Women’s Prodromal Myocardial Infarction Symptom Perception, Attribution, and Care Seeking

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Women’s Prodromal Myocardial Infarction
Symptom Perception, Attribution, and Care Seeking

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Introduction
Most women experience several prodromal symptoms prior to myocardial infarction (MI). While investigators have focused on acute MI symptom perception, attribution, and care seeking, few have studied how women experience and process prodromal MI symptoms and ultimately decide to seek care.

Research Question
How do women who experience type 1 myocardial infarction perceive, attribute, and respond to the prodromal symptoms that they experience?

Methods
- Theory of Unpleasant Symptoms (Lenz et al., 1997) served as theoretical framework
- Purposive enrollment of women with type 1 MI from large, Magnet®-designated teaching hospital in Midwest, USA
- Also enrolled supplementary sample of family members of women with MI
- Qualitative, multiple case study design (Merriam 1998; 2009)
- Inductive, comparative analysis; within- and across-case content analysis with focus on data triangulation

Results

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<th>Participant Description (names changed to protect anonymity)</th>
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Conclusion
Women who experienced type 1 MI from large, Magnet®-designated teaching hospitals in the Midwest, USA, exhibited several prodromal MI symptoms, with the majority experiencing prodromal symptoms prior to MI, though at varying levels of intensity. Women reported these symptoms in various settings and contexts, including at home, work, and during social activities. Despite these symptoms, many women did not perceive them as symptoms, feeling ill, or acting on symptoms for fear of non-life-threatening conditions. Women often attributed symptoms to other factors, such as stress, exercise, or pre-existing conditions. The data also highlighted how women engaged in strategies to cope with their symptoms, including seeking care, altering their behavior, and seeking social support. The findings underscore the importance of assessing patients for prodromal MI symptoms, as well as educating patients and health care providers about the importance of recognizing and acting on these symptoms.

Discussion

- Opportunities exist for early recognition and action related to prodromal MI symptoms
- Lack of recognition of personal vulnerability towards heart disease limited symptom attribution to heart
- Lack of awareness that non-chest symptoms can be indicative of heart disease
- Assessment of symptoms requires careful use of terminology (e.g., “chest pain” may be limiting term)
- Similarities exist between acute and prodromal MI symptom attribution/perception/care-seeking literature
- Mishel’s (1990) Uncertainty in Illness Theory and Leventhal’s Common Sense Model (Leventhal et al., 2016) may serve to help explain aspects of these findings

Future Research

- Additional qualitative and quantitative research with diverse samples; enhanced focus on attribution and coping processes
- Exploration of health care professionals’ knowledge and assessment practices related to prodromal MI symptoms
- Development of targeted educational and clinical interventions for patients and health professionals related to prodromal MI symptoms

References

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