

Doctoral dissertation at Göteborg University, Göteborg, Sweden, 2003

Abstract

Brink, E. 2003. *To be stricken with first-time myocardial infarction: From acute symptoms onset to early readjustment in women and men*. Department of Psychology, Göteborg University, Nordic School of Public Health, Göteborg, Sweden.

The aim of this thesis was to obtain an increased understanding of psychological aspects, health-related quality of life and gender differences regarding the process of being stricken with a first-time myocardial infarction. The studies included in this thesis are part of a longitudinal study of the life consequences of first-time myocardial infarction.

People often delay seeking care when symptoms of an acute myocardial infarction occur. The process of perceiving symptoms is complex. Study I, a qualitative analysis of 22 (11 women and 11 men) open interviews, revealed four different ways of perceiving the onset of symptoms: *understanding*, *amazement*, *misinterpretation* and *disregard*. Care-seeking behaviour in response to symptoms was related to a person's health beliefs. Illusions of invulnerability restrained individuals from imagining themselves as at risk for heart disease. This pertained to both men and women, but one gender difference indicated that men more often than women had a spouse who stepped in. When the husband disregarded his symptoms, the wife forced him to stop ignoring them and to act to seek care.

Experiencing an acute coronary heart disease will alter one's mental representation of the self. Before becoming ill, most people take their physical activities and bodily functioning for granted. Ill people, because of their physical losses, redefine who they are and who they can become. Studies II, III and IV were based on a follow-up five months after discharge – a vulnerable period of recovery from myocardial infarction. The most bothersome health complaint was fatigue, which restrained individuals from taking part in activities as before the infarction. Although *reorienting the active self* was central to the process of recovery from myocardial infarction, reconstruction of self-definition was restricted by illness perception and coping. Viewing myocardial infarction as an acute heart attack event and minimizing consequences influenced reorientation such that interviewees primarily preferred to moderate rather than radically change activities.

The health-related quality of life (HRQL) measurement was used to mirror health experiences 5 months after the heart attack. The sample consisted of 114 consecutive patients (37 women and 77 men). HRQL was assessed by the SF-36 questionnaire. Both the physical and the mental component were negatively affected. Women differed from men in that they reported significantly worse physical health and social functioning. Hierarchical regression analyses revealed that the coping strategies minimization (positively) and fatalism (negatively) were associated with HRQL. Depression and health complaints also impacted quality of life. Measurement of HRQL may be a complement to other measures when evaluating the life consequences of first-time myocardial infarction. In the early stage of the recovery process, the health complaints assessment is an important indicator of decreased quality of life.

Key-words: *coping, delay, health complaints, health-related quality of life, illness perception, myocardial infarction, readjustment, self, symptom perception*

Eva Brink, Department of Psychology, Göteborg University, Box 500, SE 40530 Göteborg, Sweden. Phone +46 317731842, E-mail: eva.brink@psy.gu.se.