Health assessment

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Health assessment

Medical history has been known in clinical medicine as significant, yet includes non-avoidable infection risks. Disorders beneath the heart disease umbrella encompass diseases related to blood vessels, coronary heart vessels, and heart-related birth defects. Family history evidence in arrangement with other identified risk elements, for example, diet, and physical activity could be utilized to deliver more modified evidence about the risk of the disease (Mozaffarian et al., 2015). It is still a mystery whether this information would clue up to improved acceptance of health encouraging behaviors. Cardiovascular diseases discuss a variety of disorders that upset our hearts. In this background, genotype study has predominantly been restricted to unusual cases of cancer or cardiovascular disease, as such, strong genetic component should be obvious. Conceivably by identifying family history, individuals can gain health and protect themselves from chronic diseases.

**Demographics**

Approximately 610,000 individuals die every year because of heart diseases in the United States. The ratios are shown to be more in men as compared to women (Mozaffarian et al., 2015). People in the United States are not well aware of the heart disease symptoms, major warning symptoms, the major causes and risk factors for cardiovascular disease. Demographics show a burden of disease which is increasing day by day.

**Perception of health**

Knowledge and perception of health regarding cardiovascular disease is not accurate. Unsafe way of living, junk food intake, and family history are considerably connected with cardiovascular diseases (Bundy et al., 2017). High blood pressure, obesity, physical inactivity, high cholesterol level, smoking, and drinking also increases the chances of cardiovascular disease in a person. Awareness and perception of health regarding a healthy lifestyle, an association of inactivity and acquiring diseases such as hypertension, diabetes, and cardiovascular disorders are very low.

**Past medical history**

Medical history in the past has been associated with the risk of cardiovascular disorders among families (Sabatine et al., 2017). Medical history factors such as family history of illnesses, lifestyle, nutrition habits, and physical activity leads to the incidence of cardiovascular disease, especially among individuals with a past medical history in families of diabetes, hypertension and cardiovascular disease are at greater risk. Weight and body mass index proportions along with the consumption of an unhealthy diet are also linked with a bad past medical history of an individual.

**Family medical history**

Literature has suggested and proved a positive medical history with an association of acquiring cardiovascular disorder. There is a need for efforts to upturn the prevalence of self-protective lifestyle variations that are compulsory to advance the health of a person (Aune et al., 2017). The grown-ups with a positive family history of hypertension, diabetes, and cardiovascular disorders specify a meaningfully greater likelihood of acquiring the disease. Family history of an individual and medical history should be the procedure to monitor children at risk of cardiovascular disease (Bundy et al., 2017). This screening should be a part of prevention promotions, intended to decrease the burden of cardiovascular diseases in children.

**Cultural considerations**

Cardiovascular disorders are directly associated with cultural and developmental factors such as healthy lifestyles, family genetics and quality of food taken (Mozaffarian et al., 2015). Family having healthy lifestyles can help in risk management, increase timely revealing and disease prevention, and sway health-supporting behaviors, family history could be utilized as a screening device to catch high- and moderate-risk individuals who would get advantage from further targeted intrusions (Aune et al., 2017).

**Psychosocial considerations**

 Various significant factors including anxiety, aggression, job stress, poor communal support positively increase the risk of cardiovascular diseases. Various psychosocial factors promote the pathogenesis of heart-related disorders (Sabatine et al., 2017). The heart-related factors have headed in the direction of the progression of a new area of cardiovascular disorders. The demographical and pathophysiological researches have evaluated a strong link among several psychosocial factors that raises the risk of cardiovascular disease (Mozaffarian et al., 2015). In recent years, additional psychosocial risk factors are stress, anxiety, trauma, and other mental health subjects.

**Developmental consideration**

 Though cardiovascular illness has conventionally been observed as a disorder of aging persons, accumulative emphasis has bent to its developmental roots. Since weight at the birth of children has been connected to cardiovascular illness risk, investigation into elements such as gravid circumstances that cause fetal growth to increase (Bundy et al., 2017). Relations between motherly diabetes and juvenile obesity from familial researches recommend a fundamental role but potential research of gestational diabetes continues intermingled (Sabatine et al., 2017).

**Review of system**

Literature has suggested that other risk factor evidence, for example, BMI, smoking habits can also aggravate the onset of disease (Bundy et al., 2017). Usually, the suggestion from diverse studies has advocated that numerous flexible lifestyle fundamentals are of greatest significance in educating the healthy lifestyle of an individual (Sabatine et al., 2017). Population-wide cardiac disorder prevention is possible at the primary and secondary levels of healthcare services (Sabatine et al., 2017).

**Collaborative factors**

The major phase would be to assemble workshops, seminars and other symposiums of specialists to additionally discover the concepts researches have drawn and cultivate an examination schedule for scheming training and investigating present data to judge family history (Sabatine et al., 2017). Government, families and community collaborations are highly recommended in the adaptation of a healthy lifestyle and promotion of best nutrition and physical activity policies (Bundy et al., 2017). As the evidence shows, heart failure or heart disease which is generally linked with other conditions such as chest pain, stroke, hypertension, and high cholesterol level. These conditions increase the risk of cardiovascular disease in a person.

**Reflection**

 The patient that I got for an interview and history taking was 20 years old belongs to a well-known family. Her name was Nisa, one day on a pleasant evening, she encountered with me having a cup of tea in a café. I was visiting one of my friends and unfortunately, she did not have come to meet me. In this scenario, she gave me a good and loving company. During our interaction and introduction, she discussed a matter that was related to one of her neighbors. She was quite upset after knowing the medical reports of that girl residing next to her home. She was diagnosed with diabetes mellitus at her very early stage of life at 24 years of age. I told Nisa about my profession and being a nurse, I asked her to come to my hospital anytime to discuss this in detail. I also guided her to gather all the information regarding this girl related to her medical history.

We decided to have a detailed interview regarding that girl's medical history on Saturday at 5 PM. She was educated and have some knowledge for a healthy lifestyle but she was scared of revealing her medical history as this is unethical in her viewpoint. I guided her that revealing her medical family history would also help her. I can provide you healthy lifestyle tips and ultimately you can help her in acquiring good health. In this way, she agreed to come with complete details of that girl. I never found anything unusual regarding her. She was polite and educated along with a kind-hearted girl. After my few guidelines regarding the health, she was quite open to answer my questions regarding that girl’s family pedigree.

On Saturday, she came to my hospital and she was very punctual, after getting myself free from one of my patients meanwhile, I offered her a cup of tea. To begin with, I put her at comfort. I started my interview with common questions about that girl’s health and her husband. I asked my all appropriate and significant questions with ease, like her medical history, history of her blood relations and about her spouse and his parent's medical history. Nisa knew quite well about that girl’s family. Her family history shows a positive association in acquiring her diabetic medical status (Loomba et al., 2012).

All the family medical history and social history was positive like hypertension, diabetes in her family members, the death of her spouse's father because of heart failure. He was also a diabetic patient. She belongs to an average class family and their lifestyles were also not healthy. To keep my promise, I again told Nisa that this information would be kept secret and confidential. I guided her regarding a healthy lifestyle to make herself well prepared to inform her neighbor about the illness that she might acquire in the future. For example, hypertension, cardiac failure, and obesity. The interviewee was also very formal, she often asked me about her health status during the interview.

Regretfully, I wished to have complete details regarding family medical history of that girl's mother and father, Nisa was not aware of her detailed family background. A few questions remained unanswered such as about her mother's medical status as she never encountered to see her mother and had no discussion regarding her mother either. But clues helped me to investigate the disease afterward (Aune et al., 2017).

In the future, if I would have to do this interview one more time, I would rather choose a family member having a positive family history of color blindness. I would prefer to have an interview with family history by interacting with the concerned person utilizing the same interview pattern at my hospital.

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