

“Quality of Life of Acute ST-Elevation Myocardial Infarction Patients who Underwent Primary Percutaneous Coronary Intervention”

Kusuma KHUWATSAMRIT

Panwadee PUTWATANA

Patchaneeporn UNGRATTANACHAI

ABSTRACT

The purposes of this study were to describe quality of life (QOL) and its association with symptom onset to balloon time, and other selected factors of acute ST elevation myocardial infarction (STEMI) patients after primary percutaneous coronary intervention (PPCI). The participants were 191 survivors of STEMI post PPCI from June 1999 to May 2006. Data were collected from medical records and self reported QOL using the Sickness Impact Profile questionnaire. The QOL at 0-1 year was about the same as over 1-5 years and they were better than at over 5 years post PPCI. The independent dimension of QOL was the lowest. The patients with shorter symptom onset to balloon time had better QOL in physical dimension ($p < .05$). Patients who had multi-vessel disease had lower physical dimension of QOL than the single vessel disease ($p < .01$). These findings should be useful in planning to improve QOL in the survivors of STEMI.

Kusuma KHUWATSAMRIT

RN, PhD (Nursing)
Nursing Instructor
Ramathibodi School of Nursing
Faculty of Medicine Ramathibodi Hospital
Mahidol University
Thailand

Panwadee PUTWATANA

RN, D.Sc. (Nutrition)
Nursing Instructor
Ramathibodi School of Nursing
Faculty of Medicine Ramathibodi Hospital
Mahidol University
Thailand

Patchaneeporn UNGRATTANACHAI

RN, MNS (Adult Nursing)
Nursing Staff (Coronary care unit)
King Chulalongkorn Memorial Hospital
Bangkok 10330
Thailand

Keyword:

Quality of life / Primary percutaneous coronary intervention / Myocardial infarction

BACKGROUND

Coronary artery disease (CAD) is a worldwide health epidemic that remains the leading cause of death, including Thailand. CAD could be progressed as acute myocardial infarction (AMI) and myocardial necrosis. Acute ST-elevation myocardial infarction (STEMI) is the rapid development of myocardial necrosis caused by a critical imbalance between oxygen supply and demand of the myocardium (Narducci & Bennett, 2007).

Primary percutaneous coronary intervention (PPCI) is the treatment to open the infarct-related artery during AMI (Keeley & Hillis, 2007). It is suggested as the management of choice for patients with STEMI by the American Heart Association and American College Cardiology (Antman, Anbe, Armstrong, Bates, Green & Hand et al., 2004). PPCI restores normal epicardial blood flow in more than 90 percent of patients (Keely & Grines, 2004). Furthermore, PPCI also decreases mortality (McNamara, Wang, Herrin, Curtis, Bradley, & Magid, et al., 2006). The symptom onset to the balloon time is associated with several outcomes, including 1-year mortality and re-occlusion. The previous study showed that the symptom onset to the balloon time of less than 3.5 hours had less percentage of 30 day mortality and 3-year mortality compared with the symptom onset to the balloon time more than 3.5 hours (Simek, Lubanda, Aschermann, Humhal, Hork, & Kovarnik, et al., 2004). However, there has been no report showing the relationship of the symptom onset of STEMI to the balloon time with the quality of life (QOL) in Thailand.