CORONARY LIFE QUALITY

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Abstract: *The increased incidence of coronary disease makes addressability in primary care surgeries be very large. Frequently, coronary disease pathology intersects with the perception and reaction manner of each individual. Quality of life is now a parameter of investigation in modern medicine and psychology. It also determines a guide for the assessment methods of the coronary patient.*

Keywords: *life quality, coronary*

Rezumat: *Incidenţa crescută a bolii coronariene face ca adresabilitatea în cabinetele de asistenţă primară să fie la fel de mare. Frecvent patologia bolii coronariene intrică cu modalitatea de percepţie şi reacţia fiecărui individ. Calitatea vieţii reprezintă actualmente un parametru modern de investigare în medicină şi psihologie. Ea determină şi un ghid de apreciere a metodelor de evaluare a pacientului coronarian.*

Cuvinte cheie: *calitatea vieţii, coronarian*

INTRODUCTION

Coronary disease includes a number of diseases that have a common origin of suffering cardiac ischemic, caused by an imbalance between intake and requirement of the heart muscle of oxygen. Ischemic coronary disease is a disease with high incidence and addressability for medical consultation in the family medicine cabinet.

Often coronary pathology is how intricate psychological reaction, manifested by depression, anxiety with an impact of a variable stress factor.

Quiet ischemic cardiopathy is present among the physical recovery of cardiovascular targets recommended by the American Society of Cardiology. The risk of developing CHD (Coronary Heart Disease) was first estimated by researchers NHLBI (National Heart, Lung and Blood Institute) and included in the Framingham Heart Study. This risk increased. 1 of 2 men and 1 in 3 women having up to 40 years may develop CHD. At the age of 70 years increased the risk remains 1 of 3 men and 1 in 4 women can also develop CHD in the years of life. Researchers have highlighted the importance of risk factors involved in the development of CHD is unclear although the exact pathogenic coronary disease. They highlighted the importance of knowledge cholesterolemia values, blood pressure, compliance with a balanced diet, a normal weight, fighting the sedentary life, anxiety, depression and stress. Studies worldwide show that major depressive disorder and cardiovascular disease is the main causes of disability.(13.20) These studies suggest that major depressive disorder or depressive symptoms that meet criteria for a clear diagnosis of major depressive disorder is a risk factor in the occurrence of precipitation and cardiac ischemic events in patients with BCI known. Depression itself is often caused by coronary ischemic disease. Psychosocial factors were more important as risk factors in the determinism of acute ischemic cardiac events and are considered as possible mechanisms by which depression can cause cardiac events.

The mechanisms by which depression may lead to cardiac events are likely:

- Biological mechanisms
- Distortion tone heart autonomous (4)
- Genetic susceptibility (12)
- Hypothalamo-pituitary axis hyperactivity
- Increased catecholamine level
- Excessive placentar activity
- Increased serotonin in the blood (18)
- Inflammatory processes (7)
- Decreased levels of fat acid omega-3 (8)
- Stress induced ischemia (19)
- Toxicity tricyclic antidepressants (5)
- Probable behaviour mechanism
- Food factors
- Sedentary life (17)
- Lack of adherence to medical treatment (9)
- Insufficient social support (2)
- Insalubrious lifestyle (11)

The study included individuals aged 40 and 94 years on a lot of study of 7733 cases and over a period of 50 years. They were instructed about the risk of CHD but the study is still limited because of time and deaths occurring during. Silent myocardial ischemia as a term was introduced 10 years ago and it retains the meaning and refers to three categories of subjects. The subjects examined in the present study are: sick patients with stable pectoral anginas with asymptomatic but detected myocardial ischemia, coronary stenosis by various methods of diagnosis (EKG, echocardiography, blood biochemistry, etc.).

Clinical trial sites have shown decreased risk of

cardiovascular and coronary mortality in patients treated. Complications may be common in patients with coronary artery or with morbid co-associations (uncontrolled blood pressure), these complications were: pectoral unstable angina, myocardial infarction, heart failure.

The reason for this failure in the management of coronary artery disease is multifactorial and may include the effect the pharmacologic treatment has on the quality of life. The incompliance to treatment is motivated by the patients as a reverse deteriorating quality of life with a result of prescribed medication which may cause therapeutic failure. Up to 50% of patients gave up the treatment one year after. The incompliance to the treatment may be influenced by the health system, the cost of treatment, the purchasing power of individual and the type of personality like type A. Compliant treatment includes understanding the disease severity, individual perception of health status and well motivation and the ability to change the lifestyle, the influence of economic factors and psychiatric disease and its impact on quality of life.

The management of coronary artery disease, assessing quality of life is a common increasingly assessment. The reason is that pharmacological treatment can not be limited to objective physical symptoms, the patient's metabolic should include assessment of patient perception, of functional status and the state of well subjective.

Quality of life related to health (Health-related quality of life-HQRL) is a state of good emotional, mental, physical and social, individual ability to perform daily activities, ability to work, sleep, level of satisfaction, happiness and perception of the individual disease by individuals. Measuring the effect of disease and the impact on the lives of the patients includes an assessment of health perception before and after treatment. During the last decade, we recognize that patient perception of disease is equally valid and legitimate as well as monitoring the results of medical care by a physician. This has forced the introduction and development of instruments to measure patient perceptions of health before and after treatment. Although in 1986 were more clinical trail sites in the North American magazine related to the utility of the indicators in the quality of life, today it is necessary to use appropriate measuring instruments and high fidelity. The term quality of life is an abstract concept. Often the approaches used in medical practice do not include general topics such as life satisfaction and standard of living but tend to focus on the experience of the patient-related illness.

Quality of life is a modern parameter investigation in both medicine and psychology, characterized by the impact of disease and treatment on the individual as an important objective in assessing the effectiveness of methods of approach to patients. Heart disease is a favourite area for investigating quality of life questionnaires among the most used is the questionnaire developed by Neil MacNew B. Oldbridge and Lynette Lim.(6,10,14,16)

There are 2 types of instruments for measuring quality of life: specific and general. Specific measurement instruments were designed for a specific disease or group of diseases. Instruments for measuring quality of life must meet the following requirements:

- specificity - the user must ensure that the instrument used contains objectives in connection to the problem that is studied
- reliability – the instruments are used to reach the same result in case of repetition of the same study
- validity - hardly approximated because these instruments measure a phenomenon subjective
- sensitivity - can identify a change occurred at a time in the patient
- practicability - is derived from the clinical significance of the instrument used

New Mac questionnaire was developed by Neil B. Oldbridge and Lynette Lim and was designed to assess individual perceptions about physical activity, emotional, social, modified cardiovascular disease or its treatment, the level of satisfaction and happiness of the individual, state demonstrating the impact of the disease. This questionnaire is sensitive and specific, and is self-completed in about 5-10 minutes. Questionnaire data are used in patients with myocardial infarction, anginas and heart failure. It is available and demonstrates that it is a valuable tool in the ratification of the quality of life of cardiovascular patients. Questionnaire on quality of life is considered a tool for investigation of therapeutic interventions and in patient care as well as a method of quantifying the effectiveness of the holistic perspective of the patient approach.(1,3,14,15)

Due to the fact that the ischemic heart patient is often a healthy patient, it is indicated to combine the physical training with the control of the stress factors by administering homeopathic remedies that are ready to increase adherence to coronary therapy. Thus, the attention of primary care is focused on reconsidering the person holistically, as a whole, revealing the importance of involving the family doctor with expertise in homeopathy in the coronary patient monitoring.

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