ABSTRACT

Objective: to identify the interference of acute myocardial infarction (AMI) in the quality of life of affected, interventions and understanding by health professionals. Method: an integrative review, aiming to answer << What are the interference in the quality of life of post-AMI customers? >> and << What are the interventions proposed in order to minimize them? >>. We selected 12 articles available in the LILACS database, between 2000 and 2011, based on the criteria of inclusion and exclusion. Results: we have selected a total of 12 articles selected according to the inclusion and exclusion criteria pre-established. We obtained a classification into two themes (1) interference with quality of life and (2) proposals for interventions to minimize interference. Conclusions: highlights the importance of patient involvement in care plan well structured, multidisciplinary team integration and quantity of publications by heterogeneous country on the subject. Descriptors: Myocardial Infarction, Quality of Life; Lifestyle.

RESUMO

Objetivo: identificar as interferências do infarto agudo do miocárdio (IAM) na qualidade de vida dos acometidos, as intervenções e sua compreensão pelos profissionais de saúde. Método: revisão integrativa, objetivando responder << Quais as interferências na qualidade de vida dos clientes pós IAM? >> e << Quais as intervenções propostas com vistas a minimizá-las? >>. Seleccionou-se 12 artigos disponíveis na base de dados LILACS, entre 2000 e 2011, baseado nos critérios de inclusão e exclusão. Resultados: foram selecionados ao todo 12 artigos selecionados de acordo com os critérios de inclusão e exclusão pré-estabelecidos. Obtivemos um classificação em dois temas (1) interferências na qualidade de vida e (2) propostas de intervenções visando minimizar as interferências. Conclusões: destaca-se a importância do envolvimento do paciente no plano de cuidado bem estruturado, integração da equipe multiprofissional e quantidade de publicações heterogênea pelo país sobre o assunto. Descriptores: Infarto do Miocárdio; Qualidade de Vida; Estilo de Vida.

RESUMEN

Objetivo: Identificar la interferencia de infarto agudo de miocardio (IAM) en la calidad de vida de los afectados, las intervenciones y la comprensión por los profesionales de la salud. Método: revisión integradora, con el objetivo de responder a << ¿Qué es la interferencia en la calidad de vida de los clientes post-IAM? >> y << ¿Cuáles son las intervenciones propuestas con el fin de minimizarlas? >>. Se seleccionaron 12 artículos disponibles en la base de datos LILACS, entre 2000 y 2011, con base en los criterios de inclusión y exclusión. Resultados: se han seleccionado un total de 12 artículos seleccionados de acuerdo con los criterios de inclusión y exclusión anteriormente establecidos. Se obtuvo una clasificación en dos temas (1) interferencia con la calidad de vida y (2) las propuestas de intervenciones para reducir al mínimo la interferencia. Conclusiones: destaca la importancia de la participación del paciente en el cuidado plan bien estructurado, la integración del equipo multidisciplinario y la cantidad de publicaciones por país heterogéneo sobre el tema. Descriptores: Infarto de Miocardio; La Calidad de Vida; El Estilo de Vida.
The quality of life is one of the most important indicators for evaluative conclusions interventionistas. Thus, the analysis of affected customers with AMI these indicators are valuable for understanding the changes in your life, the health professional may adopt interventionist actions such as health education, social support, diet control and medicines, among others, that will result in minimizing the implications of post-AMI. These should be given in a unique way, encompassing all health needs of the customer.

To provide this improvement in the comfort and well-being of the client affected AMI, it is necessary to implement the promotion, maintenance and restoration of health, increasing their quality of life. Interventions should include the client as a whole, involving the biological, psychological, social and cultural rights, including, in this way, the health needs of the subject, performing a singular intervention plan, which will provide a better quality of life of the customer after AMI. Within this intervention plan some actions are highlighted: the understanding of the subject opposite the pathology and the consequences of this in your life.

For the present study, we aimed to identify the scientific interference of acute myocardial infarction (AMI) in the quality of life of affected, interventions and understanding by health professionals.

METHOD

It is an integrative review, where the theme refers to the quality of life of individuals affected by AMI. In order to guide the research, formulated the following questions: What are the interference in the quality of life of clients who have suffered AMI? What are the interventions proposed in order to minimize them? Therefore, this work aimed to identify the scientific interference of acute myocardial infarction (AMI) in the quality of life of affected, interventions and understanding by health professionals.

In this type of research the reviewer aims to make a critical selection of texts and evaluate the criteria and methods used by the authors to determine the methodological validity, which causes the reduction of the number of surveys included in the final stage of the review. It aims to achieve this methodology with a deep knowledge about the given topic, defining clearly the presentation of results obtidos.

The development of this integrative review, we used six distinct steps: identifying the topic and research question to conduct
the review; establishing criteria for inclusion and exclusion of articles; definition of the necessary information; evaluation of full texts, and interpretation of results eat conclusão."10

The survey was conducted from February to March 2012, where it was used as inclusion criteria the articles published between 2000 and 2011 who answered the guiding questions, only in Portuguese. It was considered as an exclusion criterion items not involved in the thematic objective of this study and publications Masters.

For select descriptors carried out a consultation with DECS (Descriptors in Health Sciences), resulting in: “myocardial infarction” and or “lifestyle.”

The search was performed by the database of the Latin American and Caribbean Health Sciences (LILACS), totaling 59 publications. Subsequently, we selected publications that met the inclusion and exclusion criteria previously defined, resulting in 12 articles for analysis.

Selected articles were arranged in Figure 1.

**RESULTS**

Of selected articles that met the inclusion criteria previously established, prevailed publications in 2008 with four publications, followed by 2007 with three, with two 2003, 2001, 2004 and 2005 with a publication each.

The 12 studies were conducted in the following cities: three studies (25%) in Sao
Oliveira Júnior VA de, Hamaji MP, Sousa FH et al.

Interferences and interventions after acute...

It was shown that 60% of customers had questions regarding the resumption of sexual activity. Intercourse after AMI is an issue addressed in the literature, however, in clinical practice it is not discussed.11

Other limitations that affect the QOL occur by decreased general health, vitality, social and mental health that are impaired.12

Commonly psychosocial factors are considered secondary in clinical practice, however, the literature states that these factors contribute to the onset of AMI and clinical decline. Thus, highlighting the importance of the psychosocial approach to this context.14

Among the 12 articles studied 6 cited this theme. Whereas, 66.7% have as interference cause anxiety and depression.

Depression is not necessarily triggered by the AMI as it can show up even before the present admission of some customers, achieving a significant increase in the same post AMI. Customers under 50 years old and anxious are more likely to develop depression.15

Comparing the literature involving clients who suffer from depressive symptoms and those who are not depressed it was found that the risk of patients with depressive symptoms undergo a multivessel coronary disease (CAD) that is consistent with the risks of obesity and also with the smoking habit , which is the biggest risk factor.16

Depression was evident in much of the outpatient group, with 53.1%, and lowest in the external control group, with 20.3%. This pathology is an important aggravating risk factor in patients with CAD. It is estimated that these diseases are the major cause of death in 2020, and the combination becomes one concerning factor.15

Depression is also mentioned as a cause of impairing the QOL, being associated as a cause of the decrease sexual activity.11,13

It may be seen that interference is links the physiological to the psychological aspect, because symptoms such as angina, arrhythmia and fatigue become significant markers in the patient’s life. As a result customers experience great suffering, which affects their mental health, which may result in consequence of a new AMI.12

It was observed that patients with AMI patients are usually not diagnosed as depressed, this fact is the lack of importance given to the symptoms presented by professionals, because these are considered momentary and “natural”, there is also a lack
of knowledge of those involved in the care of this risk factor associated with post AMI.\textsuperscript{14,15}

The fear of death is cited as an obstacle in their lives and changing the world view of the customer, to relate to the loss of individual usual activities after AMI, because many of these are dependent terceiros.\textsuperscript{8,13,15}

In the social aspect, the tension in the workplace and lack of social support are identified as the major factors affecting the quality of life of clients suffering from AMI. Other factors that might compromise QOL are the losses of loved ones, unemployment, existence of chronic disease in the family or individual, marital problems and problems with suns.\textsuperscript{14,16}

We believe that external factors may interfere the person directly on the disease process and worsening the client health, leading to decrease of the same vitality, contributing to decreased QOL.\textsuperscript{12}

As regards the cultural aspect, only one author has addressed the issue. The client affected by AMI feels limited continuous actions of everyday life. These limitations have major implications in males because they tend to underestimate the symptoms and refuse medical preventiva.\textsuperscript{8}

Given the necessity of implementing the interventions, we had highlighted health education. Health education covers the need for health professionals to implement educational activities relevant to times when demand, including physical, emotional and benefits of control of risk factors, taking into account health needs and involving the active participation individuals considering their survival and how to give their quality.\textsuperscript{8, 13,17}

Therefore, we emphasize the need for community health programs encompass in different groups.\textsuperscript{8}

The qualified professional and expert prepare a program of health education. In this sense it is portrayed the importance of implementing training programs for people with chronic heart disease (CHD) and their families, and to include joint development of an emergency action plan at home and work.\textsuperscript{8,14}

This program should address the entirety of the subject, with a view to improving QOL.

The adoption of preventive measures and information campaigns for the population about risk factors and clinical manifestations of AMI, are indicated in the study as crucial in shortening the time from symptom onset to arrival at medical answering service, providing the benefits to the patient early treatment.\textsuperscript{18}

We may not fail to mention the importance of understanding customers after AMI to their own health needs because, normally, in clinical practice this vision is only part of the trader. The perception of care by the client along with the qualified professional is indispensable since both will build a plan of care, addressing all the customer needs to occur to improve QOL.

For a multidisciplinary successful, with clinical practice and their actions with effective results in quality of life after AMI, it requires the action of a body of qualified and specialized professionals.\textsuperscript{19}

In nursing, it is essential to recognize the possible complications related to the AMI framework, to which it must establish clinical reasoning of this situation for the prompt attention to emergency cases.\textsuperscript{20}

Similarly, the interventionist measures of qualified and specialized professionals, stimulating environment, relaxed and harmonious relationship between client / professional are extremely relevant.\textsuperscript{21}

The performance of a qualified professional to detect the vulnerable population with AMI results in its effective prevention.\textsuperscript{8,11,15}

In the physical aspect, it was proposed to carry out regular exercise, consisting of five repetitions for 15 minutes, improving their physical and mental after catheterization and after coronary artery bypass graft.\textsuperscript{16, 17,21}

In order to implement this practice and make a habit of life for patients after AMI, it is necessary to study public policy to accompany them during the period of rehabilitation, and adoption of approaches to motivate physical exercises.\textsuperscript{22}

It was portrayed in the study of interventions important health professionals, guided psychosocial processes and health promotion aimed to an comprehension of the individual as a whole, as one of intervention measures in the social aspect.\textsuperscript{14}

Other interventionist measures were cited as the medication and proper diet as well as the periodic control of serum cholesterol. It emphasizes the importance of patients knowing the side effects of medications, as well as the adoption of measures regarding the healthy habits.\textsuperscript{23}

The social aspect also is present in view of the breadth of the country, where the case of a developing country is its social and economic inequalities characteristic between regions, as well as access to health and development of the population, reflecting morbidity and mortality patterns due to AMI.\textsuperscript{24}
We may say that the QOL of these clients is entirely related with a good plan of care, as this is done in a unique and integral lead to an improved perspective of life.16

Coupled with adequate knowledge management professionals at this clientele, the physical structure welcoming gives users the minimization of the consequences generated by AMI.25

CONCLUDING REMARKS

It was shown that the performance of the multidisciplinary team in the promotion and rehabilitation is being held in a fragmented manner, taking into consideration only curative, and, excluding the customer in participatory action of his improvement. We mentioned the eating habits, medication, social support, understanding the factors involved in AMI and exercise as interventions that provide a better QOL for clients. The psychological aspect did not explicitly show any intervention measure in the works analyzed. Thus, we emphasize the importance of stimulating the production of scientific papers by other health areas in this issue, since it fosters multidisciplinary analysis of the QOL of the client.

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