

Women's hearts – Fixed and healthy after PCI?



Heidi Lunde Elstad ¹, Irene Lie ²
¹The Norwegian Heart and Lung Patient Organization, LHL-Clinics Feiring, Department of Health, Norway Email: Heidi.Lunde.Elstad@lhl-klinikkene.no ² Department of Cardiothoracic Surgery, Oslo University Hospital, Ullevål, Norway

Background and purpose

Ischemic heart disease (IHD) is the 20th century epidemic and major global cause of disease and death in both sex with the highest mortality among women. Premature IHD represents an increased risk in women before 65 years. Gender-related differences as symptoms, examination findings, treatment effect of Percutaneous Coronary Intervention (PCI) and prognosis distinguishes women from men. The study explores and describes how women experience IHD after PCI, changes in daily life affected by the PCI and how women relate to heart-healthy lifestyle.

Methods

Qualitative design with nine individual semi-structured interviews (two pilots), two to three months after PCI in the respondents' home, reflecting a promotion of health perspective by the The International Classification of Function, ICF-model and adherence to heart-healthy lifestyle approach in terms of the Health Belief Model. The interviews lasted for one to one and half hour and were analysed in four steps with Malterud modified version systematic text condensation (STC), based on A. Giorgi's phenomenological method of qualitative data analysis.



Table 1. Socio- demographic and clinical characteristics (N=7)

Age:	55-64 (59)	Cohabitation status:	Living alone/ divorced/ widow (4), married/ cohabitant (3)
Diagnosis:	Angina pectoris (5) and NSTEMI-heart attack (3)	Educational status:	No education (3), academic (1), vocational (3)
Risk factors:	Smoking (4), diabetes (1), high blood pressure (2), heritage (5)	Occupation status:	Incapacitated/ long-term sick (5), part-time work/ graded sick leave (2)
Additional diseases:	Diabetes (1), asthma (1), sjögren disease (1), epilepsy (1), back operated (1)		

Results

Data analysis revealed four main categories, with subcategories:

“Experiences before PCI”

Meaning trivializing cardiac symptoms, undertreated and underdiagnosed.

- The heart story
- Life events and stress
- Being heartsick
- Cardiac symptoms

“Experiences with PCI”

Expressed as feeling “fixed” and healthy with few complications, being asymptomatic, requesting more information and follow-up.

- To be fixed
- Complications
- Information and follow up
- After reactions: drug complaints, mental, emotional and existential reactions, hereditary/genetic aspects

“Experiences after PCI”

Representing reactions of joy, appreciation of life and lability, consciousness in avoiding stress and focusing boundaries.

- Dealing with new symptoms
- Relationships and social support
- Setting boundaries
- Stress fixation

“Compliance with heart-healthy lifestyle”

Individual risk factors were given little attention, no one stopped smoking and the level of physical activity was generally low. Diet was to a certain degree adjusted to heart friendly advice and recommendations.

- Living heart friendly: physical activity, diet, smoking
- Identifying and managing heart friendly lifestyle

Conclusion

PCI was experienced as a quick and uncomplicated treatment which made the women feeling repaired and “fixed”. Being free from symptoms after PCI challenges the understanding of ischemic heart disease as a chronic illness. In all, lifestyle was only to a limited extent changed after PCI and the women lived largely as before. Individual health promoting approaches and systematic use of assessment tools, including socio-demographic data and risk assessment factors, may strengthen the focus on women's resources as well as opportunities and needs, to comply with recommendations on heart-healthy lifestyle.

