MULTIPLE BEHAVIOURAL AND LIFESTYLE RISK FACTORS

What’s the issue?

The individual behavioural and lifestyle risk factors have been discussed earlier, but there can be additional risks from combining risk factors. For example, “smoking and drinking alcohol together greatly increases the risk of developing throat and mouth cancer than doing either on their own, because drinking alcohol makes it easier for the mouth and throat to absorb the chemicals in tobacco that cause cancer” [146]. Furthermore, people who have a specific behaviour or lifestyle risk factor may be more likely to have another specific risk factor. For example, in the local 2007 Attitudes to Health Survey, an association between risk factors was found, in particular a relationship between alcohol and smoking, and between lack of physical activity, diet and obesity. For all of these risk factors, gender, age and deprivation are confounders (see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#a16 for information on confounding).

What’s our situation?

From the local adult Prevalence Survey 2014 [66], the prevalence of the combination of five risk factors was examined. The risk factors considered were smoking, excessive alcohol consumption (either in a single day (binge drinking) or total units over the previous week based on 2016 national guidelines), insufficient physical activity (<2.5 hours of moderate activity based on 2012 national guidelines), obesity and not eating 5-A-DAY. In Hull, 1.1% had all five of these risk factors, 8.3% had four, 25.4% had three, 34.9% had two, 24.3% had one and 6.0% had none of these five risk factors. There were relatively small differences between men and women, although men were slightly more likely to have three or more risk factors (37.1% versus 32.7%). Examining the number of risk factors for each five year age band, people aged 45-64 years tended to have the most risk factors with 41-42% having three or more risk factors, followed by those aged 35-44 years (37%), people aged 65+ (31-36%) and people aged 16-34 years (25-31%). People living in the most deprived fifth of areas of Hull were more likely to have more risk factors with 45% having three or more risk factors compared to 26% among those living in the least deprived fifth of areas.

From the local Young People Health and Lifestyle Survey 2016 [86], the prevalence of multiple risk factors (smoker, exceeded 14 units of alcohol previous week, failed to undertake one hour of exercise daily previous week, did not eat 5-A-DAY previous day, and previously tried drugs) differed among different year groups. There was a gradual decrease in the percentage of boys and girls having none of the risk factors from 26% in year 7 (aged 11-12 years) to 7% in year 11 (aged 15-16 years), while the percentage having three or more of the five risk factors increased with school year from 0.6% in year 7 to 17.5% in year 11. There were relatively small differences between boys and girls, although girls were less likely to have none of the risk factors and more likely to have more of the risk factors, and none of the girls had all five risk factors whereas 0.4% of year 9 and year 10 boys and 1.2% of year 11 boys did (only four boys in total though over these three year groups).

For more detailed information, see any one of the JSNA Toolkit reports on lifestyle and behavioural risk factors, such as Smoking, Diet or Exercise, etc.

What are the strategic needs?

It is necessary to work together to ensure people understand the benefit of positive life choices and know how to access information and seek early support to change. In order to do this effectively, all relevant service providers need to work together with different communities to use existing assets to realise the benefit of positive life changes. It should be recognised that different approaches and support are required for different people, and any specific problems or changes that are required should not be dealt with in isolation, but by considering the needs of each individual separately. It may also be necessary to ‘prioritise problems’ as dealing with or changing too many factors together
may not be as successful as dealing with one problem or issue at a time. Alternatively, some people may prefer having a ‘clean sweep’ and dealing with a number of issues at the same time.

References