

# **Changes in Lifestyle following a Myocardial Infarction - A Maltese Perspective.**

**Joanna Chetcuti.**

*This abstract and recommendations are taken from my dissertation submitted in partial fulfillment of an MSc in Occupational Therapy at the University of East London in June 1998*

## **Abstract**

This study set out to explore changes in lifestyle following a myocardial infarction from a Maltese perspective. It aimed to discover what changes occur and how they effect the individual's life. This was done using qualitative research methods in which an open in-depth interview was central to capture the individuals' experiences. A key aim of this indigenous research was to examine the changes within their own context of a Maltase lifestyle and thus naturalistic research methods were deemed most appropriate.

The data revealed significant emergent themes and central issues which exhibited what changes occurred, how they effected the individual and what

influential factors were responsible for bringing about change in lifestyle. The themes that emerged included risk factor modification, daily life activities, till active, the issues of stress, the issues of health and the religious aspect. These were influenced by a number of factors including the Maltese lifestyle, previous knowledge held by participants, information provided whilst in hospital, family and friends, fear and anxiety and the absence of symptoms and lapse of time. Other factors affected return to work such as age, physical ability, psychosocial factors and job satisfaction. Hobbies were influenced by a feeling of control and more satisfaction whilst most activities were influenced by cautiousness and overprotective families. Stress was an important issue that affected the participant's life in most activities, leading to unnecessary anxiety and often, impatience. The individual's health belief's and interpretation of health was evident as an influencing factor together with spiritual issues.

In conclusion, this study has brought out the different facets that should be taken into consideration when treating this client group. Information alone does not warrant compliance to treatment

programmes. Therefore, rehabilitation programmes should be designed with all these socio-cultural factors in mind whilst recognising the individuality of each person. It is necessary to provide programmes for all phases of rehabilitation for Maltese post-myocardial infarction patients whilst involving the family and providing support and feedback throughout all the phases. This will help to alleviate fear and anxiety for both patients and their families. A culturally sensitive continuum of services is needed to fill the gap in intervention for these patients. It is vital since patients need to take responsibility for their own health. The importance of involvement of occupational therapists, in such programmes, who have the necessary skills to use adult learning principles and empower patients rather than force change, comes out in this study.

### **Recommendations for the Future**

The following are the recommendations for the future which have evolved from the study as a recognised need:

- Specific training on Cardiac Educational principles for O.T. undergraduates with post-graduate courses to be instituted.
- Liaison with other University Departments such as medical, nursing, psychology and sociology departments in training and implementation of campaigns and programmes.
- Campaigns on all forms of media for prevention of heart disease (Primary prevention).
- Campaigns within school, universities and places of work (Primary Prevention)
- Standardized and clear guidelines for patients following a heart attack (phase 1 –cardiac rehabilitation)
- Follow up home visits for patients discharged from hospital following a myocardial infarction (Phase 2 cardiac rehabilitation)
- Exercise and stress testing, counseling, psychological support and relaxation techniques as standard practice for all myocardial infarction patients and for an individual guide to limitations (Phase 2 cardiac rehabilitation)
- Training of staff in adult learning principles and uniform methods to be used in cardiac rehabilitation programme.
- An out patient cardiac rehabilitation programme based on transdisciplinary approach rather

- than a multidisciplinary approach including adult education, counseling and psychological support, exercise and relaxation (Phase 3 cardiac rehabilitation)
- Involving a significant other in the whole cardiac process (All Phases).
  - Work resettlement (Phase 4)

- Self Help and support groups (All phases)
- Long term follow up (Phase 4) such as fixed biannual appointments and a drop in service for up to a minimum of two years post-myocardial infarction.

Table 1 serves to show the continuum of services to cover all facets of primary and secondary prevention in the care of heart disease as proposed for the future.

The Cardiac Rehabilitation Continuum of Services			
Primary Prevention	Secondary Prevention		
<p>Screening programmes for heart disease and risk factors.</p> <p>Stop smoking clinics</p> <p>Stress management clinics</p> <p>Exercise groups</p> <p>Media- documentaries and radio programmes advocated healthy lifestyle</p> <p>Campaigns at school and place of work</p> <p>Leaflets on risk factor modifications</p> <p>General practitioner regular check- ups.</p>	<p>Cardiac Rehabilitation during in-patient hospitalization and immediately after discharge (Phase 1): From week 1-3.</p> <p>Advice programme consisting of risk factor modification and lifestyle changes such as :</p> <ul style="list-style-type: none"> <li>• Rest</li> <li>• Relaxation.</li> <li>• Stress.</li> <li>• Exercise</li> <li>• Diet.</li> <li>• Smoking.</li> <li>• Alcohol.</li> <li>• Sexual Activity.</li> <li>• Work.</li> <li>• Leisure.</li> <li>• Driving.</li> <li>• Check-ups.</li> </ul> <p>Basic graded exercises in MET levels.</p> <p>Psychological support Home programmes.</p>	<p>Early Cardiac rehabilitation – Out-patient supervised programmes (Phase 2 and 3): From week 3-16</p> <ul style="list-style-type: none"> <li>• Self- Help programmes using heart manuals or other specific packages and support groups.</li> <li>• Telephone guidance or home visits</li> <li>• Formal lecture/slide type of programmes for groups</li> <li>• Early Group exercise</li> <li>• Group rehabilitation consisting of a transdisciplinary team and education for risk factor modification, psychological support and advice, exercise, relaxation and stress management.</li> </ul>	<p>Follow up Cardiac Programmes (Long term cardiac rehabilitation– Phase 4): From week 16-2 years.</p> <ul style="list-style-type: none"> <li>• Follow up appointments to assess progress and evaluate outcomes</li> <li>• Telephone guided programmes</li> <li>• Formal lectures/slides</li> <li>• Support groups</li> <li>• Continued input from the media</li> <li>• Full exercise testing</li> <li>• Smoking cessation clinics</li> <li>• Dietary advice/Weight control clinics</li> <li>• Stress management</li> <li>• Regular check-ups</li> </ul>
<p>Venues:</p> <ul style="list-style-type: none"> <li>• Health centers</li> <li>• GP clinics</li> <li>• Hospital</li> <li>• Out-patient clinics</li> <li>• Home</li> <li>• Work</li> <li>• Schools</li> </ul>	<p>Venues:</p> <ul style="list-style-type: none"> <li>• Hospitals e.g. CCU, O.T. Department or PT. Department</li> <li>• Health centers</li> <li>• Rehabilitation Units</li> <li>• Out patient clinics</li> <li>• Home</li> </ul>	<p>Venues:</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Health centers</li> <li>• Sport centers</li> <li>• Outpatient clinics</li> <li>• Home</li> </ul>	<p>Venues:</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Health centers</li> <li>• Outpatient clinics</li> <li>• Home</li> </ul>