Nursing interventions for reducing anxiety on patients after suffering an AMI

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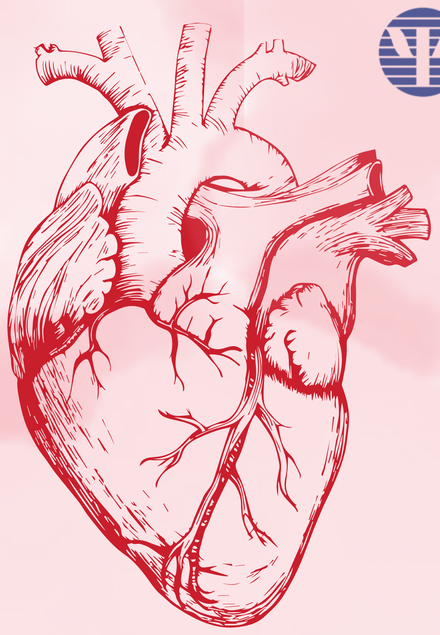
INTRODUCTION

Acute myocardial infarction (AMI) is a significant health concern in developed countries, closely linked with unhealthy lifestyle habits and substantial risk factors (1). The abrupt onset and severe symptoms such as chest pain and difficulty breathing can trigger substantial psychological distress, heightening the risk of anxiety and depression in AMI patients (2). The prevalence of anxiety following an AMI is reported between 20-30%, significantly affecting quality of life and reducing participation in rehabilitation programs (3). Anxiety in AMI patients is often under-diagnosed and under-treated (4), posing challenges for clinical management and recovery. Early and effective treatment is crucial, and the nursing role is pivotal in managing patient care, focusing not only on the immediate treatment needs but also on addressing psychological support and early detection of anxiety to enhance recovery outcomes (1).

OBJECTIVE

The aim of this narrative review is to identify nursing interventions to reduce anxiety after an acute myocardial infarction based on the current literature.



METHODOLOGY

PICo question: What are the nurse-led interventions to reduce anxiety in patients who have suffered an acute myocardial infarction?

Myocardial infarction AND nursing AND anxiety

Databases:

PubMed

CINAHL Available via EBSCOhost

AMERICAN PSYCHOLOGICAL ASSOCIATION

Limits:

Articles published in the last 10 years

English or Spanish

Flowchart :

80 articles identified

62 articles screened

9 articles selected

SEARCH STRATEGY				
Myocardial Infarction [MesH] **OR** Myocardial Infarction **OR** Heart attack	**AND**	Nursing [MesH] **OR** Nursing **OR** Nurse	**AND**	Anxiety [MesH] **OR** Anxiety

RESULTS

Physical interventions at the onset of AMI

AMI requires prompt diagnosis and treatment due to its acute and time-sensitive nature, which is crucial for saving lives and enhancing rehabilitation outcomes (5).

Emergency services play a vital role in the initial treatment of AMI, effectively reducing pain and anxiety through a well-coordinated nursing plan (5).

AMI pain is complex , often described as constrictive and oppressive, typically involves retrosternal pain radiating to the neck, back, and left arm, and is accompanied tachycardia, hypertension, diaphoresis, nausea, and vomiting (6).

Key nursing interventions during AMI include the immediate administration of oxygen, setting up a venous line for medication and blood sampling, performing a complete ECG, and controlling fluid intake and arterial gases(1).

Effective management of acute pain in AMI involves administering analgesics, creating a relaxing environment, ensuring rest, and facilitating sleep (1). In high-anxiety situations such as ICU admission or severe dyspnea, the administration of sedatives and anxiolytics, along with recognizing emotional stages to involve patients and families in health decisions, helps to reduce anxiety (1).

Nursing education interventions

Anxiety is commonly experienced by patients after an acute myocardial infarction (AMI), negatively impacting their recovery (3).About 77% of patients report feeling anxious following an AMI (4).

Educating patients about their condition reduces anxiety levels and enhances recovery. This includes teaching about the disease, its causes, consequences, and recovery steps (3).

- Synder´s hope theory : Setting goals (2)
- Continuous Nursing Care Program (CNCP): Face to face education combined with exercise (3)
- Peer education sharing experiences and encouraging healthy choices. (4)

Exercise program

Most patients experience a negative impact on their daily activities following an acute myocardial infarction (AMI), due to the consequences of the disease. Patients who adopt healthy measures post-AMI often perceive positive changes in their lives, including the adoption of better diet and exercise habits, and the cessation of unhealthy behaviors (8).

CNCP, include a supervised physical exercise section where patients participate in three 50-minute exercise sessions per week .
This regimen includes a 10-minute warm-up, 30 minutes of medium-intensity exercise, and a 10-minute cooldown (3).
The aerobic exercise programs not only improve chest pain and exercise capability, but also enhance psychosocial health, helping to reduce further complications, anxiety, and readmission rates in AMI patients (3).

CONCLUSION

The prognosis of AMI isgreatly influenced by their emotional state during the process .

Anxiety is a difficult obstacle to overcome during the process

This review has shown that nursing interventions are effective in reducing anxiety.

What is the relevance of this review ?

Teaching **Investigation** **Practice**

BIBLIOGRAPHY