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INTEGRATIVE REVIEW ARTICLE

QUALITY OF LIFE OF PATIENTS AFTER MYOCARDIAL INFARCTION: LITERATURE INTEGRATIVE REVIEW

QUALIDADE DE VIDA DE PACIENTES PÓS-INFARTO DO MIOCÁRDIO: REVISÃO INTEGRATIVA DA LITERATURA

CALIDAD DE VIDA DE PACIENTES POST-INFARTO DEL MIOCÁRDIO: REVISIÓN INTEGRADORA DE LA LITERATURA

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ABSTRACT

Objective: to identify the strategies used to improve the quality of life of patients after myocardial infarction. **Method:** integrative review to answer the question "What strategies can improve the quality of life of patients with acute myocardial infarction? >> Articles available in full, in the LILACS databases and in the SciELO virtual library were searched with the descriptors in Health: myocardial infarction; quality of life; lifestyle. **Results:** there were 1324 articles found in LILACS and SciELO and 15 articles were selected published between 2011 and 2016. **Conclusion:** it was evidenced that activities of recreation, leisure and socialization with friends, actions of health education related to the promotion and planning of care may help in patient adherence to treatment, physical activity practices, as well as family acceptance are positive and effective strategies to promote quality of life. **Descriptors:** Myocardial Infarction; Quality of Life; Lifestyle.

RESUMO

Objetivo: identificar as estratégias utilizadas para melhoria da qualidade de vida de pacientes pós-infarto do miocárdio. **Método:** revisão integrativa, com vistas a responder à questão << Quais estratégias podem melhorar a qualidade de vida de pacientes pós infarto agudo do miocárdio? >>. Buscou-se artigos disponíveis na íntegra, nas Bases de Dados LILACS e na biblioteca virtual SciELO com os descritores em Saúde: infarto do miocárdio; qualidade de vida; e estilo de vida. **Resultados:** foram encontrados 1324 artigos na LILACS e SciELO, e selecionados 15 artigos publicados entre os anos de 2011 e 2016. **Conclusão:** evidenciou-se que atividades de recreação, lazer e socialização com amigos, ações de educação em saúde relacionadas com a promoção e planejamento assistencial podem auxiliar na adesão do paciente ao tratamento, práticas de atividade física, além do acolhimento por parte dos familiares são estratégias positivas e eficazes na promoção da qualidade de vida. **Descritores:** Infarto do Miocárdio; Qualidade de Vida; Estilo de Vida.

RESUMEN

Objetivo: identificar las estrategias utilizadas para la mejoría de la calidad de vida de pacientes post-infarto del miocárdio. **Método:** revisión integradora para responder a la pregunta << Cuáles son las estrategias que pueden mejorar la calidad de vida de pacientes post-infarto agudo del miocárdio? >> Se buscaron artículos disponibles en su íntegra, en las Bases de Datos LILACS y en la biblioteca virtual SciELO con los descriptors en Salud: infarto del miocárdio; calidad de vida; estilo de vida. **Resultados:** fueron encontrados 1324 artículos en LILACS y SciELO y seleccionados 15 artículos publicados entre 2011 y 2016. **Conclusión:** se evidenció que actividades de recreación, ocio y socialización con amigos, acciones de educación en salud relacionadas con la promoción y planeamiento asistencial pueden auxiliar en la adherencia del paciente al tratamiento, prácticas de actividad física, demás de acogimiento por parte de los familiares son estrategias positivas y eficaces en la promoción de la calidad de vida. **Descriptor:** Infarto de Miocardio; Calidad de Vida; Estilo de Vida.

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INTRODUCTION

According to the World Health Organization (WHO), the mortality rate of cardiovascular diseases in recent years has remained between 28 and 34 million deaths worldwide, with a prediction exceeding 35 million by 2030.¹

The cardiovascular diseases in our health system represented the third cause of hospitalizations via the Unified Health System (SUS), accounting for 19% of the total cost of hospitalizations in the SUS in 2009. In this same perspective, a decrease in mortality was observed in patients with acute myocardial infarction compared to the 1980s to the present day.¹

In view of a clinical picture of myocardial infarction, the immediate demand for help and specific quality care directed to AMI can have a decisive impact on the reduction in the patients' aggravation and mortality.²

Acute myocardial infarction (AMI) is characterized by insufficient blood support to the coronary arteries and partial or total failure of the cardiac muscle can occur, causing numerous injuries to the patient.³ This is a cardiovascular disease of high prevalence among others non-communicable diseases that some risk factors contribute to the disease being installed such as diabetes mellitus, excessive alcohol consumption, smoking, low fruit and vegetable intake, excessive consumption of high-fat foods and lack of physical activity.⁴

The post-infarction period highlights secondary problems requiring changes in lifestyle and day to day life. Also, family members may experience a feeling of loneliness in the face of the need for greater attention and support in coping with changes in the daily routine, requiring social support at each stage of the disease to optimize patient recovery.⁵ Coronary artery bypass grafting myocardium is indicated in some cases in which there is partial or total obstruction of two or more coronary vessels that irrigate the cardiac muscle, increasing the life expectancy of the infarcted patients, being a very suitable treatment for cases of multiple coronary lesions.⁶

Regarding the infarcted patients, the nursing team plays a fundamental role in the care and comfort after acute myocardial infarction in the hospital environment, and also in the home context, where guidelines related to habits, customs and aspects are considered. Cultural aspects of the patient, to elaborate a plan of individual and specific care to recovery and humanized care.⁷

Nurses should be aware of the use of technologies to contribute to the planning of care for nursing care in AMI to be optimized and scientific and technical knowledge are also very important, that is, the professional who provides the post-infarct patient care should be up-to-date and committed to care practices so the Care Plan can also address strategies for improving their quality of life.⁸ Also, drug administration is of paramount importance for the control of the disease, preventing injuries and stabilizing the clinical picture, being one of the most important missions of nursing, contributing in the orientation regarding adherence to drug treatment without interruptions by the patient.⁹

Strategies to improve the quality of life after AMI have been the subject of scientific investigations to guarantee individualized treatment for treatment alternatives that could positively impact the recovery of patients.¹⁰

OBJECTIVE

- To identify the strategies used to improve the quality of life of patients after myocardial infarction.

METHOD

Integrative review guided by six phases: identification of the theme and research question for the review; Establishment of inclusion and exclusion criteria of studies; Data search; Data analysis; Interpretation of study results; And the presentation of the review synthesis.¹¹

The guiding question proposed for this research was "What strategies can improve the quality of life of patients with acute myocardial infarction? >>

This review was carried out in April 2016 and the inclusion criteria used was: articles published in full, in Portuguese, published between 2011 to 2016 in the nursing area and answering the guiding question. Exclusion criteria were articles not related to the study topic and published in other areas of knowledge.

A search was made to the DECS (descriptors in the health sciences) to select the descriptors. Three descriptors were defined: "quality of life and nursing" and "myocardial infarction" and "lifestyle".

The selection of articles in the Electronic Scientific Library (SCIELO) and Latin American and Caribbean literature on health sciences (LILACS), found 1324 articles. After applying

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the inclusion and exclusion criteria, 16 articles were selected for analysis purposes.

After defining the sample of the articles, the analysis of the data was started in detail, extracting the maximum information needed to contribute to the research.

For the data collection, a data collection and evaluation tool was used, in which the following information was extracted: database, country of origin, title, authors, journal, volume, number, page and year. They are presented in the results of this research.

The analysis and interpretation was carried out using the steps of the content analysis proposed by Bardin, comparing and synthesizing the scientific data that comprise the sample of this study that will be presented in a synoptic table with the following variables: number, article title, author, year of publication of the article, objective, methodology, results and conclusions.

From the analysis of the articles selected, the following categories of analysis were evidenced: impact of the infarction on patients’ quality of life and strategies used to improve the quality of life of patients after myocardial infarction.

In the first moment, 1324 articles were found based on the descriptors. When the inclusion and exclusion criteria were applied, there were 15 articles making up the sample of this integrative review and answer the guiding question.

RESULTS

After careful analysis of the selected articles, we attempted to present the general scenario of the search performed (Figure 1). There were 1324 scientific articles found with the three search descriptors: myocardial infarction, quality of life and nursing, and lifestyle.

Database/Virtual Library	Search descriptors					
	Myocardial Infarction		Quality of life and nursing		Lifestyle	
	N total	Sample	N total	Sample	N total	Sample
Lilacs	272	7	223	1	79	0
SciELO	104	1	295	4	351	2

Figure 1. Scenario of publications in the database and virtual library between 2011-2016. Porto Alegre (RS), Brazil, 2017.

Figure 1 shows the scenario of the publications found in the LILACS database and the SciELO virtual library between 2011 and 2016, of which the articles found with the descriptor myocardial infarction stand out the LILACS database with 272 articles, and only 7 were selected and included in the inclusion criteria of this study. In the SciELO virtual library with the same descriptor, 104 publications were found. However, after analysis and criterious framing a scientific article was selected to compose the sample of this study.

Following the use of the descriptors quality of life and nursing in the same databases, an expressive number of 518 publications was identified. However, only 5 articles were included.

With the descriptor lifestyle, 430 articles were evidenced, and only 2 articles were selected for analysis purposes.

The characteristics of publications such as country of origin, title, authors, journal and year of publication are shown in figure 2.

Database	Cou ntry of origin	Title	Authors	Journal and year of publication
SciELO	Brazi l	Social support regarding the need for care after acute myocardial infarction ⁵	Garcia RP, Budó MLD, Schwartz E, Simon BS, Silva FM	Rev Bras Enferm, 2015
SciELO	Brazi l	Health-related quality of life in elderly patients with heart failure: evaluation with specific instruments ¹²	Saccomann ICR, Cintra FA, Gallani MCBJ	Rev Acta Paul Enferm, 2011
SciELO	Brazi l	Quality of life of patients undergoing myocardial revascularization ¹⁰	Boni ALMD, Martinez JE, Saccomann ICRS	Rev Acta Paul Enferm, 2013
SciELO	Brazi l	Measure of disease impact: validity of instrument construct between coronary diseases ¹³	Pedrosa RBS, Rodrigues RCM, Padilha KM, Gallani MCBJ, Alexandre NMC	Rev Esc Enferm USP, 2013
SciELO	Brazi l	Quality of life of coronary patients after implementation of planning strategies for drug adherence ⁹	Lourenço LBA, Rodrigues RCM, São João TM, Gallani MC, Cornélio ME	Rev latino-Am Enfermagem, 2015
SciELO	Brazi l	Significance of the process of living myocardial revascularization surgery: changes in lifestyle ⁶	Callegaro GD. Koerich C, Lanzoni GMM, Baggio MA, Erdmann AL	Rev Gaúcha Enferm, 2012
SciELO	Brazi l	Understanding the process of living meaning by patients undergoing myocardial revascularization surgery ¹⁴	Erdmann AL, Lanzoni GMM, Callegaro GD, Baggio MA, Koerich C	Rev Latino-Am. Enfermagem, 2013
LILACS	Brazi l	Nursing care for women with myocardial infarction: promotion of socio-cultural comfort through research- care ⁷	Ponte KMA, Silva LF	Rev enferm UERJ, 2014
LILACS	Brazi l	Evaluation of functional capacity and physical limitation in subjects after myocardial revascularization ¹⁵	Moraes CCA, Vidal TMS, Batista GR, França EET, Júnior AC	Rev brasileira de ciências da saúde, 2014
LILACS	Brazi l	Family experiences after acute myocardial infarction ³	Garcia RP, Budó MLD, Simon BS, Wunsch S, Oliveira SG, Barbosa MS	Rev Gaúcha Enferm, 2013
LILACS	Brazi l	Factors associated with the decision to seek health care in myocardial infarction: differences between genders ²	Damasceno CA, Queiroz TL, Santos CAST, Mussi FC	Rev Esc Enferm USP, 2012
LILACS	Brazi l	Contribution of clinical nursing care to the psychospiritual comfort of women with acute myocardial infarction ⁸	Ponte KMA, Silvia LF, Aragão AL, Guedes MVC, Zagonel IPS	Rev Esc Anna Nery, 2012
LILACS	Brazi l	Chest pain in acute myocardial infarction between diabetic and non- diabetic patients ⁴	Paim CP, Azzolin KO, Moraes MAP	Rev Bras Enferm, 2012
LILACS	Brazi l	Nursing diagnoses of hospitalized patients with cardiovascular diseases ¹⁶	Pereira JMV, Cavalcanti ACD, Santana RF, Cassiano KM, Queluci GC, Guimarães TCF	Rev Esc Anna Nery, 2011
LILACS	Brazi l	Profile of patients with coronary artery disease	Freitas EO, Nogueira RS,	Rev Enferm UFSM, 2013

undergoing cardiac catheterization ¹	Stekel LMC, Bublitz S, Kirchhof R, Guido LA
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Figure 2. Distribution of studies according to code, virtual library, country of origin, title, authors, periodicals and year of publication. Porto Alegre (RS), Brazil, 2017.

Due to one of the inclusion criteria being a full text, available in full and in Portuguese, the predominance of studies published in Brazil is highlighted, and we can highlight 2013 with 5 articles selected and 2012 and 2014 with 3 selected publications.

Regarding the scientific journals, the Revista Latino Americana de Enfermagem, Revista de Enfermagem UFSM, Revista Brasileira de Enfermagem, Revista Gaúcha de Enfermagem, Revista Acta Paulista de Enfermagem, Nursing Journal of the Anna Nery School of Nursing are highlighted with two publications respectively.

DISCUSSION

α Impact of acute myocardial infarction on patients' quality of life

In this category of analysis, we identified the limitations that occurred in patients after myocardial infarction, showing that the patient's quality of life impairment after AMI is directly related to the time of treatment, after the first symptoms of the disease until the care searching, reducing the problems or increasing even more depending on the time.²

Patients often have physical limitations interfering with daily work, and the use of numerous medications and even depression after the onset of illness can have a decisive impact on quality of life.¹²

The quality of life can be further impaired by aging, because associated with this stage of life are the restrictions of everyday activities aggravated by the duration of AMI.¹⁰

Patients often have difficulties in their intimate hygiene, by limiting their movements, causing negative impact on their daily life, resulting in help in activities of low complexity.¹⁴

Also, economic aspects can interfere in people's quality of life, as there is a great lack of control in the financial organization, generating excessive expenses and harming the quality of life, since this aspect directly interferes with the emotional and psychological state of the patient.¹³

The use of numerous medications to control blood pressure, blood coagulation, control of cholesterol levels in the blood and control of pain end up generating costly expenses for the patients and also impacting the quality of life of the individuals.⁹

Regarding the social interaction after the AMI, it was identified in the analyzed studies that infarcted women ended up observing in their daily life the remoteness of the people nearby causing social isolation and making their daily life even more difficult.¹⁵

The studies analyzed show that infarction modifies the routine of the family, affecting not only the quality of life of those affected by the disease, but also those closest to the patient.³

At the moment the individual is affected by the infarction, there is an expressive decrease in cardiac and physical muscle strength, requiring support from the family, at the moment of adaptation to the new way of life and in the face of the limitations resulting from the disease, which may substantially interfere with the quality of life.⁸

Patients with cardiovascular diseases such as AMI present anxiety, acute pain, poor sensory perception, and impact on quality of life. In this sense, it should be considered that before these signs and symptoms there is also a decrease in physical exercises and activities that were of their preference and that could help in improving their quality of life.¹

Thus, it is important to highlight that the nurse as a member of the health team plays a fundamental role in all the limitations presented by the patients affected by AMI and they have a profound impact on the quality of life to draw up effective and interventions able to assist in the recovery of daily activities, as well as favoring the adaptation of patients to new ways of living healthy and face this stage of life presented after a event as serious as AMI.

α Strategies used to improve the quality of life of patients after acute myocardial infarction

The activities of recreation, leisure and socialization with friends were evidenced, as well as the acceptance by family members as positive and effective strategies to promote quality of life. Such actions promote the muscular and psychological relaxation that aligns well-being practice to the dialogue with different people and with the family, constituting in important strategies to improve the quality of life of the patients.⁵

Also regarding the strategies of improvement in the quality of life, there are the actions of health education related to the

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promotion and assistance planning that can help in the adherence of the patient to the treatment, being considered important strategies that converge to the improvement of the quality of life.¹²

Myocardial revascularization surgery has been adopted as one of the strategic measures to promote an improvement in the post-acute myocardial infarction to improve the quality of life.¹⁰ Frequent studies are recommended to evaluate the performance of the musculature with the aim of discriminating the functional capacity of the affected organ after AMI.¹³

Patients affected by AMI are recommended to conduct studies in their social relationship, so adherence to drug treatment is effective, preventing interruptions, with the aim of improving the quality of treatment.⁹

To physical activity practices has been adopted as an important strategy in the reduction of risks of infarction and in the reduction of aggravations after AMI.⁶

The nursing team has adopted to know all the experiences of the patient, with the purpose of knowing his patient in a whole, so the care after the infarction is more specific for each patient, contributing a lot to the improvement of the same.

Knowing the habits and customs of patients is a strategy that nursing is increasingly adopting, to provide an ideal comfort, trying to keep it as close to its daily activities.¹⁵

Regarding the improvement of the patients' quality of life, the following scientific articles were evidenced: proposals for recreation activities, leisure, reception by family members, health education actions that may aid in adherence and follow-up of medication treatment after AMI. Coronary artery bypass surgery was cited in one of the publications as an alternative to reduce injuries such as functional problems arising from AMI.¹⁶

The health service has been valuing the first symptoms immediately from the search for help by the patient, with the intention of minimizing the aggravations of the condition, giving immediate support.²

The search for new developments in pain scales to highlight chest pain and to promote the identification of AMI early has been fundamental for better patient care, aiming to reduce future pain.⁴

The nurse has to be careful to identify signs that show an evolution in the picture, such as anxiety, acute pain and other symptoms to be always attentive in the elaboration of strategies in the care to improve the quality of life of the patients affected by AMI.¹⁶

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Performing physical activities comes a constant recommendation in basically all the literature, to decrease risk factors in infarction and post-infarction, directly influencing the improvement of the picture and consequently the quality of life of the patient.¹

CONCLUSION

This study showed the impact and limitations caused by AMI in people's lives and daily lives. This scenario should be known to nurses who work in the care practice and who assist the human beings affected by this disease. In this context, the nurse's perspective should be focused on strategies that can improve people's quality of life.

Strategies should be implemented from the time of hospital admission, during discharge after the patient's self-care and adherence to the treatment for the success of the therapy instituted.

Therefore, the patient should be instrumented to engage in their treatment thinking that it is possible to live with quality and in a healthy way after an AMI, but at this moment in their life the family support and the social support network is extremely important ensuring a better standard of living.

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