

High Blood Pressure (HBP) and Shift Work (SW): An Assessment of the French Railways Workers (SNCF)

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Received with Revision September 14, 2020, Accepted: September 30, 2020, Published: October 05, 2020

What's about Shift Work and the SNCF Agents' Health?

During 27 months, among 1.731 agents, I assess the difference of the prevalence and the incidence of the general morbidity and of High Blood Pressure (HBP) between the SW and Daytime Workers (DW). Agents working from midnight to six o'clock in the morning more than 50 times a year are in the SW class. "Morbidity" is the number of agents with still active pathologies (Chronic diseases, No surgery or traumatic accident); "New Pathologies" is the number of agents with the same kind of new pathologies. HBP is defined by a Systolic Arterial Tension >150 and/or diastolic >90 mm Hg, controlled six times, or treated yet. Smoker or sporty agents have been identified.

Agents: 1.134 on DW 597 on Shift Work (SW). SNCF's statisticians have analyzed all the data, taking into account age, smoking, sex ratio. Morbidity: 24% DW and 33% for SW ($p < 0,0001$). New pathologies: 8,5% DW and 16,9% SW ($p = 0,0001$). HBP: Current HBP affects 7,6% DW and 12,6% SW ($p < 0,0007$). HBP incidence affects 2,9% DW and 6,4% SW agents (0,0006). Mean age is 42,25 years for DW agents and 41,21 years for SW agents. These results are significant ($p < 0,05$). Shift Work increase the prevalence and the incidence of morbidity and HBP.

Therefore, prevention on these aspects must be enhanced and medical surveillance redefined for SW agents.

Hypertension is named essential (basic) hypertension or optional hypertension. About 90-95% of cases are essential, characterized as hypertension because of vague way of life and hereditary factors. Lifestyle factors that expand the hazards remember abundance salt for the eating routine, overabundance body weight, smoking, and liquor use. The staying 5-10% of cases are arranged as auxiliary hypertension, characterized as hypertension because of a recognizable reason, for example, incessant kidney sickness, narrowing of the kidney corridors, an endocrine issue, or the utilization of anti-conception medication pills.

Circulatory strain is communicated by two estimations, the systolic and diastolic weights, which are the greatest and least weights, respectively. For most grown-ups, ordinary pulse very still is inside the scope of 100-130 millimeters mercury (mmHg) systolic and 60-80 mmHg diastolic. For most grown-ups, hypertension is available if the resting pulse is perseveringly at or over 130/80 or

140/90 mmHg. Different numbers apply to children. Ambulatory circulatory strain checking over a 24-hour time frame shows up more exact than office-based circulatory strain measurement.

Way of life changes and drugs can bring down circulatory strain and reduce the danger of wellbeing complications. Lifestyle changes incorporate weight reduction, physical exercise, diminished salt admission, decreasing liquor consumption, and a sound diet. If ways of life changes are not adequate at that point pulse meds are used. Up to three prescriptions can control pulse in 90% of people. The treatment of decently high blood vessel pulse (characterized as >160/100 mmHg) with meds is related with an improved life expectancy. The impact of treatment of circulatory strain between 130/80 mmHg and 160/100 mmHg is less clear, with certain surveys discovering benefit and others finding indistinct benefit. High circulatory strain influences somewhere in the range of 16 and 37% of the populace globally. In 2010 hypertension was accepted to have been a factor in 18% everything being equal (9.4 million all around).

Hypertension is infrequently joined by side effects, and its distinguishing proof is for the most part through screening, or when looking for social insurance for a disconnected issue. A few people with hypertension report cerebral pains (especially at the rear of the head and toward the beginning of the day), just as dazedness, vertigo, tinnitus (humming or murmuring in the ears), modified vision or blacking out episodes. These indications, in any case, may be identified with related uneasiness instead of the hypertension itself.

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Citation: Veirun F, Lebat N, Debensason (2020) High Blood Pressure (HBP) and Shift Work (SW): An Assessment of the French Railways Workers (SNCF). Health Sci J. Sp. Iss 2: 003.

On physical assessment, hypertension might be related with the nearness of changes in the optic fundus seen by ophthalmoscopy. The seriousness of the progressions common of hypertensive retinopathy is reviewed from I to IV; grades I and II might be hard to differentiate. The seriousness of the retinopathy corresponds generally with the length or the seriousness of the hypertension.

Hypertension with certain particular extra signs and side effects may propose optional hypertension, for example hypertension because of a recognizable reason. For instance, Cushing's disorder much of the time causes truncal stoutness, glucose narrow mindedness, moon face, a protuberance of fat behind the neck/shoulder (alluded to as a wild ox mound), and purple stomach stretch marks. Hyperthyroidism often causes weight reduction with expanded hunger, quick pulse, swelling eyes, and tremor. Renal course stenosis (RAS) might be related with a limited stomach bruit to one side or right of the midline (one-sided RAS),

or in the two areas (two-sided RAS). Coarctation of the aorta much of the time causes a diminished circulatory strain in the lower furthest points comparative with the arms, or deferred or missing femoral blood vessel beats. Pheochromocytoma may cause sudden ("paroxysmal") scenes of hypertension joined by migraine, palpitations, pale appearance, and extreme perspiring.

Biography

Dr Veirun François graduated in 1982 from the Montpellier University of Medicine (France). Heworked as a general practitioner from 1983 to 2013, and graduated in Occupational Health Medicine in 1989. He has been working for the SNCF (French National Railway Company) as Occupational Health Doctor since 1992, currently in Nîmes and Montpellier. Dr Debensason is the manager of the "Epidemiology" team of the SNCF. Mr Lebat works as a statistician in the "Epidemiology" team.