MAIN ASPECTS OF QUALITY OF LIFE IN PATIENTS WHO HAVE ADULT MYOCARDIAL INFARCTION

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Cardiovascular diseases, especially myocardial infarction, are the major causes of morbidity, disability and mortality among men and women. According to the American Heart Association, in the United States, cardiovascular diseases affect 32 million women and 30 million men; is the cause of death in 21% of men and 23% women [1].

The most important risk factors of heart disease are age, physical inactivity, tobacco use and harmful use of alcohol, unhealthy diet, raised blood lipids, raised blood pressure, raised blood glucose, overweight and obesity, stress and genetic [2].

Myocardial infarction is a serious illness that leads to a significant decrease of the quality of life in 2-2.5 times compared with healthy people. Even in the case of positive dynamics in the treatment of the patient's heart remains a traumatic disorder that turns to permanent disability of the person and changes of his life quality [3].

According to the WHO, quality of life is the perception by a person of his position in life, depending on his cultural values, goals, expectations, standards and interests [4]. The quality of life consists of physiological, psychological, emotional and social indicators of human life. This concept is integral and allows to carry out a deep analysis of the problems of all indicators of human life, it`s purpose to achieve a more efficient life of patients along with maintaining efficiency and a satisfactory of health state. The assessment of the quality of life of patients with cardiovascular pathology has its own peculiarities, since in such patients there is an increased fear of sudden death, their suffering is associated primarily with pain, shortness of breath, weakness, and stable periods in the state of patients are replaced by periods of exacerbation [5].

The main tool for assessing the quality of life of patients with myocardial infarction is questionnaire. These questionnaires consist of such blocks as: physical functioning, emotional well-being, social indicators. The patient is asked to answer the question. Then the data is processed and the results are evaluated in percentage. To assess the results, there are threshold values for quality of life indicators, namely: 71-100% - the optimal level of quality of life; 51-70% - the average quality of life; 50% and less - low quality of life [6].

The social significance of myocardial infarction is associated with high mortality, affliction of persons of working age, the need for life-long treatment, which requires high financial costs, as well as a decrease in the quality of life of these patients. Thus, the prevention of myocardial infarction should be considered as a matter of paramount importance, and in cases of development of this disease it is necessary to influence the quality of life of such patients.

References:

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