

# Many patients with heart disease have poor knowledge of heart attack symptoms

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Nearly half of patients with a history of heart disease have poor knowledge about the symptoms of a heart attack and do not perceive themselves to have an elevated cardiovascular risk, according to a report in the May 26 issue of *Archives of Internal Medicine*.

Individuals with heart disease have five to seven times the risk of having a heart attack or dying as the general population, according to background information in the article. Survival rates improve following heart attack if treatment begins within one hour. However, most patients are admitted to the hospital 2.5 to three hours after symptoms begin.

“Barriers to seeking appropriate care quickly are both cognitive and emotional,” the authors write. If patients do not know the symptoms of acute myocardial infarction (heart attack) and other acute coronary syndromes—including nausea and pain in the jaw, chest or left arm—they will not seek treatment for them. If they do not perceive themselves to be at risk for heart attack, they will look for another explanation when they experience these symptoms.

Kathleen Dracup, D.N.Sc., of the University of California, San Francisco, School of Nursing, and colleagues surveyed 3,522 patients (average age 67) who had a history of heart attack or an invasive procedure for treating narrowed arteries. The patients were asked to identify possible symptoms of heart attack and responded to true-false questions about heart disease. Participants also were asked whether they were more or less likely than other individuals their age to have a heart

attack in the next five years.

The average cardiac knowledge score was 71 percent. Despite their history of heart disease, 44 percent of the patients had low knowledge levels, as documented by scores of less than 70 percent. Women, individuals who had participated in cardiac rehabilitation, those with higher education levels, younger individuals and those who received care from a cardiologist as opposed to a family practitioner or internist tended to score higher.

“In this group of patients, who were all at high risk for a future acute myocardial infarction, 43 percent inappropriately assessed their risk as less than or the same as other people their age,” the authors write. “More men than women perceived themselves as being at low risk (47 percent vs. 36 percent, respectively).”

Changes in the health care delivery system have led to less hospital time for heart disease patients, reducing the amount of time available for education about heart disease symptoms, the authors note. “Patients require continued reinforcement about the nature of cardiac symptoms, the benefits of early treatment and their risk status,” they write. “Our findings suggest that men, elderly individuals, those with low levels of education and those who have not attended a cardiac rehabilitation program are more likely to require special efforts during medical office visits to review symptoms of acute myocardial infarction and to learn the appropriate actions to take in the face of new symptoms of acute coronary syndromes.”

Source: JAMA and Archives Journals

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