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John R. Blakeman Illinois State University, jrblak1@ilstu.edu

Wendy M. Woith Illinois State University

Kim S. Astroth Illinois State University

Sheryl H. Jenkins Illinois State University

Stephen J. Stapleton *Concordia College* 

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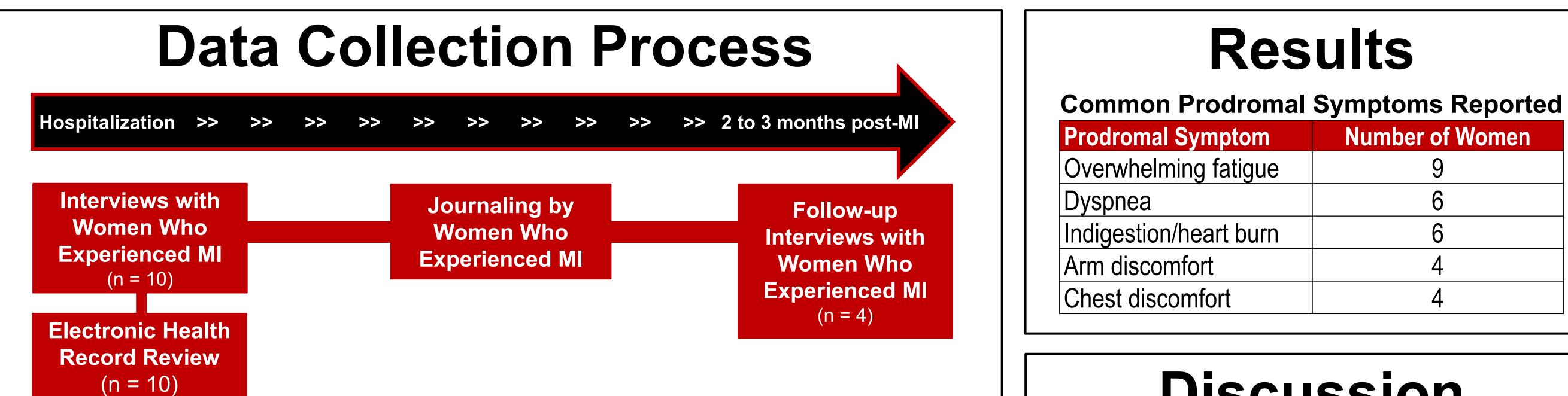
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# Women's Prodromal Myocardial Infarction Symptom Perception, Attribution, and Care Seeking

John R. Blakeman<sup>1</sup>, Wendy M. Woith<sup>1</sup>, Kim S. Astroth<sup>1</sup>, Sheryl H. Jenkins<sup>1</sup>, and Stephen J. Stapleton<sup>2</sup> <sup>1</sup> Illinois State University, <sup>2</sup> Concordia College

## Introduction

Most women experience several prodromal symptoms prior to myocardial infarction (MI). While investigators have focused on acute MI symptom perception, attribution, and care seeking, few have studied how women experience and process



prodromal MI symptoms and ultimately decide to seek care.

## **Research Question**

How do women who experience type I myocardial infarction perceive, attribute, and respond to the prodromal symptoms that they experience?

## Methods

- Theory of Unpleasant Symptoms (Lenz et al., 1997) served as theoretical framework
- Purposive enrollment of women



## Results

Participant Description (names changed to protect anonymity)

Pseudonym	Age	Race & Ethnicity	Relationship Status	Work Status	Education	Menopause	History of CAD	MI Type
Anne	42	White, N-H	Married	None	High school	Pre	Yes	NSTEMI
Sheila	46	White, N-H	Married	Full-time	High school	Pre	Yes	STEMI
Jill	53	White, N-H	Widowed	Full-time	Some college	Post	No	NSTEMI
Kathy	59	White, N-H	Widowed	Part-time	High school	Post	No	STEMI
Mary	60	White, N-H	Divorced	None	Associate's	Post	No	NSTEMI
Janet	60	White, N-H	Divorced	Full-time	High school	Post	No	STEMI
Sandra	63	White, N-H	Divorced	None	High school	Post	No	STEMI
Sheryl	71	White, N-H	Single	Part-time	Bachelor's	Post	Yes	NSTEMI
Faye	81	White, N-H	Married	None	Some college	Post	Yes	NSTEMI
Marge	84	White, N-H	Widowed	None	High school	Post	No	NSTEMI

### Discussion

Results

Number of Women

9

6

- Opportunities exist for early recognition and action related to prodromal MI symptoms
- Lack of recognition of personal vulnerability towards heart disease limited symptom attribution to heart
- Lack of awareness that non-chest symptoms can be indicative of heart disease
- Assessment of symptoms requires careful use of terminology (e.g. "chest pain" may be limiting term)
- Similarities exist between acute and prodromal MI symptom attribution/ perception/care-seeking literature
- Mishel's (1990) Uncertainty in Illness Theory and Leventhal's Common

with type 1 MI from large, Magnet<sup>®</sup>-designated teaching hospital in Midwest, USA

- Also enrolled supplementary sample of family members of women with MI
- Qualitative, multiple case study design (Merriam 1998; 2009)
- Inductive, comparative analysis; within- and across-case content analysis with focus on data triangulation

### References

- Lenz, E. R., Pugh, L. C., Milligan, R. A., Gift, A., & Suppe, F. (1997). The middle-range theory of unpleasant symptoms: An update. Advances in Nursing Science, 19(3), 14-27. https://doi.org/10.1097/00012272-199703000-00003 Leventhal, H., Phillips, L. A., & Burns, E. (2016). The Common-sense Model of Self-regulation (CSM): A dynamic framework for understanding illness self-management. Journal of *Behavioral Medicine, 39*(6), 935-946. https://doi.org/10.1007/s10865-016-9782-2 Merriam, S. B. (1998). Qualitative research and case study applications in education. San
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### **Recognizing New Sensations:** "Something was Wrong"

- A sensation did not necessarily = recognition as "symptom"
- All women retrospectively endorsed prodromal symptoms
- Reported a median of 5 prodromal symptoms, most 3+ months before MI
- Symptoms affected ADL and were a change from baseline

#### **Attribution of Sensations**

- Often to comorbidities and age, even in setting of significant impact on ADL and
- change from baseline
- Attributions seemed logical to the women at the time
- Only three women attributed sensations potentially to heart

#### **Coping with Sensations**

- Focus on avoidance-based and emotionbased coping; denial of symptom severity, magical thinking
- Did not feel had time to be ill
- Ability to find logical symptom attribution helped reinforce coping strategies & was reassuring

#### Seeking Care

- Three women sought care during prodromal phase; all had attributed symptoms potentially to heart
- Trigger for acute care seeking for the women was when they could no longer attribute symptoms to non-life-threatening problems; symptoms became unbearable or incapacitating

Sense Model (Leventhal et al., 2016) may serve to help explain aspects of these findings

## **Future Research**

- Additional qualitative and quantitative research with diverse samples; enhanced focus on attribution and coping processes
- Exploration of health care professionals' knowledge and assessment practices related to prodromal MI symptoms
- Development of targeted educational and clinical interventions for patients and health professionals related to prodromal MI symptoms

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