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A Study to Assess the Knowledge Regarding Early Sign of Myocardial Infraction among the Hypertensive Patient in Selected Hospital

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ABSTRACT

The primary cause of cardiovascular disease is high blood pressure. Consistently raising the systolic and diastolic blood pressure above 140 mm Hg and 90 mm Hg is known as hypertension. Blood passes through coronary arteries and attaches to the heart during cardiac pumping. An excessive amount of pressure causes arteries to expand. This could result in a blood supply leak that causes angina or ischemia. **Methodology:** In order to evaluate the knowledge of hypertension patients about early signs of myocardial infraction, a study involving 60 subjects was conducted utilizing a self-structured questionnaire and a purposive sampling methodology. Descriptive and inferential statistics are used in data interpretation and analysis. **Result:** A maximum no. of 90.3% of the control I group had pre-test knowledge that was above average, and none of them had good knowledge. Following a teaching program, 66 percent of subjects had exceptional knowledge, and 30 percent demonstrated good understanding of the early signs and symptoms of myocardial infarction. **Conclusion:** Based on the results of this study, the researcher discovered that a structured education program was a useful tool for raising hypertension patients' awareness of the early warning signs and symptoms of myocardial infarction.

KEYWORDS: *Hypertension tension*

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INTRODUCTION

Consistently raising the systolic and diastolic blood pressure above 140 mm Hg and 90 mm Hg is known as hypertension. Heart attacks, sometimes referred to as myocardial infarctions, happen when one or more arteries that supply the heart muscle with oxygen-rich blood suddenly become clogged.[1] By 2022, hypertension is predicted to be India's leading cause of death and disability. In 2030, the figure is anticipated to surpass 214 million. In India, 26.60% of women and 23.10% of males have hypertension. It is well known that Indians have higher mortality, a higher prevalence of obesity and hypertension, and an earlier onset of coronary artery disease.[2] Angina is brought on by ischemia, or the necrosis, of cardiac tissues brought on by a lack of blood flow. [3]An Myocardial infraction can also be described in terms of ST-elevation myocardial infarction (STEMI) or non-ST-elevation myocardial infarction (NSTEMI). A STEMI is a more severe type of MI where the coronary artery is completely blocked off, as opposed to an NSTEMI, [4]

WHO estimates, 20.7 million people around the globe die of cardiovascular diseases (CVD) each year. Cardiovascular diseases death rates (per 100,000) is found lower in developed countries such as Canada (160) and Britain (220) and is higher in developing countries such as India (405) & Pakistan (800). India contributed to 86 percent of CVD deaths alone (World Health Organization,).[5] The increasing rates of modifiable risk factors for CHD in rural and urban segments of Indian population have been noted and these are hypertension, smoking, obesity, hypercholesterolemia and diabetes. [6]

Material &Method

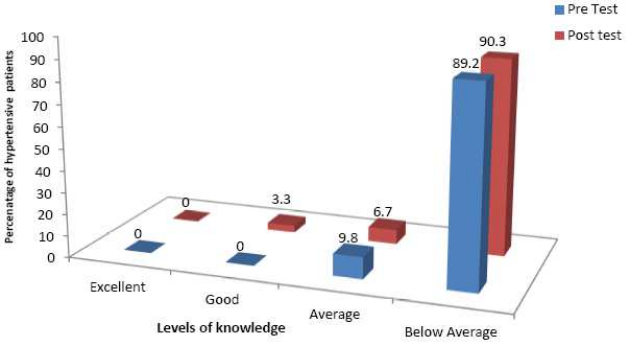
Non-randomized control group design was used. Purposive sampling technique is used to select 60 subjects The interview method using self-structured

knowledge questionnaire. The pre test of subjects 30 each in control group was taken and after few days post test was taken. In experimental group after taking pre test, teaching programme was given. post test was taken by using same self-structured questionnaire to assess the effectiveness of teaching programme. Collected data was analyzed by using descriptive and inferential statistics.

Result

In control I group maximum 89.3% had below average pre-test knowledge and none of them had good knowledge. After giving teaching programme maximum 60 no. of subject had excellent knowledge and 30% had good knowledge early sign and symptom of myocardial infraction.

Levels	Score	Hypertensive patients Control Group (n=30)			
		Pre test		Post test	
		n	%	n	%
Excellent	≥23	-	-	-	-
Good	20-22	-	-	1	3.1
Average	17-19	3	9.8	2	5.9
Below Average	≤16	27	90	27	89.2



Discussion

The result of non-randomized study suggest that in pre test 89.2% no. of subject in control group in experimental group had below average knowledge.

Gandhar S. (2018) Report similar result in study conducted to assess the knowledge regarding early signs of myocardial infraction to associate finding with demographical in Pune city. The result revealed that 26% subject good knowledge, 30% having average knowledge, and 44% having poor knowledge.

Conclusion

Based on the results of this study, the researcher discovered that a structured education program was a useful tool for raising hypertension patients' awareness of the early warning signs and symptoms of myocardial infarction. Only the education level in the control group had a statistically significant correlation with the post-test mean knowledge score, indicating that education level influences one understands of the early warning signs and symptoms of myocardial infarction.

The level of education, age and occupation has an impact on one's degree of knowledge regarding the early signs and symptoms of myocardial infarction, according to the demographic variable at the experimental group level.

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