

Effects of Patients' Models of Heart Disease on Preventive Behaviors

René E. Martin, PhD, RN

CRIISP, Iowa City, IA

BACKGROUND

This four-year study investigates associations among lay CHD beliefs, modifiable risk behaviors, and QoL in a diverse sample of post-MI veterans. We have shown that post-MI patients often do not incorporate personally relevant behavioral risk factors into their representations of CHD, and that such beliefs predict non-adherence to treatment recommendations regarding diet, exercise, and smoking cessation. Our work suggests that prior efforts to motivate post-MI behavior change often failed because patients held idiosyncratic and non-veridical beliefs about their illness and its associations with behavior and health outcomes. Before we can intervene and modify potentially maladaptive CHD representations, we must describe and better understand the associations among veterans' lay CHD beliefs, their cardiac risk behaviors, and health outcomes immediately following MI. Disability, reinfarction, and mortality are more common among post-MI veterans than their civilian counterparts. Veterans are more likely to suffer comorbid conditions (e.g., diabetes, hypertension) that increase CHD morbidity, mortality, and the burden and complexity of treatment adherence. Cardiac risk behaviors (e.g., smoking) are more prevalent among VHA patients, and their lower socioeconomic status represents a source of chronic stress contributing to dysfunction and poor outcomes. These issues are especially prevalent among African American VHA patients, leading to disparities in post-MI outcomes.

OBJECTIVES

(1) Describe and compare CHD representations in African American and Caucasian post-MI VHA patients. (2) Map the trajectory of CHD representations, and their associations with medical status and critical cognitive, affective, and sociocultural factors, for six months in these post-MI patients. (3) Model the implications of CHD representational trajectories for health outcomes, including health behaviors, QoL, and health services utilization for 6-months post-discharge in these post-MI patients. This study is an essential precursor to an intervention that will target CHD representations as a tool in improving risk factor modification and health outcomes among post-MI veterans.

METHODS:

A prospective, correlational design will be used with 430 post-MI patients (50% African American) recruited from VAMCs in Durham NC, Cleveland OH, and Houston TX. Data collection will be coordinated and performed from the Iowa City VAMC. Semi-structured telephone interviews and self-report questionnaires will measure CHD representations, cognitive (cardiac self-efficacy, sense of control), affective (depression, anxiety, negative affect), and sociocultural variables (social support, ethnicity, SES), cardiac behavioral intentions, CHD health behaviors (medication adherence, exercise, diet, smoking), and CHD outcomes (QoL, health services utilization) at four time points over six months post-discharge. Medical status, health services use, and prescription refills will be obtained from medical records.

FINDINGS / RESULTS:

No results to report at this time.

PUBLICATIONS:None at this time.