SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PATIENTS WITH ANXIETY IN A UNIT OF CHEST PAIN

PERFIL SOCIODEMOGRÁFICO E CLÍNICO DOS PACIENTES COM ANSIEDADE EM UMA UNIDADE DE DOR TORÁCICA

Camila Souza Bochi1, Anna Carolina Gaspar Ribeiro2, Marcio Roberto Paes3

ABSTRACT
Objective: characterizing the profile of anxiety patients admitted to a chest pain unit. Method: a cross-sectional, retrospective study conducted in a university hospital in Curitiba (Parana). There were selected 46 records of patients suffering anxiety admitted to chest pain unit in 2012. Data were collected through a structured instrument and analyzed by statistical methods. The project was approved by the Research Ethics Committee, CAAE No. 10757113.3.0000.0096. Results: the prevalence of anxiety cases was 22.5%. Of these 56.5% were male, average age 55.5 years, 69.6% pre-hypertensive, 50% had dyslipidemia, 26.1% were diabetic, 10.9% had diagnosed depression, 37% were smokers and 28.3% were obese. Conclusion: the identification of anxiety provides a targeted and specialized patient care and the role of the multidisciplinary team to minimize anxiety, reducing the risk of cardiovascular events.

Describers: Nursing Care; Anxiety; Chest Pain; Cardiovascular Diseases.

RESUMO
Objetivo: caracterizar o perfil dos pacientes com ansiedade e internados em uma unidade de dor torácica. Método: estudo transversal, retrospectivo, realizado em um hospital universitário de Curitiba (PR). Foram selecionados 46 prontuários de pacientes com ansiedade e internados em Unidade para dor torácica em 2012. Os dados foram coletados por meio de um instrumento estruturado e analisados por métodos estatísticos. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n° 10757113.3.0000.0096. Resultados: a prevalência dos casos de ansiedade foi de 22.5%. Destes 56.5% eram do sexo masculino, idade média de 55.5 anos, 69.6% previamente hipertensos, 50% dislipidêmicos, 26.1% eram diabéticos, 10.9% tinha depressão diagnosticada, 37% tabagistas e 28.3% eram obesos. Conclusão: a identificação de ansiedade proporciona um cuidado direcionado e especializado ao paciente e o papel da equipe multiprofissional visando minimizar a ansiedade, diminuindo o risco de eventos cardiovasculares.

Descritores: Cuidados de Enfermagem; Ansiedade; Dor no Peito; Doenças Cardiovasculares.

RESUMEN
Objetivo: caracterizar el perfil de los pacientes con ansiedad ingresados en una unidad para el dolor torácico. Método: estudio transversal y retrospectivo realizado en un hospital universitario de Curitiba (Paraná). Se seleccionaron 46 registros de pacientes con ansiedad ingresados en la unidad para el dolor torácico en 2012. Los datos fueron recolectados a través de un instrumento estructurado y analizados por métodos estadísticos. El proyecto fue aprobado por el Comité de Ética en Investigación, CAAE n° 10757113.3.0000.0096. Resultados: la prevalencia de casos de ansiedad fue de 22.5%. De ellos el 56.5% eran varones, edad media 55.5 años, 69.6% previamente hipertensos, el 50% tenían dislipidemia, 26.1% eran diabéticos, el 10.9% había diagnosticado depresión, 37% eran fumadores y 28.3%, obesidad. Conclusión: la identificación de ansiedad proporciona un cuidado diferenciado y especializado al paciente y el papel del equipo multiprofesional para minimizar la ansiedad, reduciendo el riesgo de eventos cardiovasculares.

Descripciones: Atención de Enfermería; Ansiedad; Dolor en el Pecho; Enfermedades Cardiovasculares.

1 Nurse. Resident of Nursing, Multiprofessional Residency Program in Hospital Attention, Clinical Hospital, Federal University of Paraná/UFPR. Curitiba (PR), Brazil. Email: camilabochi@hotmail.com; 2 Nurse. Coordinator of Cardiovascular Sector, Multiprofessional Residency Program in Hospital Attention, Clinical Hospital, Federal University of Paraná/HC/UFPR area. Curitiba (PR), Brazil. E-mail: anna.gaspar@hc.ufpr.br; 3 Nurse. Doctorate in Nursing. Preceptor of Cardiovascular Sector, Clinical Hospital, Federal University of Paraná/HC/UFPR. Curitiba (PR), Brazil. Email: marropa@ufpr.br
INTRODUCTION

Cardiovascular diseases cause social and economic impact on individuals, families and society due to health care costs, increased absenteeism and decreased productivity of the countries. Cardiovascular diseases include acute coronary syndromes, cerebrovascular disease, hypertension, peripheral artery disease, congenital heart disease and heart failure, which are the cause of about 12 million deaths per year worldwide, which is characterized as public health problem worldwide.1

Acute myocardial infarction is the Acute Coronary Syndrome with high prevalence of mortality, where the majority of deaths occur in the first hours of manifestation of injury and acute chest pain one of the main symptoms.2

In the United States, approximately 5-10% of visits to the emergency room are the patients with chest pain. In Brazil, it is estimated that the prevalence is equal to the Americans, but there is need for population-based epidemiological studies to confirm these details. However, it is known that each year four million visits are made by chest pain in Brazil.3

The speed in patient with chest pain is extremely important, given that as sooner he is assisted, the greater the chances of survival and decrease damage to the heart muscle. However, only 20% of these patients come to the emergency department with up to two hours after the onset of chest pain.4

The Chest Pain Unit (CPU) is a health care emergency, which aims at quality and speed of research and treatment of chest pain or other symptoms suggestive of acute coronary syndrome. Thus, the main objectives of the CPU is to reduce the delay in care, identifying and treating signs and symptoms of acute coronary syndrome, avoid the early and / or inappropriate discharge of patients with acute coronary syndrome, reduce unnecessary hospitalizations and costs of evaluation of patients with chest pain and inappropriate referrals for more complex units such as coronary care units.4

In a study of patients with stable coronary artery disease, it was found that anxiety disorder was associated with a 62% higher hazard ratio for cardiovascular events and that anxiety and depression are predictors of increased risk for cardiac events.5 6

Anxiety is a warning sign that individuals can take action against impending dangers, under normal conditions may provide motivation, threat protection through psychic and organic alert mechanisms for holding attitudes that separate you from danger.7 8 however, the anxiety at higher levels can be characterized as a mental disorder and may even present itself as panic disorder, whose symptoms: presence of fear associated with feeling of impending terror and death accompanied by tachycardia, diaphoresis, chest pain, paresthesia and physical discomfort, and may be confused with acute myocardial infarction, among other.7 9

In a longitudinal study of 438 post-AMI patients, followed for ten years, were evaluated for the presence of depression, anxiety and their relationship with cardiovascular adverse events. This study found that, for patients with generalized anxiety disorder, the risk for adverse cardiac events is almost twice.10 In this study, anxiety was associated with greater severity of coronary artery disease and predicted worse prognosis in such patients, regardless of no other risk factors.11

The patient generally gets surprised by the illness and hospitalization, feels unprotected and anxious facing the new conditions experienced. Often, the level of anxiety is high at those times, and thus the assessment of the emotional and mental conditions of the patient performed by nurses becomes increasingly necessary. Identify emerging and / or emotional and mental problems resulting from hospitalization and illness is extremely important as it enables, along with physical examination, full support and optimizes patient care. Knowledge of signs and symptoms of anxiety gives allowance to nurses in clinical reasoning that leads to appropriate nursing diagnoses and therefore the most appropriate interventions.12

During the development of the practical activities of the Integrated Multidisciplinary Residency Program in cardiology sectors, it was observed that many patients report few symptoms of anxiety and relate them to their clinical condition. During the nursing assessment they were reported being anxious with questions concerning the internment. Therefore, the need to define the profile of patients with anxiety, served in UDT (chest pain unity - in Portuguese) became apparent in order to support the planning and development of nursing care with quality and excellence.

OBJECTIVE

• Determining the profile of patients with anxiety admitted to a chest pain unit.
A cross-sectional, retrospective study conducted at a UDT of a university hospital in Curitiba / Parana, in the period June to September 2013.

The sample consisted of 204 medical records of patients who were hospitalized in the UDT between January and December 2012, of which 46 charts that met the inclusion criteria were selected.

Inclusion criteria were: medical records of patients who had anxiety described in clinical outcomes. Exclusion criteria: transfer of medical records to the archive in cases of patients who have died.

Data collection was performed by reading the charts and fill the structured data collection instrument which contained items of sociodemographic and clinical characterization by means of the following variables: gender, age, ethnic origin, occupation, marital status, level of education, presence of hypertension, use of antihypertensive medication, dyslipidemia, diabetes mellitus, depression, physical activity, use of psychoactive substances, type of chest pain during hospitalization and other comorbidities.

The data that emerged from the instrument were stored in a spreadsheet and analyzed using descriptive quantitative analysis using the Statistical Package for Social Science (SPSS® 13.0). Numerical variables are presented for measures of central tendency and categorical variables as absolute and relative frequencies.

The research was approved by the Research Ethics Committee of the Clinical Hospital, Federal University of Paraná, in June 2013, under CAAE No. 10757113.3.0000.0096, according to Resolution 466/2012 of the National Health Council (CNS). Because it is a secondary source research, was asked to release the dispensation of informed consent for the consultation there were requested records.

Of the 204 patients admitted to the UDT in 2012 it was found that 46 (22.5%) had anxiety described in the files. Among them 26 (56.5%) were male, white color 41 was predominant (89.1%). Regarding the origin 44 (95.7%) were residents of Curitiba and its metropolitan area. On the occupation 12 (26.1%) of the sample did not contain the information described in the medical records, 11 (23.9%) were retired and 23.9% salaried employees. Of the 46 patients (63%) were married. Regarding education 36 (78.3%) of the sample had not disclosed this information in the medical record.

Ages ranged from 18 to 83 years old, average 55.5 years old, standard deviation 14.64. Table 1 shows age classes that are presented.

As a result, the table 2 presents the clinical characterization of patients with anxiety.

Table 1. Distribution of participants according to age. Curitiba (PR), 2013.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 -- 19</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>20 -- 29</td>
<td>3</td>
<td>6.5</td>
</tr>
<tr>
<td>30 -- 39</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>40 -- 49</td>
<td>6</td>
<td>13.0</td>
</tr>
<tr>
<td>50 -- 59</td>
<td>16</td>
<td>34.8</td>
</tr>
<tr>
<td>≥60</td>
<td>18</td>
<td>39.1</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>100</td>
</tr>
</tbody>
</table>

As a result, the table 2 presents the clinical characterization of patients with anxiety.
DISCUSSION

Cardiovascular diseases can weaken patients and trigger disorders such as anxiety and depression, which are among others considered psychosocial risk factors for cardiovascular disease.14

The prevalence of anxiety in patients in UDT (22.5%) described the results closer to the findings of a study of 187 Chinese subjects with coronary artery disease (18.6%)15, but was higher when compared to other studies15,16 with 438 patients with prior AMI (5.48%), 4256 military veterans (9.7%) and 934 patients with coronary artery disease (9.6%).

In the general population the prevalence of anxiety disorder is nearly two times higher in women than in men, but the results of this study demonstrated that the higher frequency of anxiety in patients with chest pain was in men (56.5%). This result is corroborated by other studies with samples between 24 and 187 participants, men had a higher prevalence in the correlation between anxiety and cardiovascular disease.10,11,16

In a study of 42 male patients in order to assess the prevalence of psychiatric disorders, health anxiety and anxiety related to cardiac symptoms in patients with coronary artery disease, it was found that these patients tend to experience more anxiety related to their symptoms heart over other bodily sensation.17

On the occupation of hospitalized patients, 23.9% were retired, 23.9% were salaried employees and 17.4% were self-employed. The percentage of retired patients may be related to the amount of elderly individuals who comprised the sample. Already the percentage of individuals in situations of active work, leads us to think, if the anxiety of such patients does not follow the situation experienced an emergency hospitalization, in which there is absence from work, thus decreasing income generation family.

Regarding age, 39.1% of patients were older than 60 years old, close to that reported in the research18 on cardiovascular risk factors in patients with a UDT that the prevalence of the population over 60 years old was 41.7%, and also to that found in another study19 showed that the description of patients with Acute Coronary Syndrome, where the prevalence of people aged 60 years old was 44.6%.

Observing Table 1, in which the sample is distributed by age, it is observed that the percentage of anxious patients is increasing in relation to increasing age, which can be explained by the increase of the aging population and the rise of chronic noncommunicable diseases.

Most patients identified in the study were originally from Curitiba Metropolitan Region of Curitiba and 95.7%. In the health care network is assigned this percentage in the emergency service that is configured UDT is integrated with other emergency care services, meeting the demands of these units and the Metropolitan Region of Curitiba.20

Married patients constituted 63% of the sample, the lower prevalence compared to a
study of Chinese patients, which was 86.6%, but next to that found in a U.S. study of 59%.

Low educational level is considered a vulnerability factor for patients with cardiovascular disease as it makes the most difficulty understanding and patient adherence to prevention, treatment and rehabilitation. Therefore, knowing the level of patient education is essential to direct the path towards better adherence to treatment, pharmacological and non-pharmacological, however, it was found that 78.3% of the sample had not disclosed this information in medical record, which creates a concern about the understanding of the instructions received.

Through the data obtained on the clinical profile of patients the high prevalence of cardiovascular risk factors and anxiety itself. Hypertensive patients previously constituted a large part of the sample, although slightly less than the percentage by other studies, which obtained a percentage of 86 and 73% of hypertensos. Men had a higher prevalence of hypertension (37%) than women (32.6%), corroborating data from another study.

High cholesterol can be considered a major modifiable risk factor for coronary artery disease and its proper control brings benefits in reducing cardiovascular events such as myocardial infarction and death from coronary artery disease. Dyslipidemic patients constituted 50% of the sample, confirming the results a study of patients with Acute Coronary Syndrome in Brazil, but higher than shown in other studies of 22.9% and 29.2%. As shown in Table 2 the highest frequency of participants with dyslipidemia were women (28.3%), corroborated by another study involving 1060 patients in the higher prevalence of comorbidity was found in females.

Obesity is not only directly associated with cardiovascular disease risk factors such as hypertension, dyslipidemia and diabetes type 2. Patients with obesity (28.3%) characterized the next percentage found in a study (30.6%), but lower than that found in another study (48%).

The prevalence of patients with diabetes mellitus was 26.1%, close to that found in some studies of smaller than found in a study of 43% and higher than that reported in other research. In a research with 1066 individuals of a general population 12.4% were diabetics and 7.4% had fasting blood glucose change and these showed greater risk factors for coronary artery disease.

In a study with 60 patients admitted with AMI diagnosis, it was found that patients hospitalized with AMI and with higher levels of anxiety are more likely to submit depression.

Depression and cardiovascular disease are two of the most debilitating and costly in the context of health conditions, chronic diseases are considered the greatest impact on the quality of life of the subjects. The association of depression with cardiovascular diseases has been widely researched. Several studies confirm that depression is a risk factor for cardiovascular disease, is also a negative prognostic factor resulting in increased morbidity and mortality, especially if associated with anxiety.

Although the practice of physical activity promotes cardioprotective effect, when held for at least 30 minutes of moderate form, for at least 5 days a week, only 10.9% of the population surveyed practiced physical activity. The prevalence found was less than that described in a research of 29%, in another research the population studied was composed of 42.8% of sedentary individuals.

Regarding dependency on tobacco, the prevalence found (37%) was greater than those described in other studies which ranged between 11% and 26.3%. However, this percentage is lower than those reported in two studies (63.6%) and (54%) of 60 years old, when compared to non-smokers.

The profile presented by patients with chest pain was similar to that found in the study with 860 patients with acute coronary syndrome in Brazil both in socio-demographic variables (males and age) as in clinical variables (high prevalence of SAH, Dyslipidemia, family history positive for cardiovascular diseases, coronary artery disease, prior history), however showed lower rate of typical chest pain (63.1%) with respect to the general population with Acute Coronary Syndrome (86.3%) and slightly higher rate of non-cardiac chest pain (10.9%) when compared to the general population with Acute Coronary Syndrome (3%).

Although the assessment of the type of chest pain is essential in this patient admission, 23.9% of medical records of patients, had no such assessment described, what can influence the overall result of typical pain.

The presence of a history of coronary artery disease (45.7%) was greater than that reported in other studies, with prevalence of 8% in Chinese population and 29.2% in study with Dutch population. Patients with a history of stroke (CVA) showed higher association of depression with cardiovascular disease.
percentage (15.2%), than found in a study in the Netherlands (4.2%). 10 the prevalence of patients with positive family history for cardiovascular disease (41.3%) was next found by other researchers (37.5%) 10, (49.4%) 18 and (35%) 19.

CONCLUSION

With the aging population, the increase of chronic diseases has been evident. In this study there was a high prevalence of risk factors for cardiovascular disease associated with anxiety.

Anxiety alone is considered an independent risk factor for cardiovascular disease, so there is need for proper evaluation of the patient for signs and symptoms of anxiety on admission to a UDT.

The identification of anxiety during emergency hospitalization provides a targeted and specialized patient care and the role of the multidisciplinary team is crucial to minimizing anxiety, reducing the risk of cardiovascular events.

The post-discharge strategies for prevention and health promotion referrals should be intensified with comprehensive look at all the cardiovascular risk factors, and anxiety, as well as other psychosocial factors deserve more attention than is currently waived.

REFERENCES


English/Portuguese

J Nurs UFPE on line., Recife, 8(8):2833-9, Aug., 2014

2838


Submission: 2014/01/28  
Accepted: 2014/04/26  
Publishing: 2014/08/01  
Corresponding Address  
Camila Souza Bochi  
Rua Benjamin Constant, 229 / Centro  
CEP 80060-020 – Curitiba (PR), Brazil