

The prevalence of CVD has drastically increased all over the globe. In India too, it is number one killer. But what is meant by it? Cardiovascular disorder (CVD) refers to a pathological condition that is related to the functioning of heart and blood vessels. There is growing evidence that pathological and social factors play roles in two major cardiovascular disorders: the coronary heart disease (CHD) and hypertension (HT). So, it can also be assumed that combined disease group condition may be even more problematic for the patients suffering from the problems of both the types of cardiovascular disorders (CHD + HT). In today's society the burden of CVD has drastically increased and according to available statistics it is one of the leading causes of death in the world.

It has been estimated that of all the deaths, in U.S.A. and other countries, more than 50% deaths are caused by either of the types of cardiovascular disorders. (Williams et.al.; 1998; Mayou & Buoyant, 1993; Kat on et.a. 1991; Gutierrez et.al.; 2012). The CVD problems create a number of health hazards and thus reduce the quality of life also among the affected people (Bergnet, 1989; Bulprit & Fletcher 1990; Dionne, et.al., 2012; Ehret, 2011; Fletcher eat all, 1992). So many researchers are there who are of the view that CVD exerts negative effects on the health of affected people in two ways. First- the CVD lowers the immunity of affected persons and increases the probability of heart failure or arrest and second- as a result of decreased, immunity, quality of life also decrease. The situation as a whole becomes a serious burden and the CVD patients find themselves, in many circumstances, unable to cope with life. This may give rise to pessimism, hopelessness, frustration, increased stress and decreased hope. As a result of it their lives become like hell for them and poor quality of life availed by them increases their problems which may take, sometimes, even serious turn. There may be many causes as well as consequence CVD, the health policy makers, professional health worker, the

NGO's and Governmental agencies should pay due attention to such problems to keep our people hale and hearty and also productive (Shrivastava, 2013; Weinberger et.al., 1984; Hemmingway et.al. 1999, Prigerson et.al., 1997; Duncan & McAuley, 1993).

Some risk factors for CVD may be under our control but many be also under our control. Such factors, no matter belonging to which group contribute to CVD problems which is said to be the first ranking among the cause of deaths in the world. Once the problem of CVD is caused, it leads to various types of physical and psychological health related problems. Not only this, psycho-social factors also cause such problems and increase its severity. The males and females, rural and urban, young and aged, all of them may be at the risk end of CVD. Among these factors, as already indicated some may be controllable some others uncontrollable. The uncontrollable factors include sex, age, family history of heart disease, post menopausal and to some extent races also, on the other hand, the controllable group of factors include smoking, high LDC or bad cholesterol, high blood pressure (HBP), physical inactivity, obesity, uncontrollable diabetes, high c-reactive protein and uncontrollable anger and stress et.al. (Miniano et.al. 2001; Barnet & Halverson, 2000, 2001; Pearson & Lewis,1998; Litchman et.al., 2002; Layons et.al., 1994; Peterson et.al., 2002). Both types of factors play role in CVD problems.

Kitas and Gabriel (2011) are of the view that CVD is a serious threat to our health and due to modern life style and materialistic approach its prevalence is increasing in our society. Over millions of people die of CVD each year which is a big burden for the families they being to and also for the nations. (Sattar & McInnes, 2005; Solomon et.al. 2003; Bruce et.al. 2007; Zavelata et.al. 2005; Pereira et.al. 2009): This shows that CVD has taken serious form as a threat to the health of our people. The CVD is said to reduce life expectancy three to four times than that of the general

population. (Cunha & Brinol, 2011). If CVD is associated with any other diseases also, the cardiovascular mortality goes even much higher. What may be the reasons behind, it is not very clear at present (Cisternas et.al., 2002; Solomon et.al., 2003; Sandoo et.al., 2011). Chan (2010) has also found that CVD accompanied by other disorder or diseases becomes more threatening to human health. According to Price (2007), CVD is also associated with factors like population characteristics. Some population are more prone to such disorders and if develops, it causes so many problems to those who become its victim. (Orozco- Alkala et.al., 1993; Acosta et.al., 2009; Rai, 2000).

The stress may cause CVD problems. It has been demonstrated in some of the previous studies that stress may be enhanced due to CVD problems as well. It suggests that both problems are related with one another. Not only this, the heart diseases are assumed to be associated with stress and other related problems and decreased health. Stress is said to play a role in CHD, HT, and Combined heart problems and also other CVD problems (Haney 1977; Singh & Mishra, 1987; Weiss, 1984 Iqbal & Ahmad, 2000; Eysenck, 1995; Selye, 1979). Sarmiento-Monroy et.al. (2012) have also reported that cardiovascular disease when accompanied by rheumatoid arthritis become more problematic for the affected people. Others have also conducted studies on CVD from this angle.(Sarzi-Puttini et.al., 2010; Cervera, 2004; Guidacci et.al., 2007). Thus it becomes obvious, that CVD, probably because of its adverse affect on human health, has been the subject of study from different point of views all over the globe.

The cardiovascular disorder as already stated, includes many heart related disorders which cause numerous health problems to people who are affected by it. It includes coronary heart disease (CHD), hypertension and combined disease. There are so many factors which are involved in its causation and once the problems is caused, it creates

problems to those who are affected by it. Among other problems, increased stress and decreased quality of life are severe health problems with which the affected people have to cope with and dealing with such problems is not easy, but a very difficult task. These problems are common among CVD problems. The increased level of stress in turn aggravates the CVD problems. Thus, it is not difficult to imagine the health problems of those who are suffering from CVD problems and having high level of stress. The two problems combined together make the condition for the affected people much more difficult and in many cases, life becomes for them as a burden or even curse (Keyserling, et.al. 1999; Lyons, et.al., 1994; Sanders et.al. 1994; Dimsdale, 2008; Alegria-Ezquerria et.al. 2006; Lip. et.al., Maeder et.al. 2009; Kamran, 2013; Loehr et.al. 2010). These scholars are of the view that if CVD not treated timely, it can cause numerous health problems. Some others also have opined in the some way (Singer & Kite, 2008; Kotchen, 2011; Lama & spiotta, 2006.)

The rationale for the present study makes it obvious that CVD has really become a serious burden for the health of our people. Now, it is not limited to western countries only, in India also, its problems has considerably increased. According to reports of WHO (2002), CVD will be the largest cause of health and disability in India by 2020 and the major reasons behind this burden are said to be related with life style. Added to it, is the lack of awareness and understanding about CVD, resulting about one third to a half or more with risk factors remaining undetected. This state of affairs increases the severity of the CVD problems more and more. The people belonging to upper economic status enjoy the facilities of health maintenance, but people of lower economic status are more likely to be the victim of CVD.

The Indian subcontinent homes about 20% of the world population and is one of the regions with highest burden of CVD in the

world. It has the major share in the incidence of non-communicable diseases and leading cause of deaths. It is not surprising to note that. It has outgrown the boundaries of gender, age, location of dwelling etc. (Chauhan & Aeri, 2013; Goyal & Yusuf, 2006; Indrayan, 2005; Gupta et.al. 2012; Gupta, 2005, 2004). Some researchers have tried to estimate its economic cost, and they are of the view that deaths caused by CVD create heavy economic burden on the families of the patients. It is almost impossible to compensate the burden (Huffman & Engelgau, 2012; Leaders et.al. 2004). Thus, it becomes evident that CVD is not limited only to either region, SES, sex or age. It has taken in its grip, people of all sects. (Anand et.al., 2000; McKeigue et.al. 1989; Enas et.al. 1992; Gupta 2005; Jafar, 2006).

Thus, should be no hesitation in our mind that CVD has become a serious threat to our health and an unbearable burden on our people. Even the rural people are also not unaffected from it. The increasing death rate and growing morbidity due to CVD are of great concern for us. So it is felt that awareness programmes about this number one killer must be launched on large scale to save the precious lives of our people and control the loss of human resource of the nation. There may be some factor which one can be controlled, but other factors may also be there which can not directly control. Therefore, the assistance from the health departments, professionals and NGOs become necessary and unavoidable as this epidemiology can not be dealt with alone by a person or a particular department. It needs coordinated efforts to be checked, curbed and controlled. We have to follow the proverb 'prevention is better than cure' (Gupta et.al. 2012; GSR, 2010; Gupta et.al. 2011; Jha et.al. 2006; Sridharan et.al. 2009; Anjana et.al. 2011)

The rationale given so far clearly suggests that CVD is really an unbearable burden on our health as it is number one killer in India and an important cause of deaths in other countries as well. Thus, there is a great

need of identifying the risk factors of CVD, developing resources to deal with it and managing good health for our people to utilize their potentials for their own benefits and also for the welfare of the society. The present study is a step in this regard. The following reasons may be specified in this context for the present study.

- (i) There is a great need of empirical and well planned studies on CVD in our context, as the studies conducted on our population are very scarce.
- (ii) Most of the related studies have been conducted abroad and their findings can not directly be used to deal with CVD related problems among our people.
- (iii) The sample of the present study is comprised of CVD patients belonging to eastern U.P., a very backward zone from the point of view of economic status and health awareness. Such studies in this area have generally not been undertaken. The health related problems as tapped in the present study, have not received due attention.
- (iv) Is CVD really a burden for health status of our people? This question needs a scientific answer and the findings of the present study are supposed to clarify this query.
- (v) Stress is said to be strongly associated with CVD problems. The effects of stress may be positive or negative. What is the comparative status of different CVD patient groups on stress variable, is not thoroughly exported. This study is a step in this regard.
- (vi) The excessive feelings of negative stress is said to lead to decreased psychological health and efficiency. This assumption needs to be empirically examined.

- (vii) The quality of life may deteriorate due to CVD problems. What may be the relative status of CVD patients from this point of view, needs to be clarified. The QoL is covered in this study as an outcome of CVD, so the above question is expected to be clarified on the basis of the findings of the present study.
- (viii) It is said that CVD has spread in all segments of society, disregarding the location of dwelling, sex, age and so on. The data obtained in the present study were subjected to statistical analyses in terms of the gender of the CVD patients. In general such an attempt has not received the attention of researchers, it actually deserves to get.
- (ix) There is also a need of evaluating the role of social support in the management of health problems caused by CVD diseases. The role of social support happens to be very effective approach to deal with the health as well as behavioural problems. What may be the role of social support in managing the negative effects of CVD and improving the feeling of well-being, is expected to be clarified from the findings of the present study. The stress-buffer effect in our context needs to be tested.
- (x) Is CVD really an unbearable burden? This a burning question of the hour. It too needs to be clarified.
- (xi) The psychological tools to measure stress and quality of life among CVD patients of the area from where the sample has been drawn, have not been used in the previous studies. It is another specific feature of the present study.

The findings of the present are expected clarify the above question. India is a poor country, has very limited resources, so there a great need of planning the awareness programmes for our masses. The

findings of the present study will be helpful in suggesting the concerned authorities to run such programmes.

The rational given for the present study on the preceding pages makes it obvious that there is a great need of the studies like the present one, to answer the various moot questions still existing in this area of research and also to suggest the measures to cope with the burden of CVD on our people and improve their quality of life for their betterment as well as for the proper utilization of our human resources for the development of our society. If we succeed in this regard, we shall be in a position to control the burden of CVD on our people, which will also be economically beneficial to our country and its beneficiaries would be our own people, not the others..

It was in view of the above, that the present study was planned and executed and the problem was framed as under.

*“Stress and quality of life in the patients of cardiovascular disorders.”*