

Support of family afterwards from Infarction of Myocardium

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Abstract

The aim of the present study was to review the literature about the support that family provides in one of its member after an acute infarction of the myocardium. Methods : The method included bibliography research on topic psychiatric journals and in electronic databases using the keywords: family, psychosocial rehabilitation and heart attack.

Results: According to the literature the psychosocial support of these patients increases their survival. The family, as an integral member of re-establishment team, influences with its attitude the result of illness so much in bodily as in mental level. It helps in the smooth adaptation of patient in the space of hospital, in the maintenance of his sentimental balance and with the help of functional of health, it prepares him for the life afterwards the hospital.

Conclusion : The contribution of family in the re-establishment of patient is decisive. After education it can recognize symptoms of indicatively deterioration of bodily illness and in collaboration with the psychiatrist recognize and cure situations that are related to the mental ball of patient.

keywords: family, psychosocial rehabilitation, heart attack

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Introduction

The acid of infarction Myocardium (AIM) recommends heavy disease, which alters considerably the way of life as much suffering as direct familial environment, because it involves except the other and economic repercussions. It is a disease that influences the whole family as unit and differentiates many from her components of existence. Coronary illness (CI) constitutes leading cause of death in the USA and in entire the world. Worldwide, more than six millions deaths annually are connected with ischemic cardiopathy¹. The effect of psychosocial factors in the cardiovascular sickness and mortality.

In the past few years with the application inquiring and experimental protocols has been proved the cross-correlation of psychosocial factors (PCF) with the CI and the cardiovascular diseases. The social isolation and alienation of individual, the shrinkage of social contacts, the reduction of number of real friends and the increase of number divorced and generally individuals that live alone, are accompanied by triple percentages of CI and increased danger of future cardiac incidents. Often in a individual we realise the coexistence of more than one from the mentioned before pathological psychosocial factors, consequently the danger of appearance CI to be enlarged considerably.² The overwhelming majority of individuals that experiences unpleasant psychosocial situations or allocate pathological psychological sub layer, adopts an unhealthy way of life and habits, as smoking, increased consumption of greasy food, increased consumption of alcohol, evasion of physical exercise, increased consumption of salt, tendency to obesity and not conformity with the elementary health diet advice or chances granted pharmaceutical education. Frasure - Smith and their collaborators³ realised that the first weeks depressing symptoms afterwards the AIM they constituted factor of forecast of cardiac mortality 6 and 18 months, independent from the demographic variables, the gravity of cardiac disease or

the medicines. Those who concern stress, they realised that patients with increased levels of stress immediately afterwards the AIM had constitute probabilities they suffer redisplayed cardiac incidents in to next year. Enough studies as that of Bush DE and collaborators⁴, realised contact between the after infarction depression and the cardiac mortality.

Various factors appear to connect the depression with the [CI], as the bad conformity in the pharmaceutical education and in the health diet directives, the dysfunction of platelets and endothelium and the decreased variability of cardiac frequency (HR variability). Today it is considered that the depression and the generalised tense disturbances constitute independent factors of danger so much ostensibly healthy individuals without acquaintance ischemic cardiopathy, what patients with official coronary illness, particularly after infarction of myocardium.

Clinical (major) depression was diagnosed in 10.8% of the patients after heart infarct. However depressive symptoms (more than 10 Beck points) were present in 40%. The diagnosis of post-myocardial depression may be essentially difficult because of the non-specific character of complains. Significant correlations between intensity of depressive symptoms after myocardial infarct and psychosocial stressors was confirmed. It seems that the most important stressors are those connected to home and family.⁵

A group-based psychosocial intervention program for women with coronary heart disease may prolong lives independent of other prognostic factors.⁶

The treatment of particular diseases appears to improve the quality of life, the cardiovascular forecast and to increase expectant survival of coronary patients⁷.

In a study conducted by Antoniadis and his colleagues⁷ were studied 750 patients with episode of acid of coronary syndrome, expressed for first time, and 778 individuals without coronary illness, which have been selected accidentally also stratified from various regions Greece. The 158 (21%)

coronary patients and the 74 (9%) individuals of team of control, presented depressing symptoms at the duration of last month ($[R]<0,001$). After been taken into account various likely confusion factors, it was found that recent depressing episodes are related with increase at 12% of relative danger of event of acid of coronary syndrome. The analysis at sex showed that the relative danger differs considerably between men and women (OR-men=1,09 opposite OR-women=1,19, $P<0,01$). The interaction of depression and various social parameters (education, profession, income) increases coronary danger from 55-132%, while the effect of bad familial situation (divorced or widower) increases the previous percentage in 167% in the men, and 123% in the women. This study elects the effect of depression in the probability of event of not lethal acids of coronary syndromes in the Greek population.⁸ It becomes comprehensible that the psychosocial support of patients after an infarction, decreases the frequency re infarction and increases the survival.⁹

A recent study conducted by Karner et al.,¹⁰ on the subject's family showed that Spouses' views of their roles in support varied considerably in terms of awareness of the benefits of behavioural changes, style of communication, pattern of co-operation and support situation. The findings favour the view that a family perspective is important in planning rehabilitation of patients following coronary heart disease.¹⁰

The role of the family seems to be very important in these patients. The families supported by a five-year group progressed better than the ones supported by a half-year group. So, the education for patient's family members is very important and should be thought highly by nurses.¹¹

Methods

Psychiatric journals and electronic databases were searched by using the keywords: family, psychosocial rehabilitation and heart attack. 37 articles were on the subject, which were studied and evaluated for the review. Of all the publications, 24

was completely on the subject; meaning that it is not a matter of high concern for the nurses. More information existed to articles by writers and students from Mount notes professor of psychiatry. These articles are also collected and studied. In addition, guidelines from doctors to patient's family were also included in the research of the matter.

Results

The re-establishment persons with infarction includes total of metres aiming at the reintroduction at biggest the activities of patient, to the extend allows the gravity of illness. Elements of re-establishment recommend the checked natural activity, the second easters prevention with metres for the deceleration [atherosclerosis] and confrontation of clinical events, the professional re-establishment and the approach of psychological problems from the illness.¹² The family so much at the duration of hospitalisation of patient in the hospital, what afterwards his exit from this, usually influences catalytic with her attitude the result of illness, so much in bodily what in psychological level. At the duration of hospitalisation of patient, the members of family will be supposed to develop sufficient relations with the professionals of health. It should they dominate in the sentiments that are caused in their and they maintain a satisfactory picture of all family. In this way will be decreased the feeling of guilt that feels the patient, because his weakness in the present phase to help the himself and his family. The members of family should also those be prepared for a uncertain future. It will be supposed they comprehend that the problems that they are called to face are problems of all family and this will be supposed they maintain a decent picture for all., helping the person so much in to express his bodily needs, what to offer to him help and in psychological level. The problems that are called daily to face the individuals and their family afterwards the infarction, are social, economically, personal, medical and sometimes political. (E.g. the impact of

likely mental illness in the person who had infarction is such, that is required particular social concern and care). The family helps the patient to be adapted in the space of hospital and to face with effective way the problem of his health.

In which situations it will be supposed is adapted the patient with his import in the hospital?

- In the pain and the disability
- It should it is adapted in the hospital environment and the particular processes of treatment.
- It should it manages and it restores his sentimental balance.
- It should it maintains a satisfactory personal picture and self-monitoring.
- It should it is prepared for a uncertain future.¹³

The effect of family in the psychosocial re-establishment of patient.

Family affects negatively in the psychosocial re-establishment of patient, when the action, the omissions and her in general behaviour it includes systematic reject, intimidation, isolation, exploitation, depreciation, demoralisation and neglect.

Concretely when her attitude is characterized from:

Lack of praise and encouragement.

Lack of comfort and love.

Lack of connection with other members of family.

Lack of continuous care.

Over protected attitude.

Mixture in conflicts.

Critical attitude.

The family with the help of functional of health draws, organises, and applies the program of re-establishment. Concretely it contributes:

- In the re-establishment of patient in better strong mental, natural, social and labour level.
- In the recapture of confidence in his self and in his increase self-confidence.
- In the deterrence of athirosklirotikis activity (via the expulsion of harmful habits as the smoking and the bad alimentary habits).

- In the imposed positive changes in the way of life of sick

- In the minimisation of probability of growth tense or depressing disturbance.

Certain patients are afraid that any natural exercise can be fatal and him they avoid. Sexual activity is avoided for the same reason by the patient or becomes with very stress.¹⁴

The checked exercise appears to play positive role in the unfavourable psychological reactions of men, which suffered infarction of myocardium.¹⁵ The family supports the patient it follows dance floor the program of exercise for improvement of cardiovascular operation, without she keeps critical attitude if the patient does not accomplish him. It teaches the sick and him it supports so that it notifies when are presented symptoms as feeling of pressure and pain in the thorax, uncommon lassitude, oedema under utmost, fainting, slow heart or rapid heart.¹⁶ Apart from the exercise, the improvement of reactions of patient of emotion as well as his environment, they practise favourable effect, from the opinion that they decrease the psychological stress.¹⁷

The maintenance of relation not contrasting with the suffering spouse or the spouse which it can entrust, resembles to recommend a important source of resistance in the depression, same in the women. A study of long duration with families of depressing patients (the moment of acid of episode and after recession of at least 3 months), showed that at the duration of depressing episode, the families presented important difficulties in the confrontation of daily problems, in the decision-making daily and in the management of situations with sentimental entanglement mainly with regard to the sentiment of anger. Suffering members of these families they resented for the lack of sentimental expression from the other members of family, even if they recognize their own difficulties in them they express love and affection. However when the one in between went them bad, the other showed opposite his excessive sentimental entanglement.¹⁸ The

confrontation of symptoms stresses and depression like as events of cardiac pathology tends it elongates the disability of patient.¹⁹ Ziegelstein et al.,²⁰ realised that the patients with minor depression after myocardial infarction were more capable to observe a education that included diet low in greases, regular exercise and reduction his stresses and to find ways to increase the social supports 4 months later. The familial life is considered that it is one from the more important environmental forces that influence positively or negatively course so much the bodily what mental illness. The family remains always a big conundrum, sometimes exists lack of collaboration between her members, and they give the impression that they do not want becomes well their suffering member. In a study with 82 spouses of men that bore from one first [EM], their women often reported psychological difficulties as stress, depression, tiredness, insomnia, so much serious what their spouses. Also, in its entirety them they were short-tempered. The 40% of women complained for bad health one year afterwards the cardiac offence of their cavern. More generally however, the women had important effect in the recovery of their spouses.²¹ When pre-exists mental illness, the previous familial relations have important influence in the re-establishment of patient and in his rehabilitation, from the moment where a mental illness has been definitive.²²

The families are so much victims of mental illness what himself the patients. The relatives Are called to face the same problems that meet and the functional of health, without the advantage of scientific education or the possibility of asking help from other and without possibility of escaping from the duties.²³ Even when they ask help from the experts, they see sometimes the scientific personnel being indifferent to their needs and accusing them for the illness and the situation of their patient. recognized that the relatives could be one positive producing in the handling of patients, when are given to them the possibility and the occasion for information,

education and support by services of mental health.²⁴

In to network of re-establishment our own interventions in the family, showed they have positive results in the patients but also in the relatives:

- In the effect of family in the mental situation of patient (the relation between high levels of expressed sentiment and relapse of symptoms).
- In the effect of family in the attitudes of patient (objectives, expectations and the role of sick).
- In the attitude of family toward to healers²⁵

Mental Disturbances as result Coronary Illness

The diseases of cardiovascular system, very often, affect in the mental situation of individual causing drank or more serious, casual or more permanent mental and pathological events. This happens so much reason of their effect in the cerebral accumulation of blood, what because the undesirable energies the cardiologic and antihypertensive medicines, that receive the patients.

n the frames interconnection or after visit in the house of patient, the psychiatrist can recognize also in collaboration with the family cure: Symptoms stress, depressing symptoms, intense anger and rage, lack of self-confidence, self-destructive behaviours (smoking, obesity), problems in the family and from the change of role of individual because his illness, perhaps sexual problems and problems in the work.²⁶

When the patient suffers from mental illness prior the infarction, the family constitutes the main supporting system for the sick and the basic and many times over unique source of care this. This reason the daily presence in the hospital of related person when the patient hospitalizes in the [unit of intensive treatment] is judged essential. Certain however times, the import of patient in the hospital, despite the big mental and not only cost that it involves for the family, gives the occasion to deal more with other members of family that likely

they have neglected or it has been a occasion for reorganization of her forces. Sometimes this can also mean relapse of psychiatric problem.²⁷ Clock that we execute they shape our social place. Clock in level professional, social, familial. If we cannot face the expectations of society with the implementation of our roles, it is considered that we have failed. In the re-establishment, the family, gives accent in the maintenance of roles and same the professional role suffering, after through this role draws the ill self-confidence. The work is tool of re-establishment that lasts more and involves the sailing positive results.²⁸ The family also, supports patient and him encourages to neglect other roles as that of mother, his father, spouse etc.

In resickness the interventions of re-establishment of family except mentioned before concern:

- The issuing of pharmaceutical education (for control of symptoms and hindrance of deterioration at the period of crisis).
- The control for the correct reception of education of maintenance.
- The benefit of information of patient for improvement of conformity in the pharmaceutical education. From the moment where the knowledge is condition of change of behaviour, the sufficient information round the education it is the basic first step.
 - The handling of difficult behaviour.
 - The learning of dexterities his ill as part of individual care.
 - The correct use of free time. Pastime with pleasant activities, as the inactivity and the isolation strengthen the infirmity.
 - The collaboration with the servant doctors.
 - The management of their trials of sentiments, because many times over, by tiredness or by weakness to face a situation, the family is submerged by anger, guilty, cancellation, despair and depression.²⁹

Conclusion

The supporting familial intervention could invert a pathological circle, importing

the role of family in the team of care as a precious source of re-establishment. The fear for a new episode is for the cardiopathy Easterns bad residue of his disease. It is a individual, for which they have said very successful, that "the infarction did not suffer him his heart, but I". The role of family in the frames of psychosomatics re-establishment of patient is important and multidimensional, because the family constitutes the alone constant factor of monitoring and support of patient. Social factors, government owned concern and legislation can smooth out various problems that are presented. The family however is always there, next to their on person, in order to she is shared with him the charms but also the sorrows.

Substantially this is also the aim of family, remaining next to patient and providing for him the care that require the circumstances, him it pulls from the nails his stresses, depression, withdrawal and indisposition and him bring back in the life. Thus in this way it will give quality in the years that remain to him.

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