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# Fatigue Experienced by Women Before and During Myocardial Infarction: An Integrative Review

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## RESEARCH QUESTION

What is known about fatigue experienced by adult women during the prodromal and acute periods of myocardial infarction (MI)?

## AIMS

1. Identify what is known about prodromal and acute MI fatigue experienced by women in regard to severity, distress, quality, and timing
2. Summarize the current state of the prodromal and acute MI fatigue literature and make recommendations for clinical practice and future study

## BACKGROUND

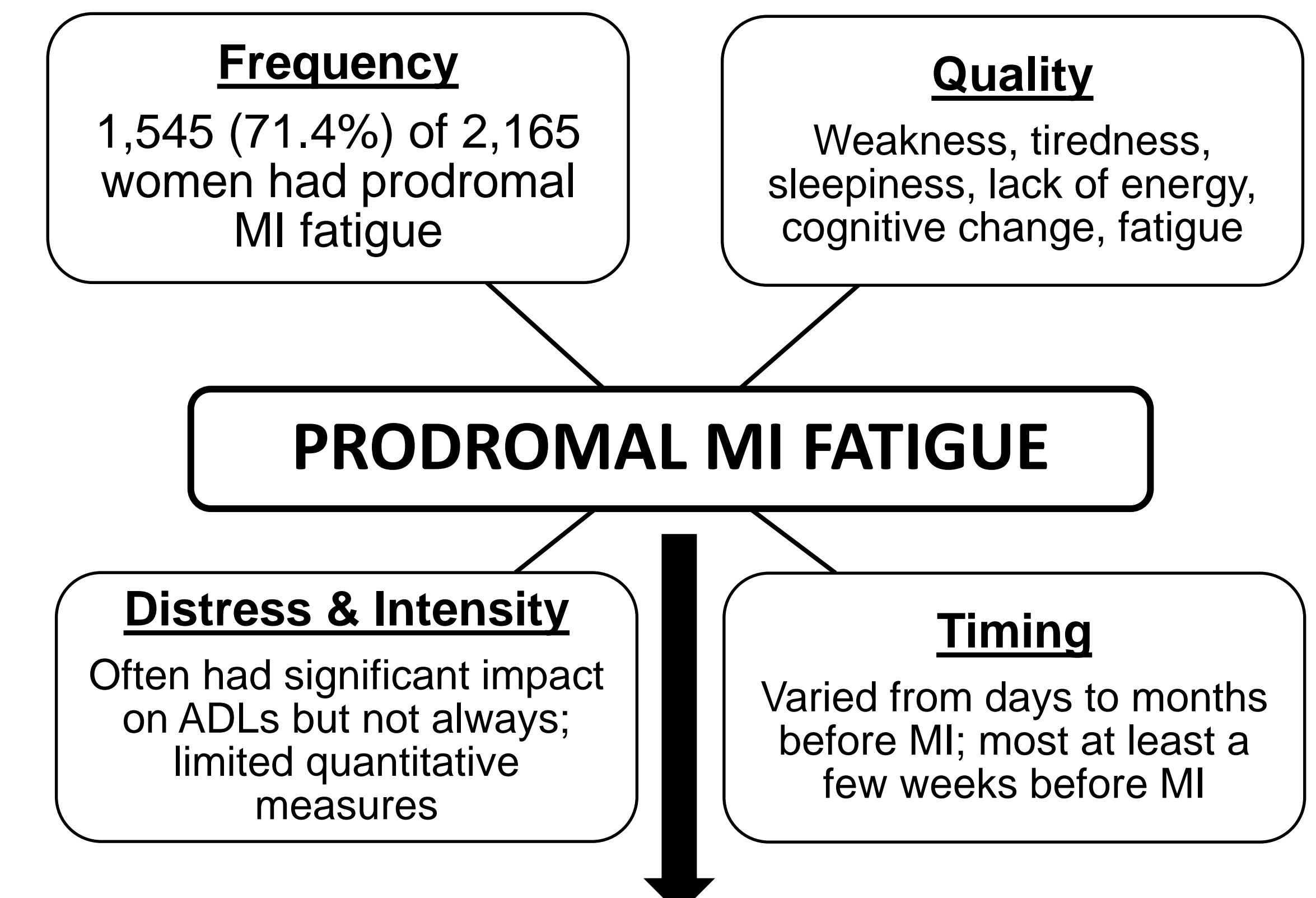
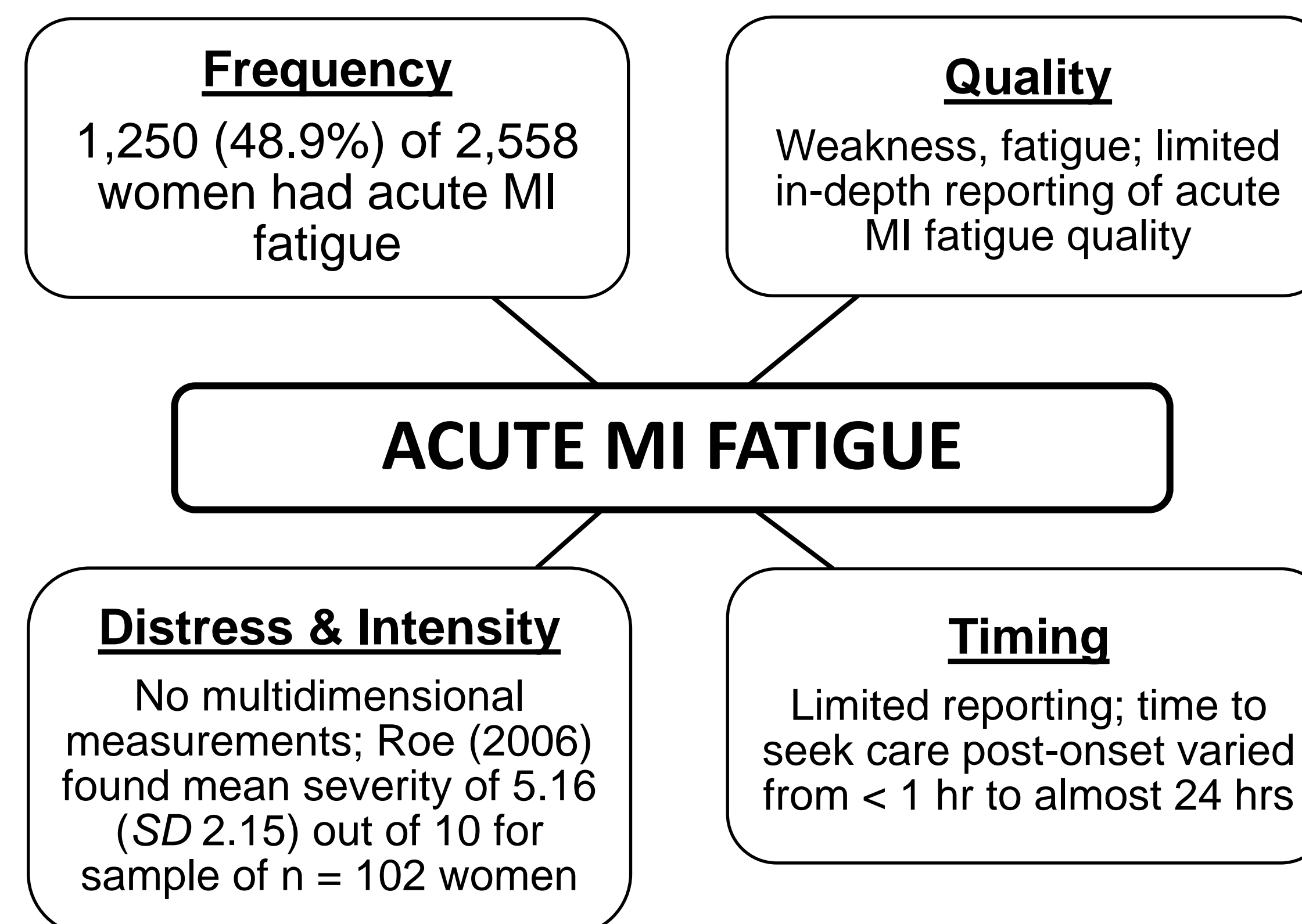
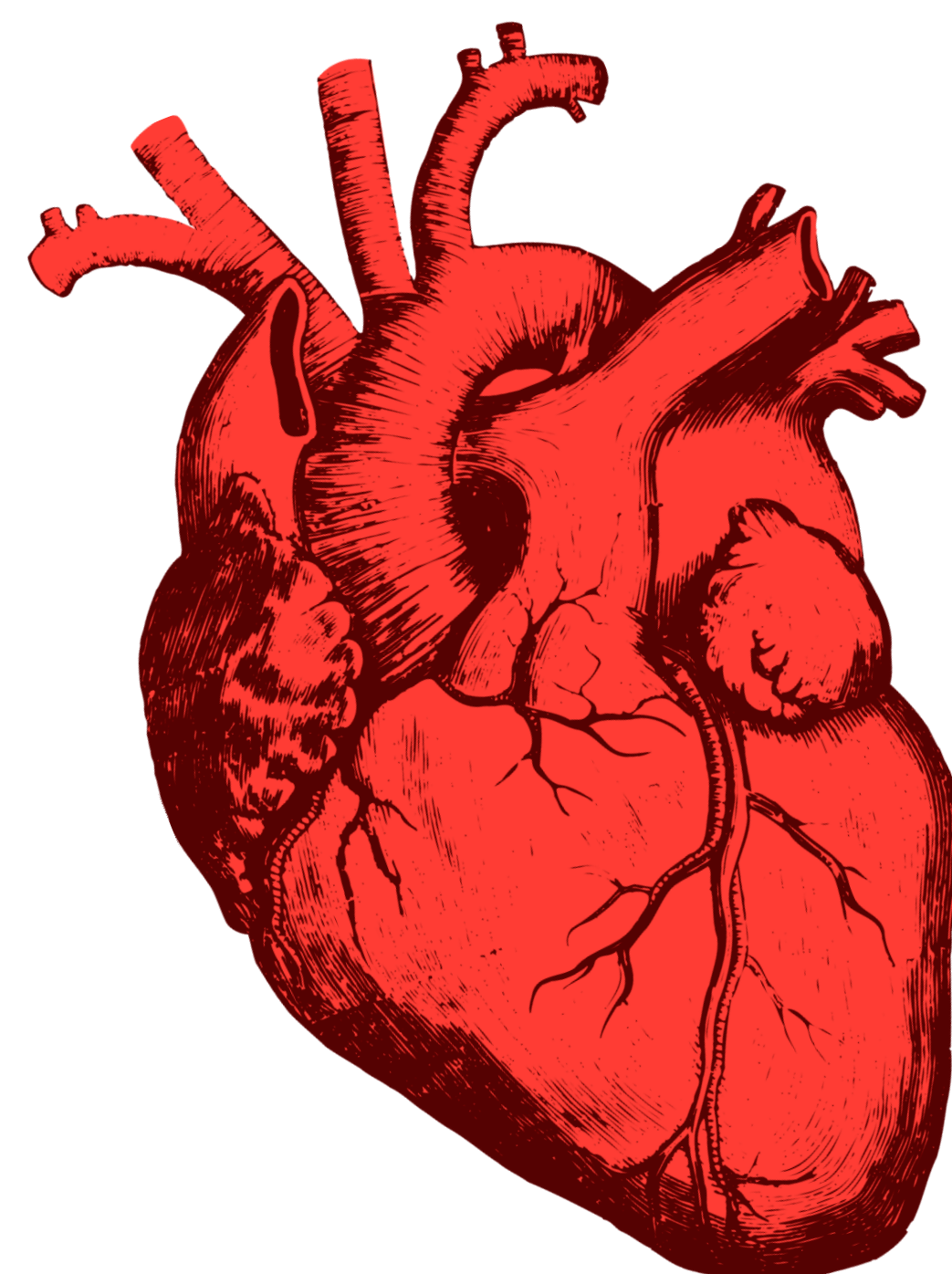
- Heart disease the number one cause of death for women (Mozaffarian et al., 2015)
- In U.S.A., over 250,000 women hospitalized annually with MI (Mehta et al., 2016)
- Fatigue the most common prodromal MI symptom experienced by women and a common acute MI symptom (Blakeman & Booker, 2015; DeVon et al., 2016)
- Limited depth of understanding of prodromal MI fatigue (Blakeman & Booker, 2015)
- Fatigue is complex, and multidimensional understanding of this symptom necessary for clinical applicability and decision making (Blakeman & Booker, 2015; Whitehead, 2009)

## METHODS

- **Integrative review** – Whittemore and Knafel (2005)
- **Framework:** Theory of Unpleasant Symptoms (Lenz, Pugh, Milligan, Gift, & Suppe, 1997)
- **Databases:** CINAHL, PubMed, PsychARTICLES, PsychINFO
- **Inclusion criteria:**
  - a) Original research or secondary analysis with additional insight;
  - b) Report the prevalence, severity, and/or characteristics of acute or prodromal MI fatigue;
  - c) Specify fatigue experienced by women;
  - d) published in English
- **Evaluation:** Johns Hopkins Nursing Evidence-based Practice Model (Dearholt & Dang, 2012)
- **Data Analysis:**
  - a) **Matrix method** (Miles, Huberman, & Saldana, 2014)
  - b) **Within- and across-case analysis** (Miles et al., 2014)
  - c) **Constant comparative method** (Lincoln & Guba, 1985)
  - d) **Generation of themes after discussion/agreement**

## RESULTS

- See handout for full literature audit trail and manuscript characteristics
- 21 studies included: 9 quantitative, 6 qualitative, 6 mixed-methods



## Prototypical Statements Regarding Prodromal MI Fatigue

- “someone had drained everything out of me” (McSweeney & Crane, 2000, p. 141)
- “didn’t have the energy to fix something to eat” (Bruno, 2013, p. 115)
- “tired more so than usual” (Albarran et al., 2007, p. 1296)
- “started feeling weaker and weaker” (McSweeney 1998, p. 77)

## IMPLICATIONS & CONCLUSIONS

- Multidimensional understanding of MI-related fatigue needed
- Most studies relied on self-report, retrospective in nature
- Clinical applicability still complicated, given prevalence of fatigue in general population, other comorbidities
- Clinicians should consider fatigue as an important symptom, in context of other patient factors and signs/symptoms

