Symptoms of acute myocardial infarction: A correlational study of the discrepancy between patients' expectations and experiences.

Abed MA¹, Ali RM², Abu Ras MM³, Hamdallah FO⁴, Khalil AA⁵, Moser DK⁶.

Abstract

BACKGROUND:

Patients’ responses to acute myocardial infarction symptoms are affected by symptom incongruence, which is the difference between the symptoms they expect to experience and the symptoms they actually experienced during an acute myocardial infarction.

OBJECTIVE:

To examine the relationship of patients' demographics, clinical characteristics and sources of information about acute myocardial infarction with their symptom expectations, actual experiences and symptom incongruence.

DESIGN:

Descriptive correlational study.

SETTING:

Patients were recruited from ten hospitals in the two most populated cities in Jordan (Amman and Al Zarqa).

PARTICIPANTS:

Jordanian patients with acute myocardial infarction were recruited. Inclusion criteria were age 18 years or older, diagnosis of acute myocardial infarction, oriented, mentally competent and fluent in Arabic. Exclusion criteria were experiencing acute myocardial infarction during a hospitalization or having severe psychiatric illnesses.

METHODS:
The Morgan Incongruence of Heart Attack Symptoms Index was used to quantify symptom incongruence and identify patients' expected and experienced acute myocardial infarction symptoms. Patients' information sources about acute myocardial infarction and demographic and clinical characteristics were collected by interview and medical chart review.

RESULTS:

Patients (N=299) were mostly males (80%) and married (92%). The average age was 56±12.3 years. Patients expected a limited number of acute myocardial infarction symptoms and these expectations were largely confined to typical symptoms and matched their experiences. Patients who were female, elderly, nonsmokers, poorly educated, with low income, and those who were normolipidemic, had no personal or family cardiac history, and were informed about acute myocardial infarction by relatives expected fewer symptoms (mostly typical and atypical) than their counterparts. Elderly patients and those with hyperlipidemia experienced fewer typical symptoms than their counterparts. Patients with ST-elevation myocardial infarction or previous myocardial infarction experienced more symptoms than their counterparts, yet only the former had more typical complaints. Characteristics that improved patients' awareness of AMI symptoms were mostly similar to those that decreased symptom incongruence.

CONCLUSIONS:

Patients' expected and experienced acute myocardial infarction symptoms and symptom incongruence varied according to their demographic and clinical characteristics. Information sources that patients used to learn about acute myocardial infarction may contribute to symptom incongruence.

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KEYWORDS:

Acute myocardial infarction; Information resources; Prehospital delay; Symptoms

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