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Awareness of patients about risk factors and symptoms of myocardial infarction and the readiness of nurses to improve it

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Introduction The development of cardiovascular diseases largely depends on a person’s lifestyle and the presence of risk factors, most of which are modifiable.

Purpose. Assess the awareness of patients with acute coronary syndrome (ACS) about the risk factors and symptoms of myocardial infarction (MI) and the readiness of nurses to participate in increasing the knowledge of patients.

Materials and methods. 136 people (82 men/54 women) were included: 88 - the main group (with ACS), 48 - the control group. Criteria of inclusion: MI or unstable angina for the main group; the absence of coronary artery disease for the control group. All respondents completed a questionnaire (social status, knowledge of risk factors for cardiovascular diseases and their presence, readiness for lifestyle modification, stress questionnaire L. Reeder). 63 nurses were asked about risk factors and symptoms of MI, their readiness to be part of a team to increase patient activation in patient self-care and knowledge, to conduct training to enhance patient motivation for a healthy lifestyle and continuous patient feedback.

Results. Patients had arterial hypertension in 57 (65%) cases, diabetes in 22 (25%), arrhythmias in 14 (16%). Out of all, 23% up to 60 age and 34% of those over 60 couldn't name a single symptom of MI. 79% of patients up to 60 age could not name the location of pain. Respondents without ACS in the older age group more often described the nature and duration of pain (p <0.05). Low awareness of the symptoms can lead to late visit to a doctor: 20 patients (30%) from the patients with MI applied in the first hour. At the age of 60 in the first hour turned 35%, over 60 years - 27%. In the first 3 hours - 58 and 39%, respectively. Of all the respondents, no single risk factor for CHD was identified as 24% up to 60 years old and 39% older. Smoking and physical inactivity risk factors for MI were considered more often by patients up to 60 age (p <0.05).

Nurses are ready to actively participate in the special education of patients and enhance their motivation. More than 50% of nurses called closer work in a team with doctors and creating a special database of health data. 82.5% of nurses are ready to take part in conducting special trainings on teaching patients to become experts in their own health problems. We have created special training programs for nurses on the team: doctor-nurse-patient.

Conclusion. The data obtained indicate a low awareness of risk factors and symptoms of MI in patients. Low awareness of risk factors for MI leads to a lack of correction and progression of the disease. Insufficient knowledge of the symptoms can be the cause of delays in hospitalization, which certainly affects the course of the disease and the development of complications. Nurses in the primary and specialized care departments are ready to be active participants in the team to increase patient knowledge and conduct training sessions with patient