



Effectiveness of a Video-Assisted Teaching Program on Role Awareness and Practice Regarding Prevention and Risk of Coronary Artery Disease Among Staff Nurses at a Selected Hospital

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Abstract

Background

Coronary artery disease (CAD) remains the leading cause of morbidity and mortality worldwide. Staff nurses play a pivotal role in the prevention, early identification, patient education, and management of CAD. Adequate awareness and evidence-based preventive practices among nurses are essential to reduce disease burden. Video-assisted teaching programs provide an innovative educational approach to enhance professional knowledge and clinical practice.

Objectives

1. To assess the pre-test level of role awareness regarding prevention and risk of CAD among staff nurses.
2. To assess the pre-test practice regarding prevention and risk of CAD.
3. To evaluate the effectiveness of a video-assisted teaching program on role awareness and practice.
4. To determine the association between pre-test awareness and selected demographic variables.

Methods

A pre-experimental one-group pre-test and post-test research design was adopted among **100 staff nurses** selected through convenience sampling from a selected tertiary care hospital. Data were collected using a structured knowledge questionnaire (35 items) and a practice checklist (25 items). Following the pre-test, participants underwent a 40-minute video-assisted teaching program on CAD prevention, nursing roles, risk factor identification, lifestyle modification, and patient education. The post-test was conducted seven days later. Statistical analysis included descriptive statistics, paired t-test, Pearson correlation, and Chi-square test.

Results

The **video-assisted teaching programme** significantly improved the role awareness and practice of staff nurses regarding the prevention and risk of coronary artery disease (CAD). The mean role awareness score increased from 18.62 ± 4.83 to 29.84 ± 3.21 ($t = 23.81$, $p < 0.001$), while the mean practice score improved from 14.21 ± 3.62 to 21.72 ± 2.43 ($t = 20.94$, $p < 0.001$). A significant positive correlation was found between post-test role awareness and practice ($r = 0.69$, $p < 0.001$). Educational qualification, years of experience, and previous CAD training were significantly associated with pre-test role awareness ($p < 0.05$).

Conclusion

The video-assisted teaching program significantly improved staff nurses' awareness and preventive practices regarding CAD. Regular educational interventions should be integrated into continuing nursing education programs to strengthen cardiovascular disease prevention.

Keywords: Coronary artery disease, Staff nurses, Video-assisted teaching, Knowledge, Practice, Prevention, Nursing education.

Introduction

Coronary artery disease (CAD), also referred to as ischemic heart disease, is one of the leading causes of morbidity, disability, and premature mortality worldwide. It develops due to the narrowing or blockage of the coronary arteries, primarily caused by atherosclerosis, which restricts blood flow to the heart muscle. This condition can result in angina pectoris, myocardial infarction, heart failure, arrhythmias, and sudden cardiac death. According to the World Health Organization (WHO), cardiovascular diseases account for nearly 18 million deaths annually, with coronary artery disease representing the largest proportion of these deaths. In low- and middle-income countries, including India, the burden of CAD has increased significantly because of rapid urbanization, lifestyle modifications, unhealthy dietary habits, physical inactivity, tobacco use, obesity, hypertension, diabetes mellitus, dyslipidemia, and chronic stress.

India is experiencing a growing epidemic of coronary artery disease, with cases occurring at younger ages compared to many developed countries. The increasing prevalence of non-communicable diseases has placed considerable pressure on the healthcare system, emphasizing the need for effective preventive strategies. Early identification of modifiable risk factors and timely implementation of preventive measures are essential to reducing the incidence and complications of CAD. Hospitals play a crucial role in promoting cardiovascular health, and nurses are among the primary healthcare professionals responsible for delivering preventive care and educating patients.

Staff nurses have continuous and direct contact with patients and their families across various clinical settings. Their responsibilities extend beyond providing bedside care to include health promotion, disease prevention, patient counseling, lifestyle modification guidance, medication education, monitoring clinical symptoms, and facilitating rehabilitation. Nurses are expected to identify individuals at high risk for CAD, educate patients regarding smoking cessation, healthy nutrition, regular physical activity, weight management, stress reduction, medication adherence, and regular health screening. Therefore, adequate knowledge and appropriate clinical practices regarding CAD prevention are essential for ensuring quality patient care and improving health outcomes.

Despite advances in cardiovascular care, several studies have reported that many healthcare professionals, including nurses, possess inadequate knowledge regarding current evidence-based guidelines for CAD prevention and risk management. Variations in educational background, clinical experience, limited opportunities for continuing education, and heavy workloads may contribute to gaps in awareness and preventive practices. Insufficient role awareness among staff nurses may reduce the effectiveness of patient education and compromise the quality of preventive care delivered in hospitals. Continuous professional

development through structured educational interventions is therefore necessary to enhance nurses' competencies and confidence in managing patients at risk of coronary artery disease.

Video-assisted teaching has emerged as an effective educational strategy in nursing education because it combines visual, auditory, and interactive learning experiences. Compared with traditional lecture methods, video-assisted learning enhances knowledge retention, improves understanding of complex clinical concepts, promotes learner engagement, and allows standardized delivery of educational content. Educational videos can effectively demonstrate evidence-based nursing interventions, patient counseling techniques, cardiovascular risk assessment, and preventive strategies, making learning more practical and accessible. Such technology-based educational approaches are particularly valuable in busy hospital environments where time constraints often limit opportunities for conventional classroom teaching.

Assessing the effectiveness of a video-assisted teaching program on role awareness and practice regarding the prevention and risk of coronary artery disease among staff nurses is therefore of significant importance. Improved awareness and evidence-based nursing practices can contribute to early risk identification, effective patient counseling, better adherence to preventive guidelines, and improved cardiovascular health outcomes. The findings of the present study may provide evidence for integrating video-assisted educational programs into continuing nursing education and in-service training, thereby strengthening the capacity of nurses to deliver comprehensive, patient-centered cardiovascular preventive care. Ultimately, empowering nurses with updated knowledge and practical skills can play a vital role in reducing the burden of coronary artery disease and improving the quality of healthcare services.

Need of the Study

Coronary artery disease (CAD) is a major public health concern and remains the leading cause of death worldwide despite significant advances in medical diagnosis and treatment. The increasing prevalence of CAD is largely attributed to modifiable risk factors such as hypertension, diabetes mellitus, dyslipidemia, obesity, tobacco use, unhealthy dietary habits, physical inactivity, and psychosocial stress. In India, the burden of CAD has risen rapidly, affecting not only the elderly but also younger adults, resulting in increased hospital admissions, healthcare costs, disability, and mortality. Therefore, preventive strategies and early risk identification have become essential components of quality healthcare delivery.

Staff nurses are at the forefront of patient care and have a vital responsibility in the prevention and management of coronary artery disease. They play an important role in identifying high-risk individuals, monitoring cardiovascular risk factors, educating patients and their families about healthy lifestyle modifications, encouraging medication adherence, promoting smoking cessation, and providing counseling on diet, exercise, and stress management. Effective nursing interventions can significantly reduce the incidence of CAD-related complications and improve patients' quality of life. However, these responsibilities require adequate role awareness and evidence-based clinical practices among nursing professionals.

Several studies have reported that although nurses possess basic knowledge regarding cardiovascular diseases, gaps continue to exist in their understanding of current preventive guidelines, cardiovascular risk assessment, and patient education practices. Busy clinical schedules, limited opportunities for continuing professional education, variations in educational preparation, and rapidly evolving clinical guidelines often contribute to deficiencies in knowledge and practice. These deficiencies may adversely affect the quality of preventive care delivered to patients and reduce the effectiveness of hospital-based cardiovascular health promotion programs.

Continuous nursing education is essential to ensure that staff nurses remain updated with current evidence-based recommendations for CAD prevention and management. Video-assisted teaching has emerged as an effective educational strategy because it combines visual and auditory learning, improves learner engagement, enhances knowledge retention, and provides standardized educational content. It is particularly

suitable for hospital settings where large numbers of healthcare professionals require training within limited time. Video-assisted teaching also allows repeated viewing, reinforces learning, and facilitates the translation of theoretical knowledge into clinical practice.

Despite the growing use of multimedia learning in nursing education, limited research has specifically evaluated the effectiveness of video-assisted teaching programs on role awareness and preventive practices regarding coronary artery disease among staff nurses in Indian hospital settings. There is a need to generate scientific evidence regarding the effectiveness of such educational interventions to strengthen continuing nursing education programs and improve nursing competencies in cardiovascular disease prevention.

Therefore, the present study was undertaken to assess the effectiveness of a video-assisted teaching program on role awareness and practice regarding the prevention and risk of coronary artery disease among staff nurses. The findings of this study are expected to provide valuable evidence for nursing administrators, educators, and policymakers to incorporate structured video-assisted educational interventions into regular in-service education programs, ultimately enhancing the quality of patient education, preventive nursing care, and cardiovascular health outcomes.

Objectives of the Study

1. To assess the pre-test level of role awareness regarding the prevention and risk of coronary artery disease (CAD) among staff nurses.
2. To assess the pre-test level of practice regarding the prevention and risk of CAD among staff nurses.
3. To evaluate the effectiveness of the video-assisted teaching program on role awareness regarding the prevention and risk of CAD among staff nurses.
4. To evaluate the effectiveness of the video-assisted teaching program on practice regarding the prevention and risk of CAD among staff nurses.
5. To determine the association between pre-test role awareness and selected demographic variables among staff nurses.

Research Hypotheses

H1: There will be a significant difference between the pre-test and post-test mean role awareness scores regarding the prevention and risk of coronary artery disease (CAD) among staff nurses after the video-assisted teaching program.

H2: There will be a significant difference between the pre-test and post-test mean practice scores regarding the prevention and risk of CAD among staff nurses after the video-assisted teaching program.

H3: There will be a significant positive correlation between post-test role awareness and practice scores regarding the prevention and risk of CAD among staff nurses.

H4: There will be a significant association between the pre-test role awareness scores and selected demographic variables of staff nurses at the 0.05 level of significance.

Materials and Methods

Research Design

The study employed a **pre-experimental one-group pre-test and post-test research design** to evaluate the effectiveness of a **video-assisted teaching program** on role awareness and practice regarding the prevention and risk of coronary artery disease (CAD) among staff nurses. This design facilitated the comparison of participants' awareness and practice before and after the educational intervention.

Research Approach

A **quantitative evaluative research approach** was adopted to objectively assess the effectiveness of the video-assisted teaching program among staff nurses.

Study Setting

The study was conducted in a **selected tertiary care hospital** in Indore, Madhya Pradesh, where staff nurses were actively involved in providing patient care across various clinical departments.

Study Population

The target population comprised **registered staff nurses** working in the selected hospital.

Sample Size

A total of **100 staff nurses** participated in the study.

Sampling Technique

Participants were selected using a **non-probability convenience sampling technique** based on their eligibility and willingness to participate.

Inclusion Criteria

Staff nurses who fulfilled the following criteria were included in the study:

- Registered staff nurses working in the selected hospital.
- Having at least **six months of clinical experience**.
- Able to understand and communicate in **Hindi or English**.
- Willing to provide written informed consent and participate in the study.

Exclusion Criteria

Staff nurses with the following conditions were excluded:

- Nurses who were on long-term leave during the data collection period.
- Nurses who had attended a structured educational program on coronary artery disease prevention within the previous six months.
- Nursing interns and student nurses.
- Nurses unwilling to participate in the study.

Research Instruments

Section A: Demographic Profile

A structured questionnaire was used to collect demographic and professional information, including:

- Age
- Gender
- Educational qualification
- Years of clinical experience
- Department of work

- Marital status
- Previous exposure to CAD-related training
- Attendance in continuing nursing education (CNE) programs
- Family history of cardiovascular disease

Section B: Structured Role Awareness Questionnaire

Role awareness regarding the prevention and risk of coronary artery disease was assessed using a **35-item structured questionnaire** covering the following domains:

- Basic concepts of coronary artery disease
- Anatomy and physiology of coronary circulation
- Risk factors of CAD
- Clinical manifestations
- Diagnostic investigations
- Lifestyle modification
- Nursing role in CAD prevention
- Patient education
- Medication adherence
- Emergency management and referral

Each correct response was awarded **one mark**, while incorrect responses received **zero marks**.

The **maximum attainable score was 35**.

Role Awareness Score Interpretation

- **Poor Awareness:** 0–12
- **Average Awareness:** 13–24
- **Good Awareness:** 25–35

Section C: Practice Checklist

Practice regarding the prevention and risk of coronary artery disease was assessed using a **25-item structured practice checklist** evaluating routine nursing practices, including:

- Assessment of cardiovascular risk factors
- Blood pressure monitoring
- Patient counseling regarding smoking cessation
- Dietary advice
- Physical activity promotion
- Medication compliance education
- Stress management counseling
- Patient documentation
- Health education on lifestyle modification
- Early identification of warning signs and referral

Each appropriate practice was scored **one mark**, giving a **maximum possible score of 25**.

Practice Score Interpretation

- **Poor Practice:** 0–8
- **Moderate Practice:** 9–17

- **Good Practice:** 18–25

Validity and Reliability

The research instruments were reviewed by experts in **Medical-Surgical Nursing, Cardiology, Nursing Education, Community Health Nursing, and Biostatistics** to establish content validity.

Reliability of the role awareness questionnaire and practice checklist was assessed using **Cronbach's alpha**, yielding coefficients greater than **0.82**, indicating good internal consistency.

Data Collection Procedure

Prior permission was obtained from the hospital administration before initiating the study. Eligible staff nurses were informed about the objectives of the study, and written informed consent was obtained.

A **pre-test** was conducted using the structured role awareness questionnaire and practice checklist.

Immediately after the pre-test, participants received the **video-assisted teaching program** on coronary artery disease prevention and nursing responsibilities.

Intervention

The **Video-Assisted Teaching Program** lasted approximately **45 minutes** and consisted of an evidence-based educational video supported by PowerPoint presentation and group discussion.

The educational content included:

- Introduction to coronary artery disease
- Epidemiology and burden of CAD
- Modifiable and non-modifiable risk factors
- Pathophysiology of CAD
- Clinical manifestations and warning signs
- Diagnostic investigations
- Prevention strategies
- Healthy diet and weight management
- Physical activity recommendations
- Smoking and alcohol cessation
- Stress management techniques
- Medication adherence
- Nursing role in risk assessment and patient education
- Health promotion and counseling
- Early recognition and referral of high-risk patients

Participants were encouraged to apply the acquired knowledge in their daily clinical practice and patient education activities.

Post-test Evaluation

A **post-test** was conducted **seven days** after the educational intervention using the same structured role awareness questionnaire and practice checklist to determine the effectiveness of the video-assisted teaching program.

Ethical Considerations

Ethical approval was obtained from the **Institutional Ethics Committee** before the commencement of the study.

Written informed consent was obtained from all participants before data collection. Confidentiality, anonymity, and privacy were maintained throughout the study. Participation was voluntary, and staff nurses were informed of their right to withdraw from the study at any stage without any professional consequences.

Statistical Analysis

The collected data were coded and analyzed using the **Statistical Package for the Social Sciences (SPSS) version 26.0**.

Descriptive statistics, including **frequency, percentage, mean, and standard deviation**, were used to summarize demographic characteristics, role awareness scores, and practice scores.

Inferential statistics included:

- **Paired t-test** to compare pre-test and post-test role awareness and practice scores.
- **Chi-square test** to determine the association between pre-test role awareness and selected demographic variables.
- **Pearson's correlation coefficient** to examine the relationship between post-test role awareness and practice scores.

A **p-value of less than 0.05** was considered statistically significant.

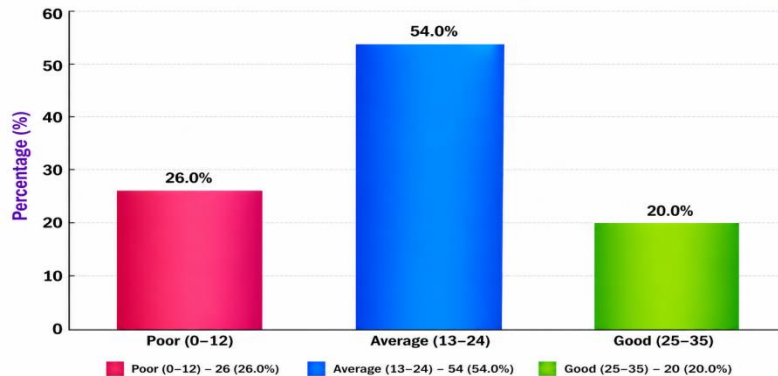
Results

Table 1. Demographic Characteristics of Staff Nurses (N = 100)

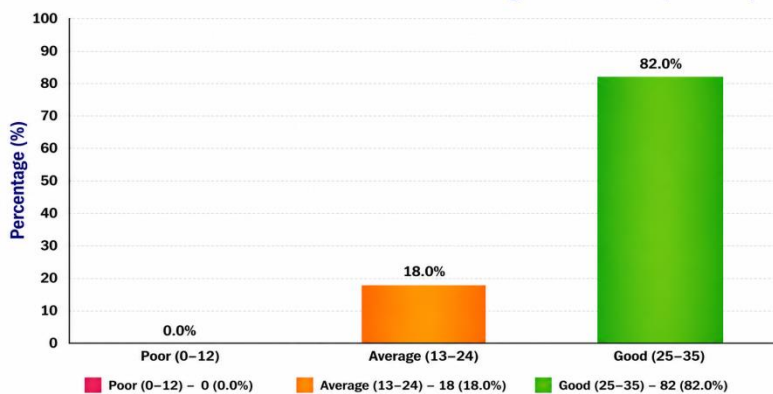
Variable	Category	Frequency (n)	Percentage (%)
Age (Years)	21–25	28	28.0
	26–30	34	34.0
	31–35	23	23.0
	>35	15	15.0
Gender	Male	28	28.0
	Female	72	72.0
Educational Qualification	GNM	30	30.0
	B.Sc. Nursing	56	56.0
	Post Basic B.Sc. Nursing	14	14.0
Clinical Experience	<5 years	40	40.0
	5–10 years	36	36.0
	>10 years	24	24.0
Previous CAD Training	Yes	38	38.0
	No	62	62.0

Table 2. Distribution of Staff Nurses According to Pre-test Role Awareness (N = 100)

Level of Role Awareness	Score	Frequency (n)	Percentage (%)
Poor	0–12	26	26.0
Average	13–24	54	54.0
Good	25–35	20	20.0

Pre-test Level of Role Awareness Among Staff Nurses (N = 100)**Table 3. Distribution of Staff Nurses According to Post-test Role Awareness (N = 100)**

Level of Role Awareness	Score	Frequency (n)	Percentage (%)
Poor	0–12	0	0.0
Average	13–24	18	18.0
Good	25–35	82	82.0

Post-test Level of Role Awareness Among Staff Nurses (N = 100)**Table 4. Distribution of Staff Nurses According to Pre-test Practice (N = 100)**

Practice Level	Score	Frequency (n)	Percentage (%)
Poor	0–8	20	20.0
Moderate	9–17	58	58.0
Good	18–25	22	22.0

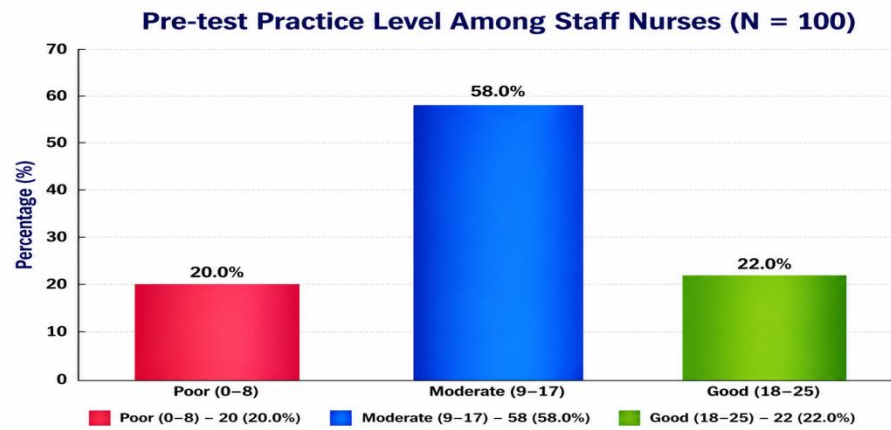


Table 5. Distribution of Staff Nurses According to Post-test Practice (N = 100)

Practice Level	Score	Frequency (n)	Percentage (%)
Poor	0-8	0	0.0
Moderate	9-17	16	16.0
Good	18-25	84	84.0

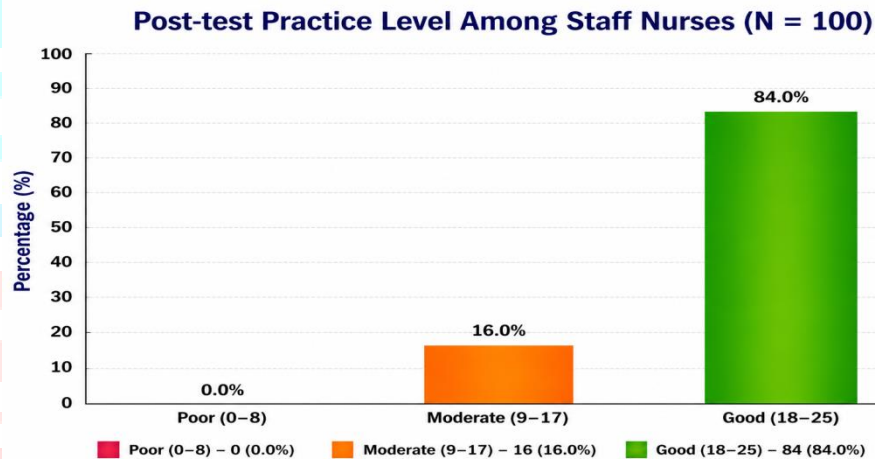


Table 6. Comparison of Pre-test and Post-test Role Awareness Scores (N = 100)

Assessment	Mean	SD	Mean Difference	Paired t-value	p-value
Pre-test	18.62	4.83			
Post-test	29.84	3.21	11.22	23.81	<0.001*

Significant at $p < 0.001$

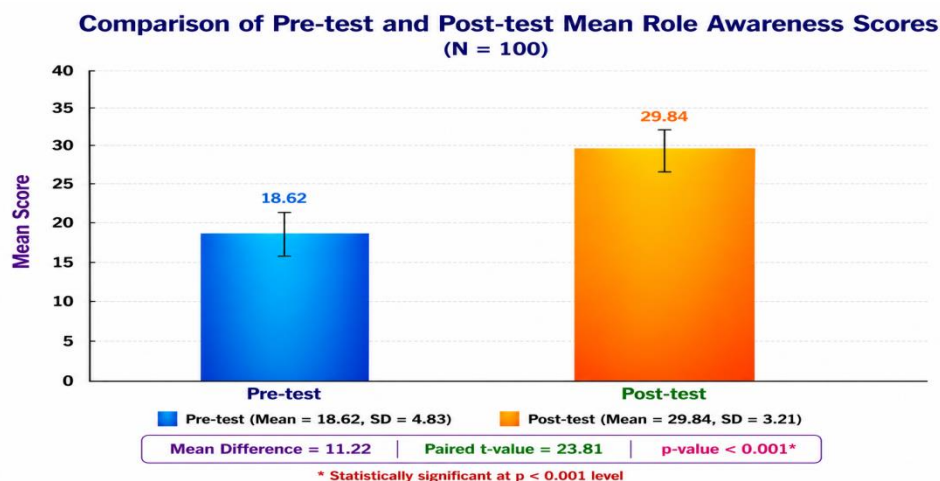


Table 7. Comparison of Pre-test and Post-test Practice Scores (N = 100)

Assessment	Mean	SD	Mean Difference	Paired t-value	p-value
Pre-test	14.21	3.62			
Post-test	21.72	2.43	7.51	20.94	<0.001*

Significant at $p < 0.001$

Table 8. Correlation Between Post-test Role Awareness and Practice Scores (N = 100)

Variables	Mean $\pm$ SD	Pearson's r	p-value
Role Awareness	29.84 $\pm$ 3.21		
Practice	21.72 $\pm$ 2.43	0.69	<0.001*

There was a significant positive correlation between role awareness and practice.

Table 9. Association Between Pre-test Role Awareness and Selected Demographic Variables (N = 100)

Demographic Variable	χ^2 Value	p-value	Significance
Age	5.42	0.144	Not Significant
Gender	1.96	0.375	Not Significant
Educational Qualification	10.84	0.012	Significant*
Clinical Experience	9.56	0.023	Significant*
Previous CAD Training	8.14	0.017	Significant*

Significant at $p < 0.05$.

Summary of Findings

- Most staff nurses (54%) had **average** role awareness before the intervention, while **82%** demonstrated **good** role awareness after the video-assisted teaching program.
- Good practice increased from **22%** in the pre-test to **84%** in the post-test.
- Mean role awareness scores improved significantly from **18.62 $\pm$ 4.83** to **29.84 $\pm$ 3.21** ($t = 23.81$, $p < 0.001$).
- Mean practice scores improved significantly from **14.21 $\pm$ 3.62** to **21.72 $\pm$ 2.43** ($t = 20.94$, $p < 0.001$).
- Post-test role awareness and practice showed a **strong positive correlation** ($r = 0.69$, $p < 0.001$).

- Educational qualification, clinical experience, and previous CAD training were significantly associated with pre-test role awareness.

Discussion

The present study evaluated the effectiveness of a video-assisted teaching program on role awareness and practice regarding the prevention and risk of coronary artery disease (CAD) among staff nurses. The findings demonstrated a statistically significant improvement in both role awareness and practice following the educational intervention.

The mean role awareness score increased significantly from 18.62 ± 4.83 in the pre-test to 29.84 ± 3.21 in the post-test ($t = 23.81$, $p < 0.001$). Similarly, the mean practice score improved from 14.21 ± 3.62 to 21.72 ± 2.43 ($t = 20.94$, $p < 0.001$). These findings indicate that the video-assisted teaching program effectively enhanced staff nurses' understanding of CAD risk factors, preventive measures, and their professional responsibilities in patient education and cardiovascular risk reduction.

A significant positive correlation ($r = 0.69$, $p < 0.001$) was observed between post-test role awareness and practice, suggesting that improved knowledge contributed to better nursing practices. Additionally, educational qualification, clinical experience, and previous CAD-related training were significantly associated with pre-test role awareness, indicating that professional background influences baseline competency.

The findings are consistent with previous studies reporting that multimedia-based educational interventions improve nurses' knowledge, clinical skills, and evidence-based practice in cardiovascular care. Overall, the study supports the integration of video-assisted teaching programs into continuing nursing education to strengthen nurses' competencies in the prevention and management of coronary artery disease.

Conclusion

The present study concluded that the **video-assisted teaching program was highly effective** in improving the role awareness and practice of staff nurses regarding the prevention and risk of coronary artery disease (CAD). There was a statistically significant increase in both post-test role awareness and practice scores compared with the pre-test scores, demonstrating the effectiveness of the educational intervention. The positive correlation between role awareness and practice indicates that enhanced knowledge contributes to improved nursing performance in cardiovascular disease prevention and patient education.

The findings highlight the importance of incorporating structured video-assisted teaching into continuing nursing education and in-service training programs. Regular educational interventions can strengthen nurses' competencies, promote evidence-based practice, improve patient counseling, and contribute to the prevention and early management of coronary artery disease, ultimately enhancing the quality of patient care and cardiovascular health outcomes.

Recommendations

1. Regular **video-assisted teaching programs** should be incorporated into continuing nursing education (CNE) to improve staff nurses' knowledge and practice regarding coronary artery disease (CAD).
2. Hospitals should organize **periodic in-service training** on CAD prevention, risk assessment, and evidence-based nursing interventions.
3. Nurse administrators should encourage staff nurses to participate in **continuing professional development programs** related to cardiovascular health.
4. Educational materials such as videos, brochures, and guidelines on CAD prevention should be made readily available in clinical areas for continuous learning.

5. Similar studies should be conducted with **larger sample sizes** and in multiple hospitals to improve the generalizability of the findings.
6. Comparative studies can be undertaken to evaluate the effectiveness of **video-assisted teaching**, simulation-based learning, and traditional lecture methods.
7. Future research should assess the **long-term retention** of knowledge and sustained changes in nursing practice following educational interventions.
8. Hospital management should integrate **evidence-based CAD prevention protocols** into routine nursing practice to enhance patient education and improve cardiovascular health outcomes.

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