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Beliefs and attitudes in changing lifestyle

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Background and Aim: Promoting a positive lifestyle change is a challenge to primary health care. The aim was to analyze health and risk related beliefs and attitudes in relation to life-style and life-style change in a rural community.

Method: The study was based on the five-year follow-up data of Lapinlahti study (N = 361). The same structured questionnaire was used at baseline and follow-up with lifestyle items (smoking, alcohol use, exercise and nutrition). These were ranked as unhealthy (-1), neutral or healthy (+1). A mean value of lifestyle scores (range -1 to +1) was calculated. At baseline, participants took a stand on 29 statements about health and health promotion on a 5-point Likert scale. A factor analysis was conducted. Two attitude factors (factor 1= self-sufficiency; factor 2=pessimism, explaining 89% of the total variance) were found and distributed to tertiles. Tertile I represents the most self-sufficient or most pessimistic attitudes. Factor scores were transformed to standardized POMP-scores. Four attitude dimensions were made: self-sufficient/pessimistic; self-sufficient/non-pessimistic; non-self-sufficient/pessimistic; non self-sufficient/non-pessimistic.

Result: There was a linear positive trend ($P<0.001$) in baseline lifestyle scores between tertiles of factor 1. A positive follow-up change of lifestyle score was found in all tertiles of factor 1, the most significant ($P<0.001$) being in tertiles I and II. For factor 2, the difference between tertiles at baseline was non-significant. There was a significant positive change in all tertiles of factor 2. According to the attitude dimensions, the least healthy lifestyle was found in subjects described as self-sufficient/pessimistic. Non-self-sufficient/non-pessimistic subjects had the healthiest lifestyle. Self-sufficient/non-pessimistic subjects had the most significant positive life-style change but self-sufficient/pessimistic subjects did not improve their lifestyle.

Conclusions: Beliefs and attitudes are related to lifestyle. Lifestyle change is possible but self-sufficient and pessimistic subjects seem to have the least healthy lifestyle and be the most resistant to lifestyle change.