

Covert coping with unfair treatment at work and risk of incident myocardial infarction and cardiac death among men: Prospective cohort study

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Conclusion

In this cohort study of Swedish men apparently free of coronary heart disease at baseline, covert coping behaviour was associated with an increased risk of future myocardial infarction and cardiac death.

Objective

Covert coping with unfair treatment at work – occurring when an employee does not show the ‘aggressor’ that he/she feels unfairly treated – has been found to be associated with cardiovascular risk factors, e.g. hypertension and unfavourable lipid patterns.

Aim

To explore whether covert coping is prospectively associated with risk of myocardial infarction and cardiac death among working men.

Methods

2,755 male participants from the WOLF (Work, Lipids, and Fibrinogen) study with a history free of myocardial infarction. Baseline screening 1992-1995. Coping with unfair treatment at work was measured by means of a questionnaire.

Main outcome measure

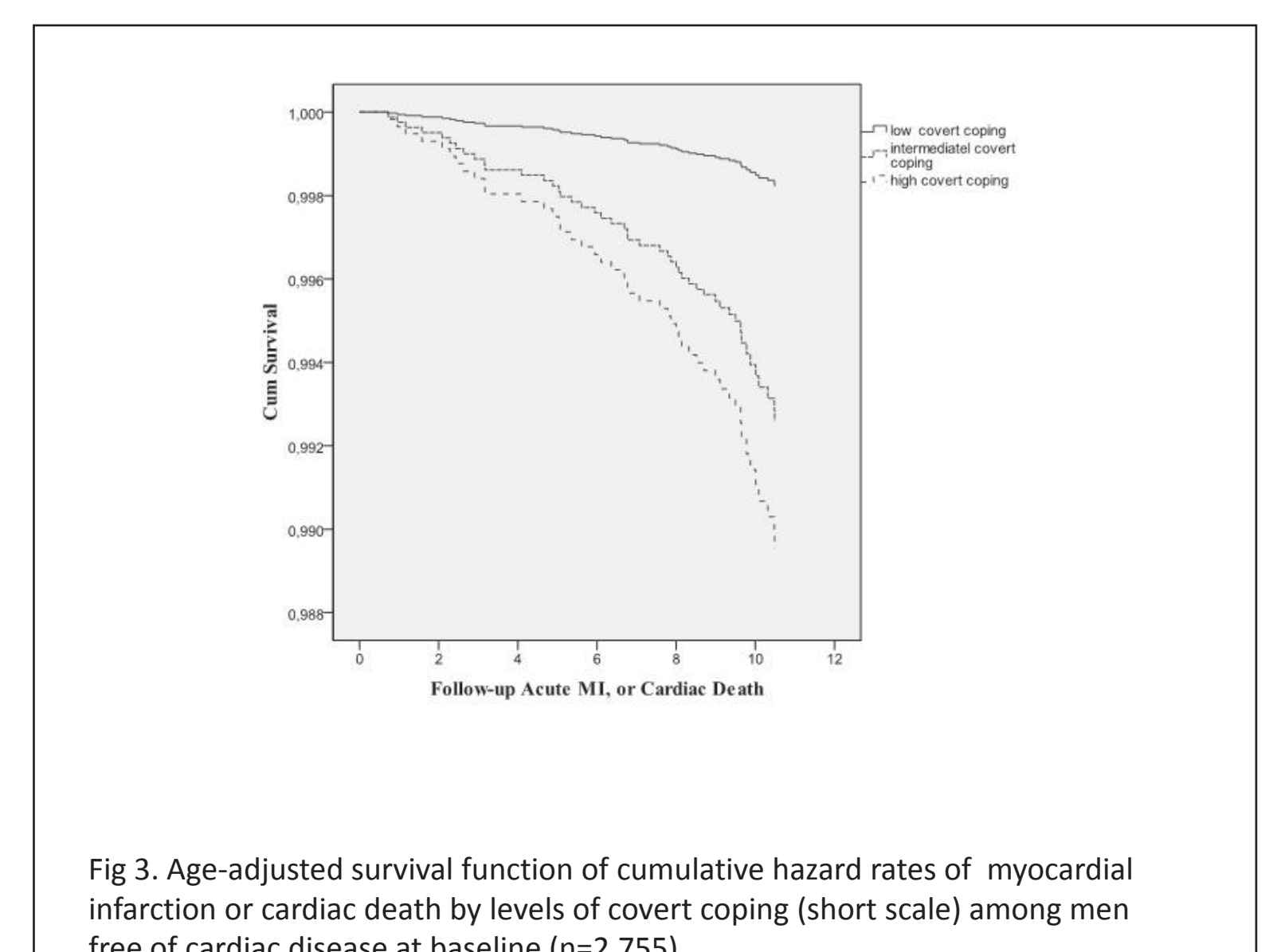
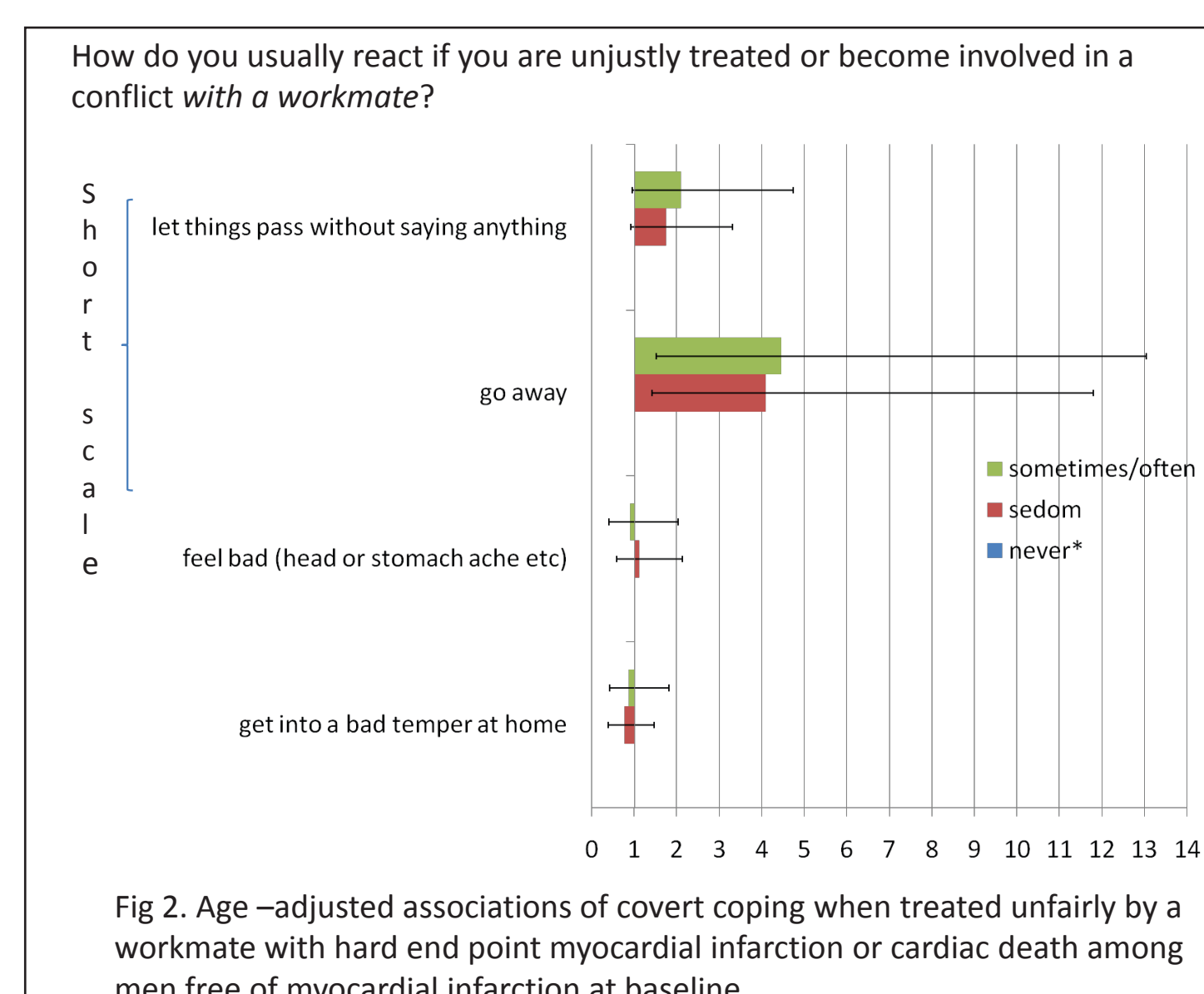
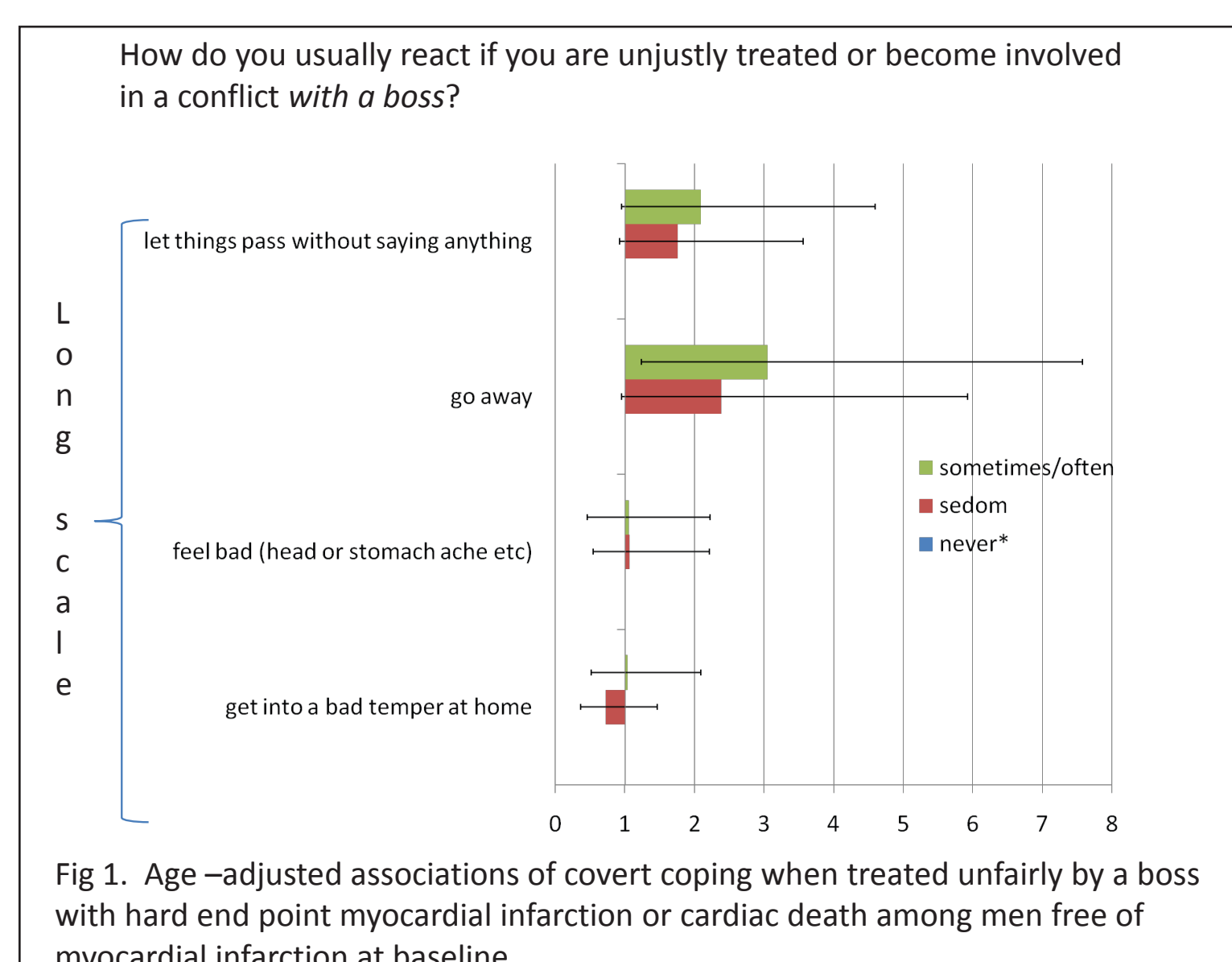
Hospitalisation due to myocardial infarction or death from ischemic heart disease until 2003 obtained from national registers (mean follow-up 9.8 ± 0.9 years).



Results

47 participants had myocardial infarction or died from ischemic heart disease during follow-up.

Covert coping showed a clear dose-response relationship to outcome (p for trend 0.10). Frequently use of covert coping increased the risk for MI or cardiac death by 2.29 (95% CI: 1.00-5.29). Restricting the analysis to direct coping behaviour only strengthens the association (p for trend 0.02). See figure 3.



* Due to low number of cases in some categories, the coding was often, sometimes, and seldom/never for 'let things pass'.

Reference:
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