Abstract:

Anxiety and illness perception moderate growth rates in healthy dietary behaviors from post-event up to three-year follow-up in a sample of patients with acute coronary syndrome

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Topic(s):
Stress, Psycho-Social and Cultural Aspects of Heart Disease

Citation:

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Background: Healthy dietary behaviors are associated with a reduced risk of cardiovascular diseases (CVDs) in the general population and with increased long-term outcomes after an Acute Coronary Syndrome (ACS). In addition, both illness perception and anxiety seem to affect health-related behaviors; however, less is known on the moderating effects of these factors evaluated post-cardiac event on the growth rates in healthy dietary patterns of patients with ACS.

Purpose: We aimed at (1) investigating longitudinal changes in healthy dietary behaviors in patients with ACS over the course of 3 years after the cardiac event. In addition, we examined if (2) anxiety, illness perception, in terms of impact of and control over illness, evaluated soon after the cardiac event (T0) were a significant predictor of growth rates in dietary behaviors, controlling for several socio-demographic and clinical variables.

Methods: A sample of 275 newly-diagnosed patients with ACS was recruited from three large public hospitals in Northern Italy for this prospective study. Patients completed a battery of demographic and psychosocial questionnaires at five time-points (post-event, 6 months, one year, two years, and three years follow-up). Growth changes in levels of dietary behaviors from post-event up to 3-years follow-up were evaluated using two-level Hierarchical Linear Models. Anxiety and illness perception were added as moderators at level 2. Analyses were run controlling for self-reported levels of dietary behaviors at T0 and for demographic and clinical variables (i.e., age, sex, education, employment, marital status, familiarity), while time was modeled on a logarithmic scale.

Results: The 2-level HLMs model evidenced a significant loglinear increase in levels of healthy dietary behaviors from post-event to three years follow-up, even after controlling for post-event scores (Beta = -0.80, p < 0.001). This increase was higher for those who reported lower levels of dietary behaviors at T0. In addition, higher levels of anxiety at post-event were negatively related with loglinear increases in the dependent variable (Beta = -0.13, p = 0.01), whilst higher levels of perceived impact of illness at post-event were positively related with growth rates in dietary behaviors (Beta = 0.56, p = 0.02), controlling for all other variables (see Fig. 1). Finally, no significant relation was found between perceived control of illness and dietary behaviours.

Conclusions: Findings suggest that higher levels of anxiety after a cardiac event are related to unhealthy eating habits up to 3 years follow-up. Interestingly, those who perceived a higher attention to the impact of their illness in terms of consequences, timeline, identity, and concern after the cardiac event reported better dietary habits over the course of time. Results could provide highly relevant information for clinical practice and interventions in ACS.
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- LOW ANXIETY, LOW IMPACT
- LOW ANXIETY, HIGH IMPACT
- HIGH ANXIETY, LOW IMPACT
- HIGH ANXIETY, HIGH IMPACT

![Graph showing the relationship between MDS8 and LOGTIME with different anxiety and impact levels.](image-url)