



# BIEN-ETRE AU TRAVAIL REDUCTION DU RISQUE CARDIOVASCULAIRE ?



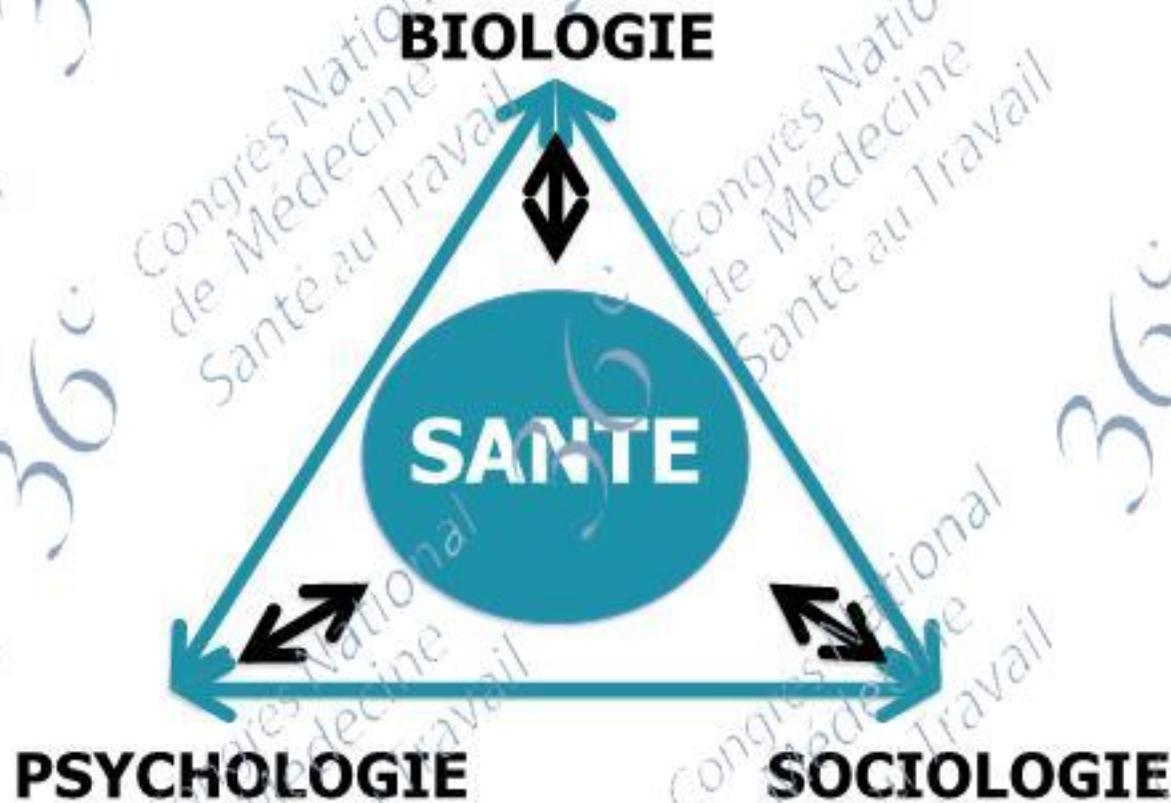
**Jean-Pierre HOUPPE.**  
**Saint Michel L'Observatoire**



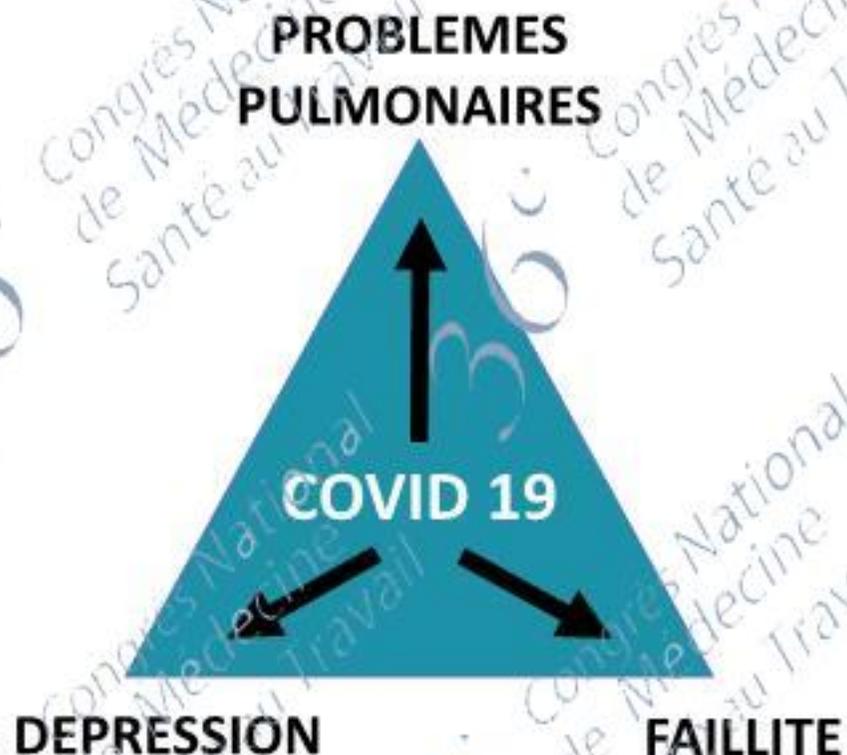
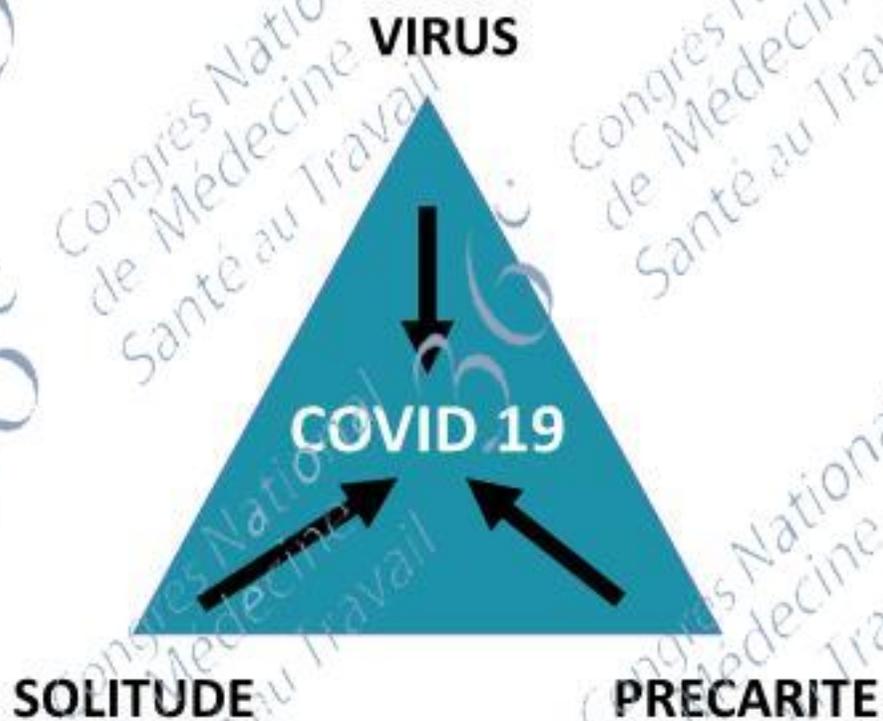
**Je déclare n'avoir aucun conflit d'intérêt pour cette présentation**

# En Préambule

## Le modèle biopsychosocial



# L'exemple COVID



# 4 Questions



1



2



3



4



# QUESTION NUMERO 1



**Quels sont les liens entre  
STRESS PSYCHOSOCIAL et CARDIOLOGIE ?**

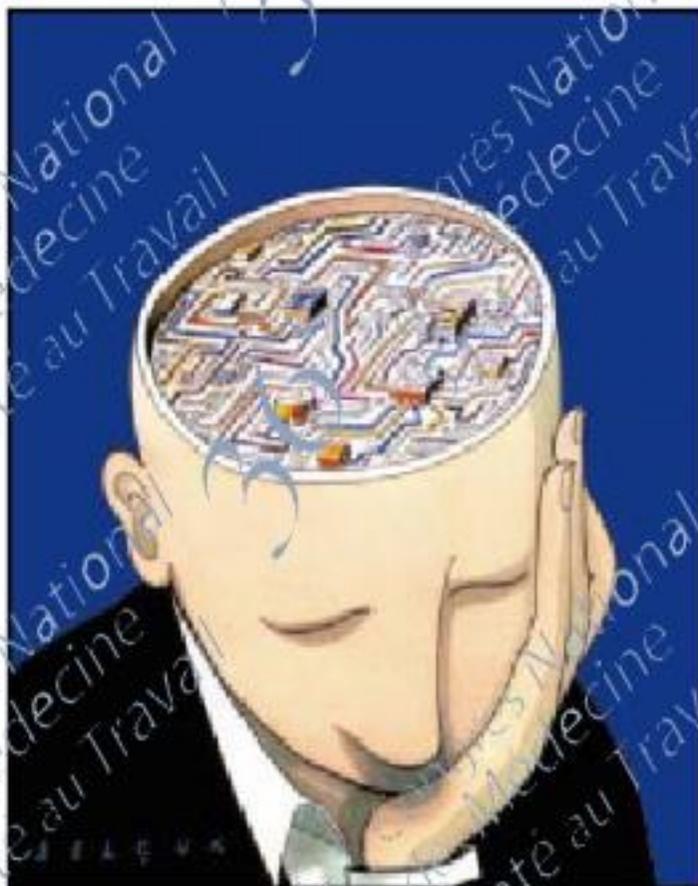
# INTERHEART

## Risk of AMI associated with Risk Factors in the Overall Population

Risk factor	% Cont	% Cases	OR (99% CI) adj for age, sex, smrok	OR (99% CI) adj for all
<b>ApoB/ApoA-1 (5 v 1)</b>	20.0	33.5	3.87 (3.39, 4.42)	<b>3.25 (2.81, 3.76)</b>
<b>Current smoking</b>	26.8	45.2	2.95 (2.72, 3.20)	<b>2.87 (2.58, 3.19)</b>
<b>Diabetes</b>	7.5	18.4	3.08 (2.77, 3.42)	<b>2.37 (2.07, 2.71)</b>
<b>Hypertension</b>	21.9	39.0	2.48 (2.30, 2.68)	<b>1.91 (1.74, 2.10)</b>
<b>Abdo Obesity (3 v 1)</b>	33.3	46.3	2.22 (2.03, 2.42)	<b>1.62 (1.45, 1.80)</b>
<b>Psychosocial Stress</b>	-	-	2.51 (2.15, 2.93)	<b>2.67 (2.21, 3.22)</b>
<b>Veg &amp; fruits daily</b>	42.4	35.8	0.70 (0.64, 0.77)	<b>0.70 (0.62, 0.79)</b>
<b>Exercise</b>	19.2	14.2	0.73 (0.65, 0.79)	<b>0.86 (0.76, 0.97)</b>
<b>Alcohol Intake</b>	15.6	11.6	0.86 (0.76, 0.97)	<b>0.91 (0.82, 1.02)</b>
All combined	15.0	129.2	(90.2, 185.0)	
All combined (extremes)	83.9	333.7	(230.2, 483.9)	

**32%**

# Facteurs psychosociaux et cardiologie



## 1. PSYCHOLOGIE

1. Stress, Anxiété, Dépression
2. Hostilité, cynisme
3. Pessimisme, désespoir
4. Colère
5. Personnalité Type D
6. SSPT
7. BURN-OUT

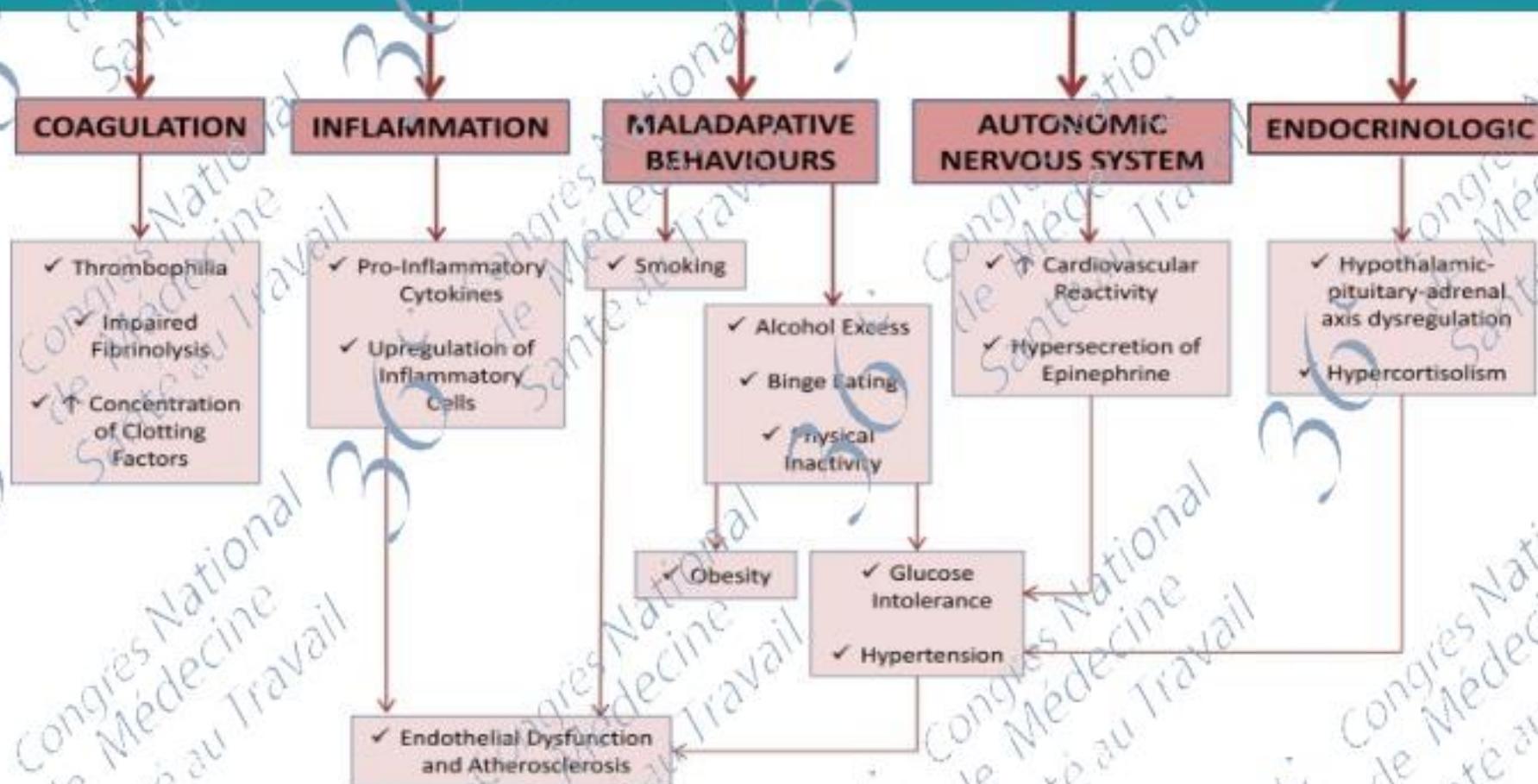
## 2. SOCIOLOGIE

1. Origine et Support sociaux
2. Relation de couple, solitude
3. Sentiment religieux

## 3. STATUT SOCIO-ECONOMIQUE

1. Revenu financier
2. Position sociale
3. Niveau d'études

# Les liens entre Cardiologie et les Facteurs Psychosociaux



# 2012...2016...2021



**ESC**

European Society  
of Cardiology

European Heart Journal (2021) 42, 3227–3317  
doi:10.1093/eurheartj/ehab484

**ESC GUIDELINES**

## 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice

Developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives of the European Society of Cardiology and 12 medical societies

With the special contribution of the European Association of Preventive Cardiology (EAPC)

### 3.3. Potential risk modifiers

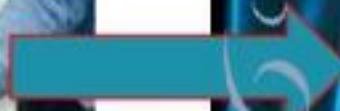
Apart from the conventional CVD risk factors included in the risk charts, additional risk factors or types of individual information can also modify calculated risk. Assessment of a potential modifier may be considered if:

- It improves measures of risk prediction, such as discrimination or reclassification (e.g. by calculation of net reclassification index)
- Public health impact is clear (e.g. number needed to screen or net benefit)
- It is feasible in daily practice
- Information is not just available on how risk increases with an unfavourable result, but also on how risk decreases if the modifier shows a favourable result
- The literature on this potential modifier is not distorted by publication bias.

### 3.3.1. Psychosocial factors

Psychosocial stress is associated, in a dose-response pattern, with the development and progression of ASCVD, independently of conventional risk factors and sex. Psychosocial stress includes stress symptoms (i.e. symptoms of mental disorders), as well as stressors such as loneliness and critical life events. The RRs of psychosocial stress are commonly between 1.2 and 2.0<sup>106,109</sup> (Supplementary Table 4). Conversely, indicators of mental health, such as optimism and a strong sense of purpose, are associated with lower risk.<sup>109</sup> Psychosocial stress has direct biological effects, but is also highly correlated with socioeconomic and behavioural risk factors (e.g. smoking, poor adherence).<sup>100,109–111</sup> Although the associations of psychosocial stress with CV health are robust, only 'vital exhaustion' has been proven to improve risk reclassification.<sup>101</sup> Owing to the importance of stress symptoms among ASCVD patients, several guidelines and scientific statements recommend screening of ASCVD patients for psychological stress<sup>112–115</sup> (Box 2 and Supplementary Table 5). A recent prospective cohort study with a median follow-up of 8.4 years reported favourable effects of screening for depression on major ASCVD events.<sup>102</sup>

# QUESTION NUMERO 2

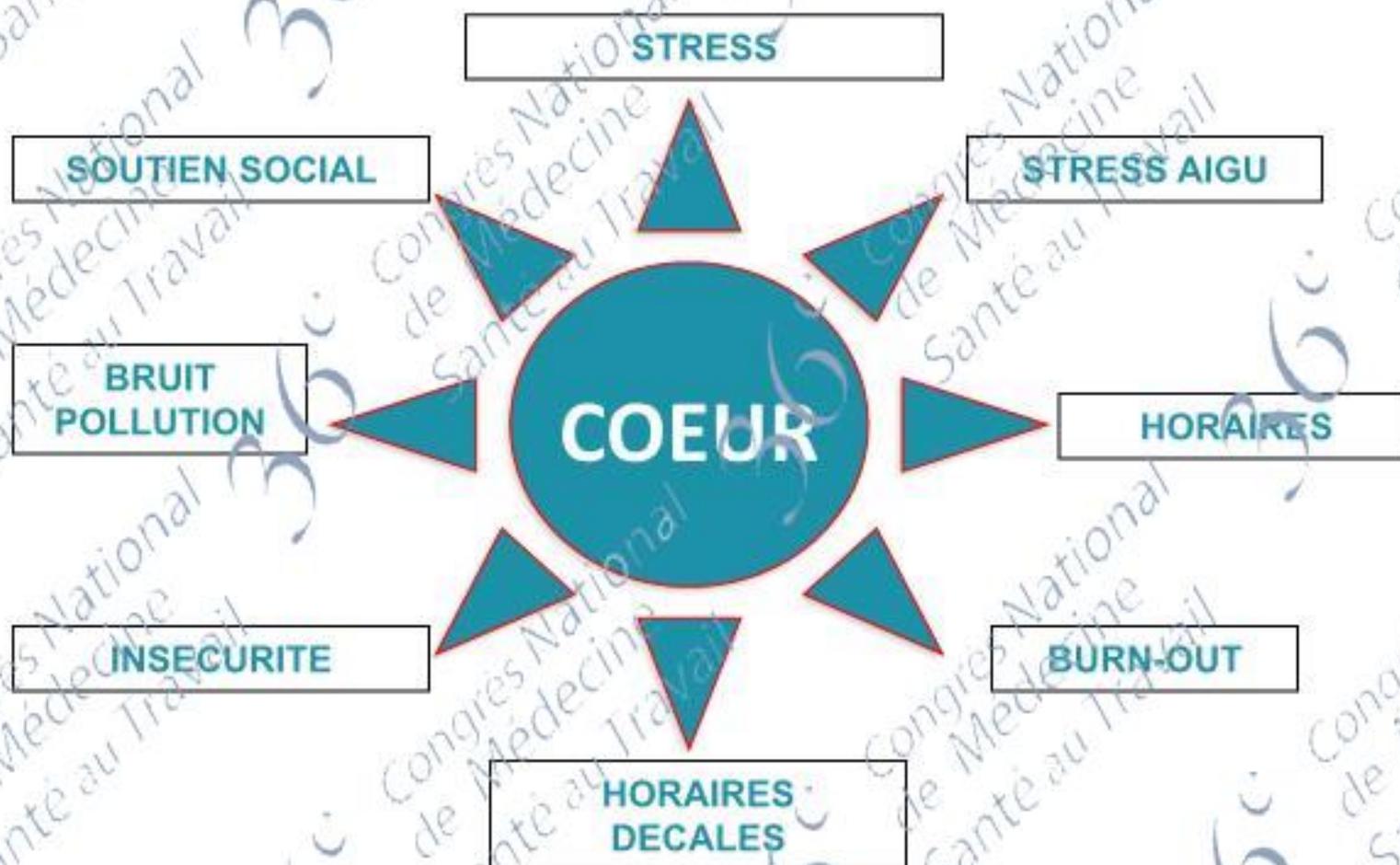


**Quels sont les liens entre  
RISQUE PSYCHOSOCIAL AU TRAVAIL et CARDIOLOGIE ?**

# Les risques psychosociaux

- Le risque psychosocial est classiquement défini comme les éléments qui portent atteinte à l'intégrité physique et à la santé mentale des salariés au sein de leur environnement professionnel
- **les RPS peuvent être regroupés en 4 grandes familles de facteurs :**
  - **Les contraintes liées au travail et son organisation :** Autonomie dans le travail, degré d'exigence au travail en matière de qualité et de délais, vigilance et concentration requises, injonctions contradictoires.
  - **Le management et les relations de travail :** nature et qualité des relations avec les collègues, les supérieurs, reconnaissance, rémunération, justice organisationnelle ;
  - **La prise en compte des valeurs et attentes des salariés :** développement des compétences, équilibre entre vie professionnelle et vie privée, conflits d'éthique ;
  - **Les changements du travail :** conception des changements de tout ordre, nouvelles technologies, insécurité de l'emploi, restructurations ...

# Travail et cardiologie



# QUESTION NUMERO 3



**LE BIEN-ETRE ET LE BONHEUR  
ONT-ILS UN IMPACT EN CARDIOLOGIE ?**



# Does happiness itself directly affect mortality? The prospective UK Million Women Study



Bette Liu, Sarah Floud, Kirstin Pirie, Jane Green, Richard Peto, Valerie Beral, for the Million Women Study Collaborators

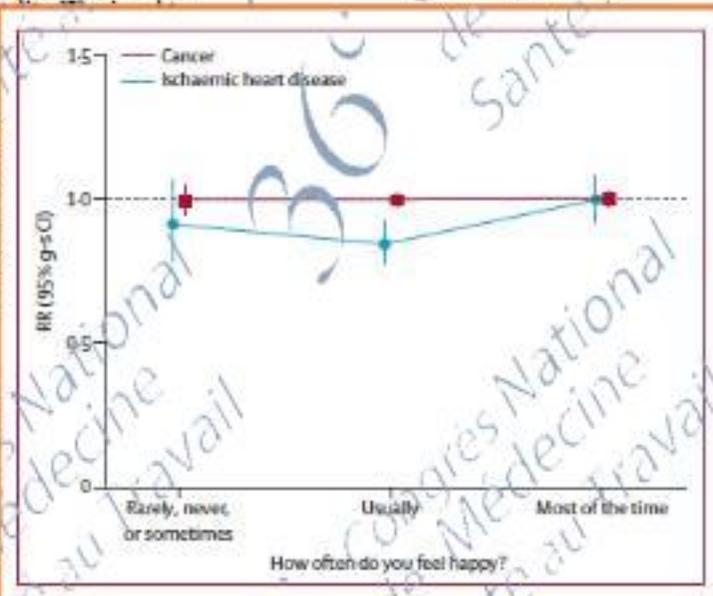
## Summary

**Background** Poor health can cause unhappiness and poor health increases mortality. Previous reports of reduced mortality associated with happiness could be due to the increased mortality of people who are unhappy because of their poor health. Also, unhappiness might be associated with lifestyle factors that can affect mortality. We aim to establish whether, after allowing for the poor health and lifestyle of people who are unhappy, a direct effect remains that happiness or related subjective measures of wellbeing directly reduce mortality.

**Methods** The Million Women Study is a prospective study of UK women recruited between 2000 and 2001, followed electronically for cause-specific mortality. 3 years after recruitment, the baseline questionnaire present report asked women to self-rate their health, happiness, stress, feelings of control, and relaxation. The main analyses were of mortality before Jan 1, 2012, from all causes, from ischaemic heart disease, from cancer in women who did not have heart disease, stroke, chronic obstructive lung disease, or emphysema, or from any other cause, in women who answered this baseline questionnaire. We used Cox regression, adjusted for baseline self-rated health, lifestyle factors, to calculate mortality rate ratios (RRs) comparing mortality in women who reported being happy (ie, happy sometimes, rarely, or never) with those who reported being happy most of the time.

**Findings** Of 719 671 women in the main analyses (median age 59 years [IQR 55–63]), 39% (282 043) were happy most of the time, 44% (315 874) usually happy, and 17% (121 178) unhappy. During 10 years of follow-up, 4% (31 531) of participants died. Self-rated poor health at baseline was strongly associated with unhappiness. After adjustment for self-rated health, treatment for hypertension, diabetes, asthma, arthritis, depression, and several sociodemographic and lifestyle factors (including smoking, deprivation, and body-mass index), happiness was not associated with mortality from all causes (adjusted RR for unhappy vs happy most of the time 0.94–1.01), from ischaemic heart disease (0.97, 0.87–1.10), or from cancer (0.98, 0.93–1.03). Results were similarly null for related measures such as stress or lack of control.

**Interpretation** In middle-aged women, poor health can cause unhappiness. After allowing for this association and adjusting for potential confounders, happiness and related measures of wellbeing do not appear to have any direct effect on mortality.



# A défaut de bonheur .. Soyons optimistes



## Optimism, Cynical Hostility, and Incident Coronary Heart Disease and Mortality in the Women's Health Initiative

Hilary A. Tindle, MD, MPH, Yue-Fang Chang, PhD, Lewis H. Kuller, MD, DrPH, JoAnn E. Manson, MD, DrPH, Jennifer G. Robinson, MD, MPH, Milagros C. Rosal, PhD, Greg J. Siegle, PhD, and Karen A. Matthews, PhD

University of Pittsburgh (H.A.T., Y.-F.C., L.H.K., G.J.S., K.A.M.), Pittsburgh, Pa; Brigham and Women's Hospital and Harvard Medical School (J.E.M.), Boston, Mass; University of Iowa (J.G.R.), Iowa City, Iowa; and University of Massachusetts (M.C.R.), Worcester, Mass

Optimism, Cynical Hostility, and Fully Adjusted Hazard of Important Disease Outcomes\*

	Incident Myocardial Infarction	Incident CHD	All-Cause Mortality	CHD-Related
<b>Optimism (most vs least)</b>				
White and black women (n=97 253)	0.84 (0.73–0.96)	0.91 (0.83–0.99)	0.86 (0.79–0.92)	0.70 (0.55–0.89)
Whites (n=89 259)	0.83 (0.72–0.95)	0.90 (0.82–0.99)	0.87 (0.80–0.96)	0.71 (0.55–0.91)
Blacks (n=7594)	1.01 (0.60–1.70)	0.96 (0.70–1.31)	0.67 (0.50–0.90)	0.62 (0.37–1.01)
<b>Cynical hostility (most vs least)</b>				
White and black women (n=97 253)	1.13 (0.98–1.30)	1.04 (0.95–1.13)	1.16 (1.07–1.27)	1.25 (0.98–1.61)
Whites (n=89 259)	1.14 (0.99–1.32)	1.06 (0.97–1.16)	1.13 (1.03–1.23)	1.18 (0.91–1.54)
Blacks (n=7594)	0.98 (0.52–1.82)	0.85 (0.59–1.18)	1.62 (1.14–2.31)	2.02 (0.77–5.36)

\*All models adjusted for age, race/ethnicity, education, income, diabetes mellitus, hypertension, high cholesterol, depressive symptoms, BMI, waist circumference, and OS cohort vs CT status.

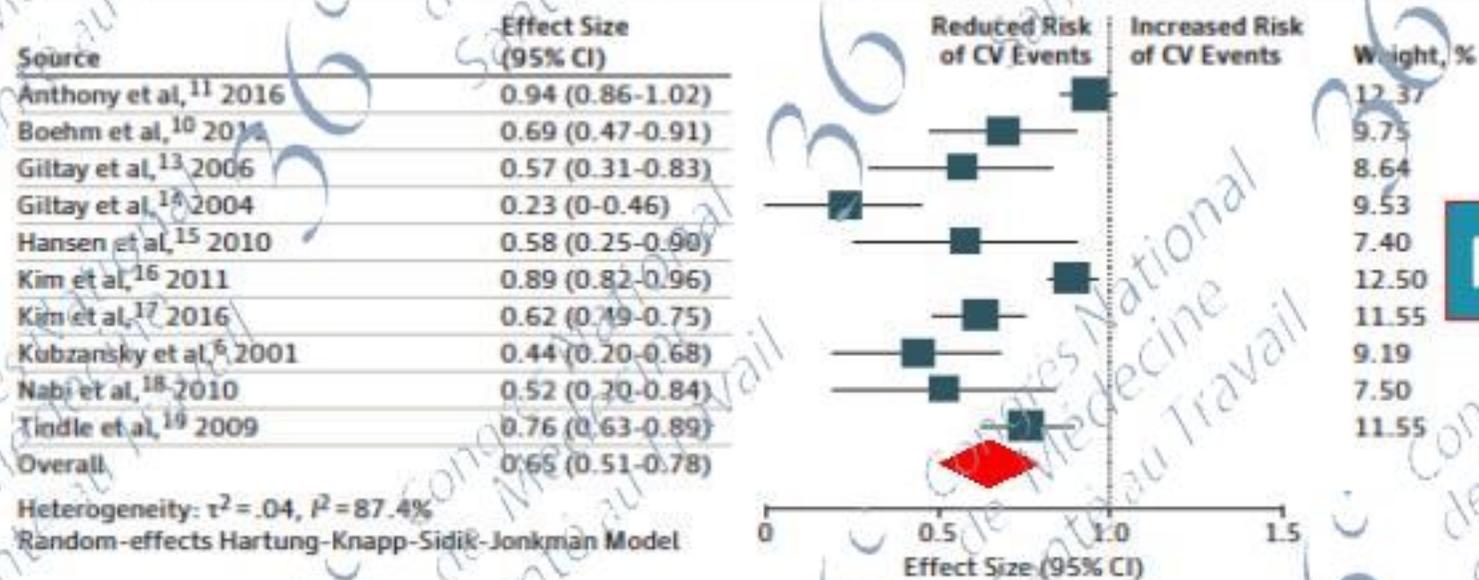
1. Hostilité et optimisme sont deux facteurs indépendants
2. Les sujets les plus optimistes
  1. Infarctus: 0.84
  2. Évènements coronariens : 0.91
  3. Mortalité globale:0.86
  4. Mortalité Coronarienne: 0.70
  5. Mortalité cancer:0.93

# Association of Optimism With Cardiovascular Events and All-Cause Mortality

## A Systematic Review and Meta-analysis

Alan Rozanski, MD; Chirag Bavishi, MD, MPH; Laura D. Kubzansky, PhD; Randy Cohen, MD

Figure 2. Association Between Optimism and Cardiovascular (CV) Events



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# Positive Psychology

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## *An Introduction*

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Martin E. P. Seligman  
Mihaly Csikszentmihalyi

*University of Pennsylvania*  
*Claremont Graduate University*

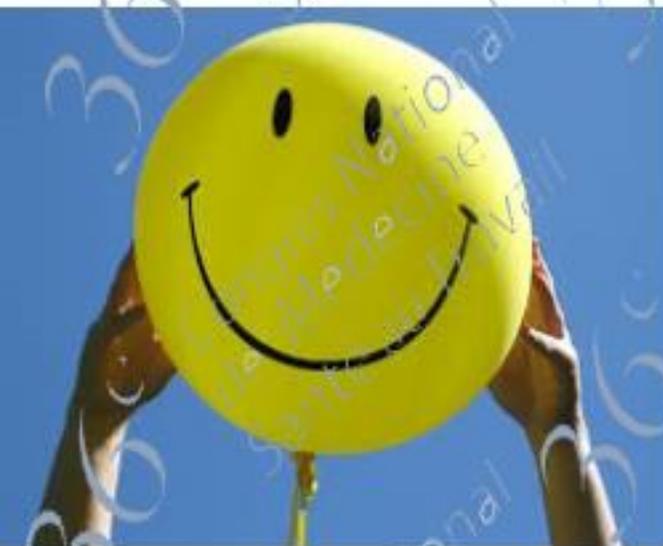
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We end this introduction by hazarding a prediction about psychology in the new century. We believe that a psychology of positive human functioning will arise that achieves a scientific understanding and effective interventions to build thriving in individuals, families, and communities.

As a main effect, psychologists will learn how to build the qualities that help individuals and communities, not just to endure and survive, but also to flourish.

# POSITIVONS



**Etre Optimisme**

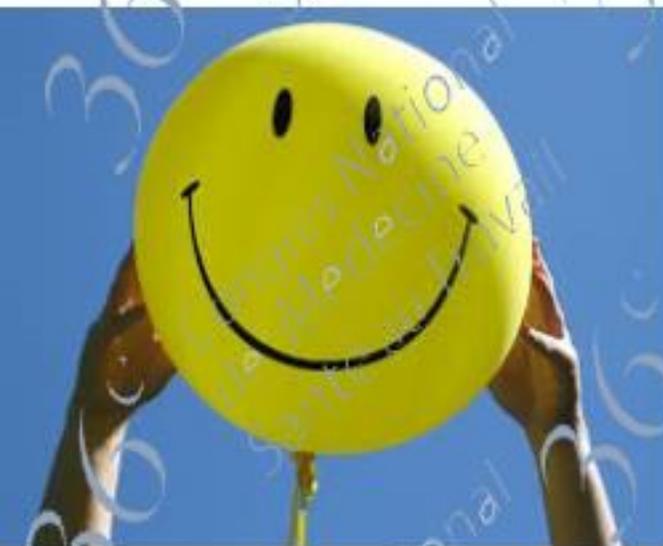


**Donner du sens**



**S'engager**

# POSITIVONS



**Etre Optimisme**



**Donner du sens**



**S'engager**

**Une façon d'être qui se découvre et se construit**



EUROPEAN SOCIETY OF CARDIOLOGY

European Heart Journal (2010) 31, 1065–1070  
doi:10.1093/eurheartj/ehp603

CLINICAL RESEARCH

Coronary heart disease

# Don't worry, be happy: positive affect and reduced 10-year incident coronary heart disease: The Canadian Nova Scotia Health Survey

Karina W. Davidson\*, Elizabeth Mostofsky, and William Whang

Department of Medicine, Center for Behavioral Cardiovascular Health, Columbia University Medical Center, 622 West 168th Street, PH9 Room 948, New York, NY 10032, USA

## Aims

Positive affect is believed to predict cardiovascular health independent of negative affect. We examined whether higher levels of positive affect are associated with a lower risk of coronary heart disease (CHD) in a large prospective study with 10 years of follow-up.

## Methods and results

We examined the association between positive affect (and depressive symptoms) in the 1995 Nova Scotia Health Survey and incident CHD over 10 years of follow-up.

**-22 % à 10 ans**

14 916 person-years of observation. In a multivariable model adjusting for traditional risk factors, positive affect predicted CHD (HR, 0.78; 95% CI 0.63–0.96) whereas depressive symptoms continued to predict CHD as had been published previously in the same patients (HR, 1.04; 95% CI 1.01–1.07 per point;  $P = 0.004$ ) and hostility and anxiety did not (both  $P > 0.05$ ).

## Conclusion

In this large, population-based study, increased positive affect was protective against 10-year incident CHD, suggesting that preventive strategies may be enhanced not only by reducing depressive symptoms but also by increasing positive affect.

**Table 2** Hazard ratios (and 95% confidence intervals) for one unit increase in each psychosocial measure

Predictor	Hazard rate (95% confidence interval)		
	Model 1 <sup>a</sup>	Model 2 <sup>b</sup>	Model 3 <sup>c</sup>
Positive affect	0.73 (0.59–0.90)	0.77 (0.63–0.95)	0.78 (0.63–0.96)

# Les deux facettes du bonheur

- **Hédonique:**

- Plaisir
- Satisfaction

- **Eudémonique**

- But de vie
- Croissance personnelle



# Les chercheurs de bonheur

## Pursuing Happiness in Everyday Life: The Characteristics and Behaviors of Online Happiness Seekers

Acacia C. Parks  
Reed College

Matthew D. Della Porta and Russell S. Pier  
University of California, Riverside

Ran Zilca  
Signal Patterns, White Plains, New York

Sonja Lyubomirsky  
University of California, Riverside

Although the last decade has witnessed mounting research on the development and evaluation of positive interventions, investigators still know little about the target population of such interventions: happiness seekers. The present research asked three questions about happiness seekers: (1) What are their general characteristics?, (2) What do they purposefully do to become happier?, and (3) How do they make use of self-help resources? In Study 1, we identified two distinct clusters of online happiness seekers. In Study 2, we asked happiness seekers to report on their use of 14 types of happiness-seeking behaviors. In Study 3, we tracked happiness seekers' usage of an iPhone application that offered access to eight different happiness-increasing activities, and assessed their resulting happiness and mood improvements. Together, these studies provide a preliminary portrait of happiness seekers' characteristics and naturalistic behaviors.

# Une Manière D'être et D'agir

Table 1

*Most Commonly Practiced Activities, Activities to Which Participants Adapted, and the Most Important/Meaningful Activities (Study 2)*

Happiness-increasing activity	% Participants practicing this activity <sup>a</sup>	% Participants identifying this activity category as one to which they most adapted <sup>b</sup>	% Participants identifying this activity category as most important or meaningful <sup>b</sup>
Practicing acts of kindness towards others	77.2	2.6	5.3
Pursuing goals that are important to me	73.7	6.1	5.3
Expressing gratitude	68.4	0	0
Being optimistic	68.4	0	0
Doing physical exercise or sports	65.8	14.9	11.4
Nurturing my social relationships	62.3	16.7	52.6
Savoring life's joys	61.4	21.9	4.4
Acting like a happy person	60.5	0	0
Doing activities that make me feel "in the moment"	59.6	15.8	4.4
Forgiving others	58.8	0	0
Practicing religion and/or spirituality	41.2	2.6	7.9
Using strategies that help me cope with stress or adversity	40.4	16.7	3.5
Avoiding overthinking and comparing myself to others	37.7	0	0
Practicing meditation	20.2	0.9	1.8
None of the categories fit		1.8	3.5

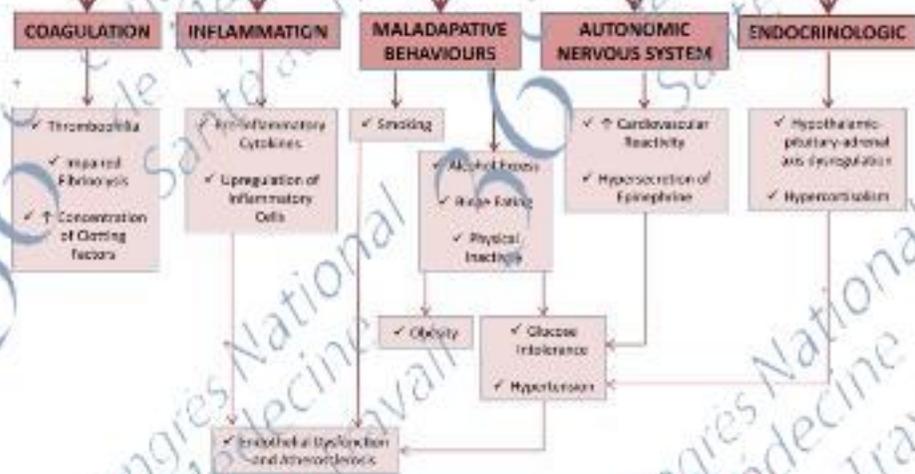
# Une Manière D'être et D'agir

	EFFET BIEN-ETRE	EFFET PREVENTIF CV
ARRET DU TABAC	POSITIF	POSITIF
ACTIVITE PHYSIQUE	POSITIF	POSITIF
ALIMENTATION	POSITIF	POSITIF
SOMMEIL	POSITIF	POSITIF
MEDITATION	POSITIF	POSITIF
GRATITUDE, ALTRUISME	POSITIF	POSITIF
CREATION	POSITIF	POSITIF
RIRE	POSITIF	POSITIF
CONTACT SOCIAL	POSITIF	POSITIF
QUETE DE SENS	POSITIF	POSITIF

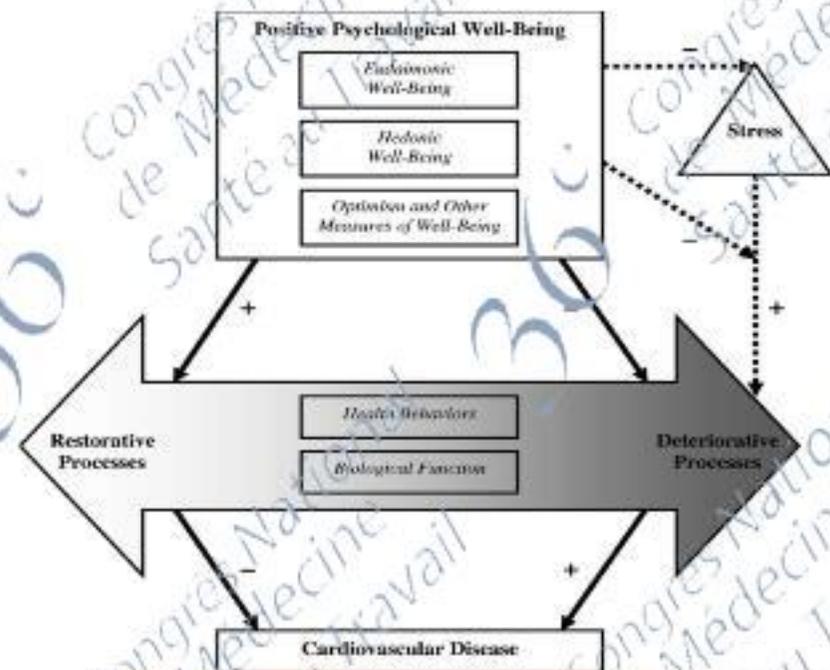
# The Heart's Content: The Association Between Positive Psychological Well-Being and Cardiovascular Health

Julia K. Boehm and Laura D. Kubzansky  
Harvard School of Public Health

## Mechanism: Unraveling the Relationship between Work Stress and Coronary Heart Disease



**STRESS**



**BIEN-ETRE**

## Editorial

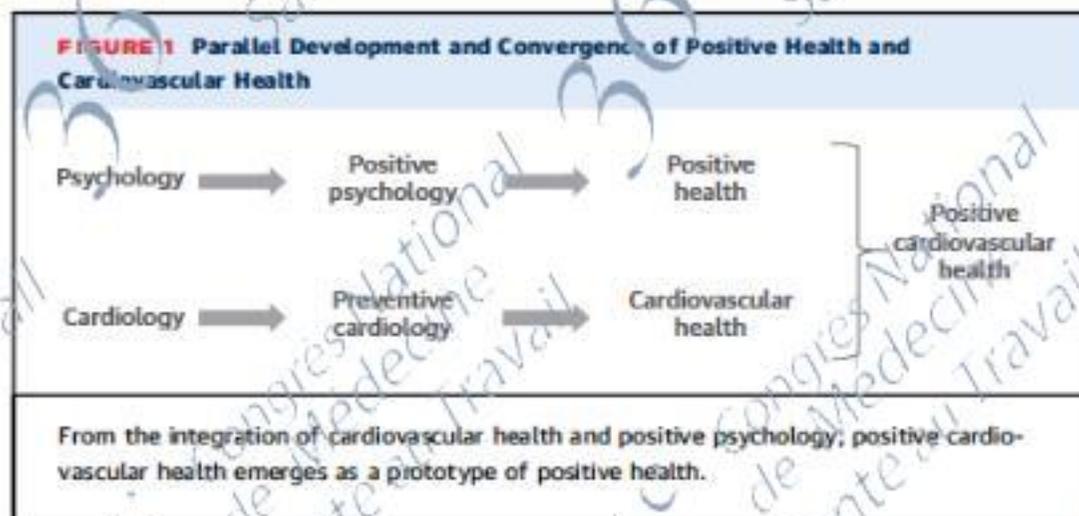
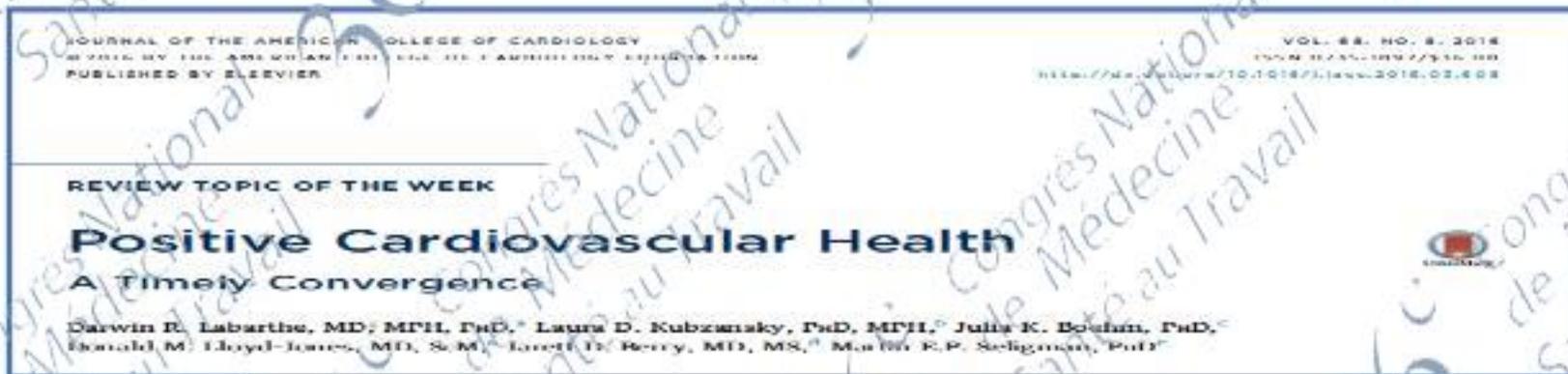
### **Optimism and Other Sources of Psychological Well-Being A New Target for Cardiac Disease Prevention**

Alan Rozanski, MD

**we may soon reach a saturation point with respect to the ability of medicines alone to reduce further CVD mortality rates. Ominously, those risk factors that require behavioral modification for their control—obesity, sedentary behavior, and various psychosocial risk factors—are not only prevalent within society but are also increasing in prevalence. Behavioral modification represents the high hanging fruit of preventive healthcare. It is still there for the taking.**

**.. Nous sommes parvenus à la limite de notre efficacité...Les modifications comportementales représentent la cible privilégiée de la prévention..**

# La Cardiologie Positive



# QUESTION NUMERO 4



**LE BIEN-ETRE ET LE BONHEUR AU TRAVAIL  
ONT-ILS UN IMPACT EN CARDIOLOGIE ?**



OUI



OUI



OUI



?



# Pourquoi et comment Favoriser le Bien-être au travail ?

Université  
du *bonheur*  
au travail



1ère Université du Bonheur au Travail

29, 30 et 31 octobre 2015 / INSEEC / PARIS

# Pour L'entreprise

**Bond University**  
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Bond Business School

12-1-2010

**Happiness at work**

Cynthia D. Fisher

Bond University, [cynthia\\_fisher@bond.edu.au](mailto:cynthia_fisher@bond.edu.au)

**Productivité X 31%**  
**Ventes X 27%**  
**Plus de créativité**

**« L'importance et les conséquences du bonheur au travail ont été sous-estimées à la fois pour l'individu et pour les entreprises »**

**« A happy worker is a productive worker »**

# Un Contrat Gagnant-Gagnant

**Les entreprises doivent savoir qu'un salarié heureux est un salarié plus productif.**

**Les méthodes de production modernes nous ont donné la possibilité de permettre à tous de vivre dans l'aisance et la sécurité. Nous avons choisi, à la place, le surmenage pour les uns et la misère pour les autres : en cela, nous nous sommes montrés bien bêtes, mais il n'y a pas de raison pour persévérer dans notre bêtise indéfiniment.**

**Bertrand Russell. Éloge de l'oisiveté**

# Pour la Santé



International Journal of  
*Environmental Research  
and Public Health*



Review

## Workplace-Based Organizational Interventions Promoting Mental Health and Happiness among Healthcare Workers: A Realist Review

Patricia Gray <sup>1</sup>, Siphe Senabe <sup>2</sup>, Nisha Naicker <sup>3,4,5</sup> , Spo Kgalamono <sup>3,4</sup>, Annalee Yassi <sup>1</sup> and Jerry M. Spiegel <sup>1,\*</sup> 

There is strong rationale for approaching mental health promotion in the workplace from a continuous improvement perspective. This is due to the variety of factors influencing mental health in the workplace at any given time, regardless of the complexity of evaluating and measuring progress in this area. Moreover, attention to this challenge have been quite uneven globally. Recommendations for research on organizational-level interventions to promote mental health particularly include the need for more research in low- and middle-income countries. Additionally, there exists great opportunity for better integration of positive mental health and wellbeing constructs such as happiness in the context of workers' mental health in intervention studies, so that efforts to improve this can be more strongly considered in future knowledge synthesis reviews.

**Problème complexe: Nombreux paramètres**  
**Opportunité d'intégrer les recherches en psychologie positive**

# Une articulation entre L'entreprise et la médecine du Travail!

International Journal of Public Health (2018) 63:723–732  
<https://doi.org/10.1007/s00038-018-1118-2>



ORIGINAL ARTICLE



## Cardiovascular disease prevention at the workplace: assessing the prognostic value of lifestyle risk factors and job-related conditions

Giovanni Veronesi<sup>1</sup> · Rossana Borchini<sup>2</sup> · Paul Landsbergis<sup>3</sup> · Licia Iacoviello<sup>1,4</sup> · Francesco Gianfagna<sup>1,4</sup> · Patrick Tayoun<sup>5</sup> · Guido Grassi<sup>6,7</sup> · Giancarlo Cesana<sup>8</sup> · Marco Mario Ferrario<sup>1,2</sup> on behalf of The Cohorts Collaborative Study in Northern Italy (CCSNI) Research Group

Received: 30 November 2017 / Revised: 23 April 2018 / Accepted: 15 May 2018 / Published online: 25 May 2018  
© The Author(s) 2018

### Abstract

**Objectives** The prognostic utility of lifestyle risk factors and job-related conditions (LS&JRC) for cardiovascular disease (CVD) risk stratification remains to be clarified.

**Methods** We investigated discrimination and clinical utility of LS&JRC among 2532 workers, 35–64 years old, CVD-free at the time of recruitment (1989–1996) in four prospective cohorts in Northern Italy, and followed up (median 14 years) until first major coronary event or ischemic stroke, fatal or non-fatal. From a Cox model including cigarette smoking, alcohol intake, occupational and sport physical activity and job strain, we estimated 10-year discrimination as the area under the ROC curve (AUC), and clinical utility as the Net Benefit.

**Results**  $N = 162$  events occurred during follow-up (10-year risk: 4.3%). The LS&JRC model showed the same discrimination (AUC = 0.753, 95% CI 0.700–0.780) as blood lipids, blood pressure, smoking and diabetes (AUC = 0.753), consistently across occupational classes. Among workers at low CVD risk ( $n = 1832$ , 91 CVD events), 687 were at increased LS&JRC risk; of these, 1 every 15 was a case, resulting in a positive Net Benefit (1.27; 95% CI 0.68–2.16).

**Conclusions** LS&JRC are as accurate as clinical risk factors in identifying future cardiovascular events among working males. Our results support initiatives to improve total health at work as strategies to prevent cardiovascular disease.

# LE NOUVEAU PARADIGME

**ENTREPRISE**

**PRODUCTIVITE**

**RISQUE PSYCHOSOCIAL**

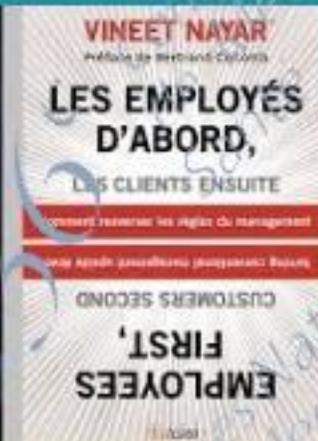
**MALADIE**

**BIEN-ETRE**

**PRODUCTIVITE**

**SANTE**





1

The way you treat your employees is the way they will treat your customers

Richard Branson



2

Put your staff first, your customers second and your shareholders third.

Richard Branson



3

# Le rôle et la place de la médecine du travail



International Journal of  
*Environmental Research  
and Public Health*



Review

## The Role of Occupational Health Services in Psychosocial Risk Management and the Promotion of Mental Health and Well-Being at Work

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# Santé au Travail : Loi du 2 Août 2021

## **Nouvelle dénomination des services de santé au travail.**

La loi n°2021-10 du 2 août 2021 redéfinit le service de santé au travail par les services de prévention et de santé au travail, afin d'insister sur leur nouvelle dimension préventive.

## **Extension des missions des services de santé au travail.**

La loi n°2021-1018 du 2 août 2021, en son article 7, modifie l'article L4622-2 du Code du travail qui encadre les missions des services de santé au travail.

En effet, si auparavant ces services avaient pour « *mission exclusive d'éviter toute altération de la santé des travailleurs du fait de leur travail* », désormais cette mission n'est que « *principale* » car les services de santé au travail doivent aussi contribuer « *à la réalisation d'objectifs de santé publique afin de préserver, au cours de la vie professionnelle, un état de santé du travailleur compatible avec son maintien en emploi* », en plus que de conduire des « *actions de santé au travail, dans le but de préserver la santé physique et mentale des travailleurs tout au long de leur parcours professionnel* ».

**Santé au travail et Santé Publique**

# Nous n'avons que l'embaras du choix

	EFFET BIEN-ETRE	EFFET PREVENTIF CV
ARRET DU TABAC	POSITIF	POSITIF
ACTIVITE PHYSIQUE	POSITIF	POSITIF
ALIMENTATION	POSITIF	POSITIF
SOMMEIL	POSITIF	POSITIF
MEDITATION	POSITIF	POSITIF
GRATITUDE, ALTRUISME	POSITIF	POSITIF
CREATION	POSITIF	POSITIF
RIRE	POSITIF	POSITIF
CONTACT SOCIAL	POSITIF	POSITIF
QUETE DE SENS	POSITIF	POSITIF

# Nous n'avons que l'embaras du choix

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# Les 3 Comportements basiques



# Les 3 Comportements basiques

## Circulation

### ORIGINAL RESEARCH ARTICLE

## Impact of Healthy Lifestyle Factors on Life Expectancies in the US Population

**BACKGROUND:** Americans have a shorter life expectancy compared with residents of almost all other high-income countries. We aim to estimate the impact of lifestyle factors on premature mortality and life expectancy in the US population.

**METHODS:** Using data from the Nurses' Health Study (1980–2014; n=78,865) and the Health Professionals Follow-up Study (1986–2014; n=44,254), we defined 5 low-risk lifestyle factors as never smoking, body

## CONCLUSIONS

We estimate that adherence to a low-risk lifestyle could prolong life expectancy at age 50 years by 14.0 and 12.2 years in female and male US adults compared with individuals without any of the low-risk lifestyle factors. Our findings suggest that the gap in life expectancy between the United States and other developed countries could be narrowed by improving lifestyle factors.

HR:0.18

12 à 14 ans de vie

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Walter C. Willett, MD, DrPH  
Frank B. Hu, MD, PhD

# 4 réponses: L'état des connaissances



OUI



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SANS  
DOUTE



# Une Conclusion très simple



**Prévention Basique au Travail = Bien-être et Santé**



**Merci et  
Prenez grand  
soin de Vous**