24 a 31 anos e 71 e 72 anos, onde foi observado dores no peito e problemas osteoarticulares.

PALAVRAS CHAVES: Qualidade De Vida, Epidemiologia, Obesidade

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