Answer to the letter to the editor

G. J. M. Vandersmissen¹ · L. Godderis^{1,2}

Published online: 16 December 2019

© Springer-Verlag GmbH Germany, part of Springer Nature 2019

The original paper was submitted in November 2018. For this paper, data gathered in 2016 were used. Following a reviewer's comment, a new analysis was performed. By that time, data of 2018 were available. We took the opportunity to present more recent data in the revised paper.

Traditional risk factors like total cholesterol and blood glucose were not considered in our study. The reason is that data were gathered in an operational and not in an investigational context. Therefore, we used the data that were available from the routine occupational medical examination of workers. Blood glucose and cholesterol were not available. Therefore, we could not calculate the European Society of Cardiology's SCORE [Systematic Coronary Risk Equation (Piepoli et al. 2016)]. We estimated high cardiovascular risk from the four risk factors that were available: smoking, blood pressure, BMI, and physical activity. We formulated our definition of high cardiovascular risk with these risk factors. We never intended to calculate a person's absolute cardiovascular risk or to compare our figures of "high cardiovascular risk" with those of other studies, in which case it would have been necessary to use internationally validated definitions. Our purpose was to detect differences in the prevalence of the available risk factors within our population, more specific between sectors. Consequently,

we searched literature to see if the same or other differences between sectors or professions were observed.

The purpose of this study was to compare cardiovascular risk factors and high cardiovascular risk between sectors. The results suggested that work-related factors might induce cardiovascular risk factors. We concluded that it is important to address these work-related factors as well as known major risk factors as smoking, physical inactivity, and obesity by health-promoting measures tailored to the specific needs of the occupational groups at high risk.

Reference

Piepoli MF, Hoes AW, Agewall S et al (2016) 2016 European Guidelines on cardiovascular disease prevention in clinical practice: the sixth joint task force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of 10 societies and by invited experts) Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR). *Eur Heart J* 37(29):2315–2381

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This reply refers to the comment available at <https://doi.org/10.1007/s00420-019-01502-8>.

✉ G. J. M. Vandersmissen
lieve.vandersmissen@idewe.be

¹ Group IDEWE, External Service for Prevention and Protection at Work, Interleuvenlaan 58, 3001 Heverlee, Belgium

² Katholieke Universiteit Leuven, Occupational, Environmental and Insurance Medicine, Kapucijnenvoer 35/5, 3000 Leuven, Belgium