

Recurrent myocardial infarction from the perspective of the victim's family member: case report

Infarto do miocárdio recorrente sob a perspectiva do familiar da vítima: relato de caso

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ABSTRACT

Introduction: This study reports the possible factors for the recurrence of acute myocardial infarction of a patient attended in the coronary care unit in the perspective of relatives. **Case Report:** This is a descriptive study, with qualitative approach, of the case report type. The data were collected through a semi-structured pilot interview, conducted with a member of the patient family, who was hospitalized in the coronary care unit with the recurrence of Acute Myocardial Infarction (AMI). The relative reported that the intense physical activity performed by the patient, the excessive consumption of alcohol and non-adherence to drug therapy, have contributed to the second event of AMI. The same mentioned that the guidance received during the high, were only around for medicines prescribed, highlighting the absence of guidance about the changes in life style and the realization of the same by health care professionals, in particular nursing staff. **Conclusion:** The present report revealed that the guidelines during the high are not being effective in the prevention of the recurrence of AMI, and highlights the need to rethink the role of professional nursing in relation to the guidelines provided, as a way of facilitating the patient's adherence to medication treatment and changes in lifestyle.

Keywords: myocardial infarction; case reports; family; family relations; health promotion; disease prevention.

RESUMO

Introdução: Este estudo relata possíveis fatores para a recorrência de infarto agudo do miocárdio de um paciente atendido em unidade coronariana sob a perspectiva familiar. **Relato de Caso:** Trata-se de um estudo descritivo, com abordagem qualitativa, do tipo relato de caso. Os dados foram coletados através de uma entrevista piloto semiestruturada, realizada com um familiar de uma paciente que se encontrava internada na unidade coronariana com recorrência de Infarto Agudo do Miocárdio (IAM). O familiar relatou que a intensa atividade física realizada pela paciente, o consumo excessivo de álcool e a não adesão ao tratamento medicamentoso contribuíram para o segundo quadro de IAM. A familiar mencionou que as orientações recebidas durante a alta foram somente em torno dos medicamentos prescritos, destacando a ausência de orientações acerca das alterações no estilo de vida, em especial à equipe de enfermagem. **Conclusão:** o presente relato revelou que as orientações durante a alta não estão sendo efetivas na prevenção da recorrência de IAM e ressalta a necessidade de repensar o papel dos profissionais de enfermagem em relação às orientações prestadas, como forma de facilitar a adesão do paciente ao tratamento medicamentoso e às mudanças no estilo de vida.

Palavras-chave: infarto do miocárdio; relatos de casos; família; relações familiares; promoção da saúde; prevenção de doenças.

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INTRODUCTION

Cardiovascular disease (CVD) is considered one of the predominant causes of mortality and morbidity in the world, being responsible, in recent decades, for 17 million deaths worldwide¹. In Brazil, about 30% of death cases result from circulatory diseases, and ischemic heart disease is responsible for 53.8% of deaths per 100,000 people². In addition to mortality, these diseases can cause physical limitations that directly influence the quality of life³.

CVD is a condition that covers the circulatory system, which includes the heart and blood vessels. It is characterized by problems affecting the arteries that supply blood to the heart muscle⁴.

Acute Coronary Syndrome (ACS) comprises unstable angina (UA) and acute myocardial infarction (AMI) with or without ST-segment elevation. It is a term that is used to portray a set of clinical diagnoses caused by coronary artery obstruction due to the instability between the supply and the necessary amount of oxygen in the cardiac muscle⁵.

Among the diseases of the circulatory system is AMI, which is characterized as a process in which areas of myocardial cells are permanently destroyed due to reduced blood flow in a coronary artery. The most common clinical manifestations are: violent and constrictive precordialgia, which may radiate to the shoulders and arms, accompanied by dyspnea, allied or not with tachypnea, skin paleness, sweating, mental confusion, nausea and vomiting⁶.

Cardiovascular diseases develop due to life-long exposure to various risk factors, which can be classified as: unmodifiable causes, including age, gender and family history, and modifiable factors such as smoking, poor diet, obesity, physical inactivity and excessive alcohol use. Given the above, it is clear that simple measures, such as lifestyle changes, can decrease the risk of developing cardiovascular disease⁷.

People who have experienced AMI need to change their lifestyle, with changes in their daily lives. All these actions have repercussions on your life, causing abrupt changes that, when not accepted, lead to relapse motivated by non-adherence to treatment, consisting of changes in eating habits and smoking, regular physical activity practices and adherence to drug treatment. These changes will result in changes in a person's lifestyle⁸. In addition, it is imperative to emphasize the role of family members, as they can contribute positively to adherence to preventive measures, with a view to avoiding further events.

In this context, facing the research question: "What are the possible factors favorable to the development of a recurrent acute myocardial infarction from the perspective of the family member?". This study aimed to report the recurrence of acute myocardial infarction of a patient treated in a coronary care unit, from the family perspective.

CASE REPORT

This is a descriptive study with a qualitative approach of the case report type from a pilot interview with the family member of a patient admitted to the coronary intensive care unit. The present manuscript was designed to include data from the research project matrix: Acute myocardial (re)infarction: conceptions and attitudes towards cardiac dysfunction, performed with patients who had recurrence of AMI, as well as their families, after ethical appraisal and issuance of the approved substantiated opinion, under No. 1,931,153 and CAAE Ethical Approval Certification: 62895316.8.0000.8088.

This case report was structured from a conversation interview, in line with the convergent care research⁹ with a relative of a patient who was hospitalized in the coronary unit of a referral hospital, located in the south of the state of Mato Grosso, Brazil, due to a recurrent AMI.

The pilot interview took place in the hospital environment during the patient's hospitalization. At the time, the relative was accompanying the patient in question after discharge from the intensive care unit to the non-intensive care unit (ward). To organize the study data, the Case Report Guidelines (CARE) instrument was used as a tool to guide the preparation of the present case report¹⁰ regarding the structural aspects of the manuscript.

The analysis of the interview took place after the transcription of the full conversation and reading for the extraction of meaning units, following the thematic analysis precepts¹¹ regarding the patient's daily activities between the first and second ischemic events, expressed by the selected text units for compose the case description from the family member's perspective.

AMI is a disease that significantly affects a person's life, causing a series of changes in their lifestyle, such as changes in their eating habits, physical activities and the need for drug treatment. The family plays a fundamental role in this process of change, as they help the sick person by offering support during treatment and being present during difficult times.

In order to understand which reasons that probably led to the recurrence of AMI, the family member discussed the mother's daily activities, emphasizing situations about the lifestyle, including the work, personal and leisure aspects.

The patient is a 66-year-old female with incomplete education, currently retired and not performing any kind of professional activity. The relative did not live with the patient, making daily visits to the mother.

During the interview, the daughter explained that her mother had suffered the first infarction five years ago, which was submitted to catheterization and angioplasty, after hospitalization in the coronary unit, until she was discharged from the hospital.

According to the family member's description, the new event was motivated by intense physical activities resulting from work in the field, excessive alcohol consumption and non-adherence to drug treatment. She mentioned that the elderly woman reported episodes of persistent pain, considered mild by the patient herself, who did not seek the health unit, although the family member insisted on taking her to the health center closest to her residence.

"I think it was a fact that she did a lot of hard work, also due to alcohol and because she did not take the medicines [...] work in the hot sun, work hard, lifting weight, and the drugs she took only two months after the angioplasty she did, and the alcohol as well". (Family member)

When asked about the guidance she had received from health professionals during hospital discharge regarding the need for changes in the elderly woman's lifestyle, regarding modifiable risk factors and adherence to drug treatment, she reported that she had received information only regarding to prescription medicines.

"The doctor explained that she had to take the medicines as long as she had, that she could not work in the sun, could not do heavy duty as she did before [...]". (Family member)

It is noteworthy that the elderly did not correctly follow the drug treatment, since she used the drugs only two months after returning home. During the report, the family member claims that the only instructions he had received at the time of discharge were made by the doctor regarding drug treatment. Thus, there is a deficit in relation to information related to modifiable risk factors such as smoking, inadequate diet, obesity, physical inactivity, excessive alcohol use, factors that are responsible for the increased

recurrence rate of AMI. And, in addition, the lack of guidance by other health team professionals is highlighted.

DISCUSSION

From this study, based on the report made by the patient's family member, it was possible to infer that there is a deficit regarding the guidelines on the care related to the preventive character of cardiovascular diseases, especially the care related to other obstructive events in the myocardium.

The guidelines at the time of hospital discharge are not effective, what does not contribute to prevent the recurrence of AMI, since health care after discharge was not efficient due to lack of guidance, which favored the emergence of a new myocardial infarction.

Therefore, it is necessary to emphasize the importance of the multiprofessional team in this process, especially the role of nursing, regarding actions and guidance offered during the hospitalization process until the moment of hospital discharge of a patient with an AMI event. Performing, still in the hospital context, implementations of specific and permanent educational programs for this line of care, highlighting nursing actions in the production of cardiovascular prevention and rehabilitation (CVR) measures, ensuring physical, mental and social conditions, focusing on the severity of the disease. disease and changes in lifestyle.

As well as providing the patient and family members with relevant information about the health context, in order to avoid further hospitalizations due to complications inherent to inadequate care at home, emphasizing the importance of adherence to drug treatment, periodic monitoring of health professionals within of primary care and lifestyle change regarding patient's modifiable risk factors.

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