

## Evaluation of the Perception of Illness and Quality of Life in Patients with Acute Myocardial Infarction

### Akut Miyokart Enfarktöslü Hastalarda Hastalık Algısı ve Yaşam Kalitesi

Dear Editor,

Although mortality rates due to coronary artery disease (CAD) have decreased in the last 4 decades, it is still one of the leading causes of death all over the world. In the study of Heart Disease and Risk Factors in Turkish Adults (TEKHARF), it was reported that 42.5% of deaths with known causes were caused by coronary heart disease.<sup>1</sup> Acute myocardial infarction (AMI), which is a CAD, is usually the complete occlusion of the atherosclerotic coronary artery as a result of atherothrombosis and the sudden cessation of blood flow and cell death in the myocardium region it supplies blood.<sup>2</sup> A significant reduction in mortality due to AMI has been achieved in the last 30 years with new treatment approaches, and a 30%-50% reduction in 30-day mortality has been achieved with reperfusion interventions used for the last 20 years.<sup>3</sup>

Acute myocardial infarction is known to reduce the quality of life (QoL) significantly, contributing to the burden of morbidity.<sup>4</sup> While QoL depends on the physical disabilities and psychological effects of the disease, perception of illness also plays a role in how the patient copes with the disease. Moreover, it can affect the adherence to the treatment and contribute to the prognosis indirectly.<sup>5</sup>

In *Archives of Turkish Society of Cardiology*, I have read the study "Evaluation of the Perception of Illness and Quality of Life in Patients with Acute Myocardial Infarction," which aimed to evaluate the illness perception and QoL of patients with AMI, to investigate the relationship between these 2 factors, and to identify factors affecting them.<sup>6</sup> The study underlines the importance of the comprehension of the patients' illnesses, which was found to be low, and how this relates to the QoL.

Utilizing valid and reliable tools for evaluation of QoL, illness perception, and overall effects of AMI,<sup>7,8</sup> the study approaches these problems as objective as it can be. Moreover, it focuses on a broad range of patients with little exclusion, which enhances the generalizability of the results.

The study suffers from a limited sample size, which hinders its accuracy, even when a sample size analysis was done beforehand for their goals. It also lacks the long-term effects of AMI, as it includes only patients in their first 6 months. The disease comprehension levels were measured without the knowledge of a possible education they may or may not have had, which can make a drastic change on the knowledge on the disease.

Even with its limitations, I think this study will be helpful on our understanding of the effects of AMI on QoL and its contributors. Thus, it reminds us of the importance of patients' comprehension on the disease and makes the clinicians consider the possible interventions to make them understand their diseases better.

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### LETTER TO THE EDITOR EDİTÖRE MEKTUP

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