



ORIGINAL ARTICLE

Perception of illness symptoms in patients with acute coronary syndrome: A need to improve



Vânia Ribeiro*, Filipa Melão, Joana Duarte Rodrigues, Sérgio Machado Leite, Raquel M. Garcia, Paula Dias, Maria Júlia Maciel

Department of Cardiology, Hospital São João, Porto, Portugal

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KEYWORDS

Acute coronary syndrome;
Illness perception;
Education

Abstract

Background: Interpretation of the symptoms of acute coronary syndrome (ACS) can influence the time of hospital admission and negatively affect patients' prognosis. We decided to explore illness perception and its predictors among patients with ACS.

Methods: We conducted a retrospective analysis of all consecutive patients with ACS admitted to the cardiology department of a tertiary hospital between January and September 2011. Data were obtained from patients' medical records and telephone interviews.

Results: One hundred and eighty-six patients with ACS (mean age 64 ± 12 years; 70% male) were included. The majority (62.6%) had no perception of ACS until informed by their doctor. Only 26% of patients with ST-segment elevation myocardial infarction had perception of cardiac disease. Among those who had perception, 82.6% were men and 58% had a previous diagnosis of ischemic heart disease (IHD). Gender and previous diagnosis of IHD were independent predictors of ACS perception, with male gender and patients with previous IHD having greater illness perception. No association was found between ACS perception and age or residence area (rural vs. urban).

Conclusions: The illness perception of ACS patients needs to be improved, independently of sociodemographic factors. An educational program for the general population, but particularly for women and individuals without a past history of IHD, focusing on the alert signs for ACS, may help to improve illness perception in this setting.

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* Corresponding author.

E-mail address: ribeiro.vania@hotmail.com (V. Ribeiro).

PALAVRAS-CHAVE

Síndrome coronária aguda;
Percepção de doença;
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Percepção dos sintomas nos doentes com síndrome coronária aguda – necessidade de melhorar**Resumo**

Introdução: A interpretação dos sintomas da síndrome coronária aguda (SCA) pode influenciar o tempo da admissão hospitalar e afetar negativamente o prognóstico. Decidimos explorar a percepção da doença e os seus preditores em doentes com SCA.

Métodos: Efetuamos uma análise retrospectiva de todos os doentes consecutivamente admitidos no departamento de cardiologia de um hospital terciário com SCA, entre janeiro e setembro de 2011. A informação foi obtida através dos registos clínicos e entrevista telefónica.

Resultados: Cento e oitenta e seis doentes (idade média de 64 ± 12 anos; 70% homens) com SCA foram incluídos. A maioria (62,6%) dos doentes não tinha percepção da SCA até à informação médica. Apenas 26% dos doentes com enfarte agudo do miocárdio com supradesnivelamento do segmento ST tiveram percepção da doença cardíaca. Entre aqueles que tiveram percepção, 82,6% eram homens e 58% tinha um diagnóstico prévio de doença cardíaca isquémica (DCI). O sexo e o diagnóstico prévio de DCI foram preditores independentes da percepção da SCA, tendo o sexo masculino e os doentes com DCI prévia uma percepção superior. Nenhuma associação foi encontrada relativamente à idade e área de residência (rural versus urbana).

Conclusões: A percepção de doença dos pacientes com SCA precisa de ser melhorada, independentemente de fatores sociodemográficos. Um programa educacional que abranja a população geral, particularmente as mulheres e aqueles sem antecedentes de DCI, e que foque os sinais de alerta para a SCA poderá ser útil para melhorar a percepção dos sintomas neste contexto.

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Introduction

Acute coronary syndrome (ACS) is a significant cause of mortality and morbidity worldwide. Coronary reperfusion therapies, thrombolysis and antiplatelet drugs have been consistently shown to be more effective at reducing mortality and the development of important clinical complications if patients are treated with these interventions as promptly as possible.¹ The shorter the interval between symptom onset and treatment, the better the resulting cardiac function.^{2,3} According to a Portuguese single-center registry of 223 ST-elevation ACS patients, the median interval between symptom onset and first medical contact was 104 minutes and only 6% of patients seek medical help in the first 30 minutes.² A significant number of patients delay seeking medical care because of their inability to recognize typical symptoms and signs of ACS.⁴ Mistaken interpretation of symptoms was found to be associated with significant delay in seeking treatment⁵⁻¹⁰ and long prehospital delays lead to lost opportunities for early risk stratification and management, leading to increased mortality and morbidity.^{11,12}

The aim of the present study was to explore patients' perception of the clinical presentation of ACS and to identify predictors of awareness of typical symptoms and signs. This knowledge is important to understand illness perception, what aspects of it could be modified and in what patient groups educational interventions could improve perception.

Methods

We conducted a retrospective study of all consecutive ACS patients admitted to the cardiology department of a

Portuguese tertiary center between January and September 2011. A total of 370 patients were reviewed and only patients with typical oppressive chest pain at presentation were included. Those who had atypical symptoms or initial symptoms inside the hospital (n=160) were excluded, as well as patients who died during index hospitalization or follow-up (n=5). A sample of 205 patients was analyzed and clinical data were retrospectively obtained from patients' medical records. Telephone interviews were performed after hospital discharge (time between discharge and call was variable) by a doctor asking patients about their perception of symptom onset. The question for all patients was: "Did you consider the possibility of a heart problem when your chest pain started?" Patients who answered affirmatively were classified as having perception of ACS symptoms. Twenty patients did not have the cognitive ability to understand the question and were excluded from the final analysis. No other questions relating to perception and patient behavior (for example time before calling for help) were investigated, in order to minimize recall bias.

Past ischemic heart disease (IHD) was defined as a history of ACS, coronary revascularization or positive ischemic stress test.

The demographic and clinical characteristics of patients who had perception of ACS were compared with those of patients who did not, using the chi-square test for categorical variables and the t test for continuous variables. Logistic regression models were used to estimate odds ratios (OR) and 95% confidence intervals (CI). Variables with $p < 0.05$ in univariate analysis were included in a multivariate model. The statistical analysis was performed using SPSS® version 19. The ethics committee of Hospital São João approved the study.

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