Patients’ experience of acute myocardial infarction during emergency treatment
A qualitative study

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Nothing to declare.
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Cologne Infarction Model

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Background

Kölner Infarkt Modell/ Cologne Infarction Model

Implementation of Guidelines on the management of ST-segment elevation acute myocardial infarction in the City of Cologne
Background

Emergency treatment is characterized by

- Speed
- Time pressure
- Team of many professionals
- Technique
- Life-threatening situation
Aim

• Exploration of patients’ experiences and needs during the emergency treatment of the myocardial infarction and primary PCI

• Focus on the time between the arrival of the emergency medical team and the admission to the ICU
Methods

• Design: Qualitative
• Data collection: Semi-structured interviews according to Witzel (2000)
• Data collection period: Spring 2007
• Number of analysed interviews: 8 of 10
• Length of the interviews: 10-52 minutes (mean 22)
• Analysis: Qualitative content analysis according to Mayring (2003)
Sample

- Recruitment: Participants were recruited in a PCI-capable hospital in Cologne
- Gender: man 7, woman 1
- Age: 43-76 years (mean 60)
- First diagnosis of a CAD and first PCI: 6
- Previous history of a CAD and PCI: 2
Ethics

• Approved by the Ethics Committee of the Faculty of Medicine at the University of Cologne

• Conformed to the principles outlined in the Declaration of Helsinki
Results

Diagnosis
heart attack

- Speed of the treatment
- Pain
- Professionalism of the team
- Fears and troubles
- Support
- Communication

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Diagnosis heart attack

- Shock
- Incomprehension

“I only said, it can’t be true! I couldn’t believe it, although I knew it must be right. But I told myself, it cannot be. This can’t happen to you.” (Mr. B.)

- Understanding
- Comparing to other illnesses
- Assurance

“I wasn’t really surprised ... because I’ve heard and read about the topic from time to time ... I was able to recognize it directly.” (Mr. H.)
Pain

• Enduring pain
• Desperation
• Thoughts about death

“I said, the pain has to stop. That was it. I didn’t think about anything else, ...” (Mr. B.)
Fears and troubles

• Fears of death, physical limitations and loss of employment
• Troubled about unfinished things
• Thoughts about risk factors and necessary lifestyle changes

“You just panic. You think it may all be over before they arrive.” (Mr. E.)
Support

- Feeling alone
- Insufficient communication
- Pray and hope
- Family members in the background are an assurance
- No time to speak with the family members

“I actually wanted to make a phone call first but it wasn’t possible because the ambulance arrived very quickly.” (Mr D.)
Communication

• Short and early explanations are necessary
• Misunderstanding the technical terminology
• Listening to professionals’ conversation

“... you are a layperson, you don’t know the terminology, but then you are always listening, ‘What’s wrong, what’s wrong?’ When they look at each other, saying ‘Look, oh dear!’, you become troubled again.” (Mr. E.)
Speed of the treatment

• Treatment is lifesaving
• Realizing the seriousness
• Satisfaction about the treatment
• Loss sense of time

“What should I say, the main thing is to survive.” (Mr. D.)
Professionlism of the team

• Treatment is trained and practiced
• Being in the centre of the action
• Concentration on the treatment
• Trust in the competence of the professional team
• Feeling safe in the hands of the professionals

“They make you feel like, ‘Now we are caring for you and we will do everything so you feel better’.” (Mr. C.)
Secondary findings

• Great need of talking about the situation and the diagnosis
• Long conversation after each interview
• Satisfaction about the quick recovery
• Feeling cured after the primary PCI
Discussion

• Emotional shock
• Satisfaction and confidence with the treatment
• Fast relief of the symptoms and quick recovery
• Feeling “fixed“ and cured after the primary PCI

Implications for practice

• Fixed contact person during the emergency treatment
• Short and clear information
• Sufficient analgesia until the balloon inflation
• Involvement of relatives
• Patient-centred conversation
• Start of the patient education
Implications for research

- Follow-up study with the Grounded Theory approach started in 2009 at the University of Witten/Herdecke
- Aim: To explore how patients after primary PCI cope with their first myocardial infarction and chronic conditions of a heart disease within one year

The first results of the study will be presented in the **poster area today**.
Thank you for your attention!

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