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STUDY AND ANALYSIS OF MEDICAL CARE FOR PATIENTS WITH MYOCARDIAL INFARCTIONS

Cardiovascular diseases are the leading cause of morbidity and mortality throughout the world. 17,9 million people died from cardiovascular diseases in 2019. Of these deaths, 85% were due to heart attack and stroke [1]. It is important to detect cardiovascular disease as early as possible so that management with counseling and medicines can begin. Acute myocardial infarction still carries a high mortality rate, with most deaths occurring prior to arrival to the hospital. At least 5%-10% of survivors die within the first 12 months after the myocardial infarction and close to 50% need hospitalization within the same year [2].

In 2013, WHO Member States agreed on global mechanisms to reduce the avoidable Noncommunicable diseases burden including a "Global action plan for the prevention and control of Noncommunicable diseases 2013-2020". This Plan aims to reduce the number of premature deaths from these diseases by 25% by 2025 through nine voluntary global targets. Two of the targets directly focus on preventing and controlling Noncommunicable diseases: reduce global prevalence of raised blood pressure by 25% between 2010 and 2025 and 50% of eligible people should receive drug therapy and counseling to prevent heart attacks and strokes by 2025 [3].

One of the urgent problems of today is to improve the quality of medical care for patients who have suffered a myocardial infarction.

The purpose. To study and evaluate the quality of medical care for patients who have suffered a myocardial infarction.

Materials and methods. 310 patients who suffered a myocardial infarction were surveyed according to specially developed questionnaires and data were copied from the statistical charts of patients who were discharged from the hospital (form No. 066/o).

Results. During the last 12 months, in average, 3,6 visits have been made to the district therapist in connection with this disease. Among the patients with this illness 11,9 ± 1,8% have never sought medical help, 72,5 ± 2,5% asked for care 1-3 times, and 15,6 ± 2,1% needed help of a doctor 4 or more times. In frames of routine control, visits were made in average 2,9 times, 12,8 ± 1,9% of patients had never visited checkups, 8,4 ± 2,2% participated in them for about 1-3 times, and just 5,8 ± 1,3% were under control examinations 4 or more times. Emergency care team delivered 77,1 ± 2,6% of patients, 22,9 ± 2,6% used other routes of getting to a hospital. Thus, 96,1 ± 1,3% of patients noted that the ambulance doctor provided first aid, 3,9 ± 1,9% did not provide assistance. 34,3 ± 2,7% of sick people in the case of myocardial infarction were hospitalized up to 2 hours after the onset of symptoms, 58,3 ± 2,8% ones in the period from 2 up to 12 hours, 3,3 ± 1,1% were taken to hospital from 12 up to 24 hours, and later than 24 hours – 4,1 ± 1,1%. The majority of patients, namely 47,4 ± 2,8% felt deterioration in the evening, 33,2 ± 2,7% at night, 12,6 ± 1,9% in the morning and 6,8 ± 1,5% in the afternoon. Most of the patients (75,8 ± 2,4%) experienced deterioration in their health at home, 13,6 ± 1,0% at the workplace, 3,9 ± 1,1% in the street and 6,8 ± 1,5% in other places. Thus, 32,3 ± 2,7% of respondents rated the organization of the diagnostic process as “excellent”, 58,1 ± 2,8% as “good”, and 9,6 ± 1,7% as “satisfactory”. The following data were obtained regarding the organization of the medical process: 42,3 ± 2,8% of patients rated it as an “excellent”, 51,6 ± 2,8% as a “good” one and 9,1 ± 2,2% as “satisfactory”. According to the study it was found that 88,4 ± 1,9% of patients were under the regular medical observation, while 11,6 ± 1,9% were not under it. In majority of cases, a family doctor monitors about 87,9 ± 2,0% of patients, whiles the cardiologist just 12,1 ± 2,0% ones. According to our survey, 80,3 ± 2,3% of the respondents were given written recommendations for the organization of their lifestyle, and 19,7 ± 2,3% of them did not get such recommendations at all. In fact, 92,6 ± 1,6% of the patients who had got recommendations followed this plan, while 7,4 ± 1,6% did not follow it. According to the investigation, only 42,3 ± 2,8% of patients were recommended consultation of a psychologist, while 57,7 ± 2,8% did not receive such recommendation. Sanitary-resort treatment was offered to 92,4 ± 1,5% of patients, while 7,6 ± 1,5% did not receive such recommendation. According to the data received by authors, 91,0 ± 1,7% of patients whom rehabilitation was offered, were treated at sanatoriums, whiles 9,0 ± 1,7% refused from this stage of cure. The positive effect of the treatment was noted by 93,2 ± 1,6% of patients, whereas 6,8 ± 1,6% did not notice any effect.

Conclusion. The data obtained during the study make it possible to optimize the system of providing medical and sanitary care to patients with myocardial infarction.

References:

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