



*Dissertação apresentada às provas de Doutoramento
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Índices de actividade física habitual e factores de risco das doenças cardiovasculares numa população escolar pediátrica da área do Grande Porto.



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O estudo da prevalência de alguns factores de risco das doenças cardiovasculares (DCV), numa população pediátrica escolar da área do Grande Porto, constitui o objectivo geral deste trabalho. O presente estudo teve os seguintes objectivos específicos: (I) validar um questionário para avaliação da actividade física (AF) na população portuguesa; (II) descrever e comparar os factores de risco para o desenvolvimento das DCV em função do sexo e da idade; (III) estabelecer pontos de corte para os factores de risco estudados em função do sexo e da idade; (IV) determinar o "risco", nos sujeitos com baixa AF, de serem portadores de factores de risco biológicos das DCV; (V) avaliar a ocorrência simultânea dos factores de risco de natureza biológica; (VI) determinar a interacção da AF com cada um dos factores de risco biológicos e com a sua agregação; (VII) determinar a estabilidade dos factores de risco das DCV na população estudada.

Foram avaliados 1533 crianças e adolescentes caucasianos, dos 8 aos 15 anos de idade. Realizaram-se duas avaliações, com intervalo de um ano, tendo a primeira sido efectuada em 1998 e a segunda em 1999. Dos 1533 sujeitos pertencentes à amostra, 692 efectuaram as duas avaliações. Os indivíduos foram classificados como portadores do factor de risco tensão arterial elevada (TAE), percentagem de massa gorda elevada (%MGE) e colesterol total elevado (CTE), quando se encontravam acima do percentil 75 ($\geq P75$) da tensão arterial (TA), da percentagem de massa gorda (%MG) e do colesterol total (CT), respectivamente. Os indivíduos foram classificados como portadores do factor de risco índice de actividade física baixo (IAFB), quando se encontravam abaixo do percentil 25 ($\leq P25$) do índice de actividade física (IAF).

Foram avaliados os seguintes parâmetros: IAF (n=992 sujeitos, versão adaptada para a população portuguesa do questionário *weekly activity checklist* - VAPPWAC); TA (n=1461 sujeitos, esfigmomanómetro electrónico de marca Dinamap, modelo BP 8800); %MG (n=1341 sujeitos, equações de predição referidas na literatura); CT (n=799 sujeitos, *Reflotron Analyzer* - *Boehringer Mannheim Diagnostics, Indianapolis, IN*).

Foram calculados os *odds ratio* e respectivos intervalos de confiança a 95%, utilizando uma análise de regressão logística para cada quartil do IAF, ajustando ao sexo e idade, de forma a identificar o aumento do risco da TAE ($\geq P75$ da tensão arterial sistólica e/ou $\geq P75$ da tensão arterial diastólica), da %MGE ($\geq P75$ da %MG) e do CTE ($\geq P75$ do CT). Foram também calculados os *odds ratio* e respectivos intervalos de confiança a 95% para se estudar a agregação entre a TAE, %MGE e CTE. *Odds ratio* e respectivos intervalos de confiança a 95% foram ainda calculados, através de uma regressão logística multinominal, para se estudar a influência do IAF na presença de um ou mais factores de risco biológicos das DCV (TAE, %MGE, CTE).

Os resultados do presente estudo demonstram que as variáveis estudadas variam com a idade e sexo. Relativamente à influência do IAF sobre os factores de risco biológicos, os resultados parecem não demonstrar um efeito poderoso do IAF para os referidos factores.

A utilização de valores critério de corte utilizados noutros estudos, obtidos com outras populações, não parece ser um procedimento adequado a adoptar para a presente amostra. O presente estudo reforça a ideia que na impossibilidade de se utilizarem instrumentos de medição objectiva da AF, sobretudo em estudos de natureza epidemiológica, a VAPPWAC é uma alternativa válida e fiável. Tomando em consideração a influência da AF em sujeitos de sexo diferente, o sexo feminino parece ser mais susceptível de desenvolver factores de risco biológicos das DCV quando a AF é reduzida. No entanto, a quantidade de AF necessária para prevenir o desenvolvimento de factores de risco parece ser menor para o sexo feminino, comparativamente à necessária para o sexo masculino. Pode concluir-se também que os factores de risco biológicos das DCV devem ser estudados, não apenas de forma isolada, mas igualmente considerando a sua agregação. Apesar de alguma precaução, parece ainda poder concluir-se da existência de estabilidade para os factores de natureza biológica, assim como para o factor de natureza comportamental e/ou de estilo de vida. Contudo, a estabilidade mais elevada regista-se nos factores de risco de natureza biológica.

PALAVRAS CHAVE: ACTIVIDADE FÍSICA, CRIANÇAS, TENSÃO ARTERIAL, COLESTEROL, OBESIDADE

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