

## Wisconsin Women's Health Foundation 2000 Women's Health Research Grant

### *Women's Experiences With Myocardial Infarction*

Principal Investigator: Beth Rogers PhD, Associate Professor,  
University of Wisconsin-Milwaukee

#### **Research Report Summary:**

Although more than 500,000 women suffer acute myocardial infarction (MI) each year in the United States, with rare exception the work describing the psychological response to MI was reported more than 20 years ago based on samples comprised only of males. Since that time, research that has focused on women with MI has shown considerable differences in the occurrence, diagnosis and treatment of MI for men and women. The purpose of this research was to increase understanding of the experiences and perceptions of women during the onset of their MI.

Data were collected through in-depth interviews with 14 women ranging in age from 38 to 84 at three local Milwaukee hospitals. Interviews were audio taped and ranged from 30 to 90 minutes in length. Inclusion criteria for this study were:

1. Diagnosis of myocardial infarction (heart attack),
2. Women were aware of their diagnosis,
3. English speaking,
4. Legally competent to provide informed consent,
5. Medically stable,
6. Enrolled in the study within 48 hours of admission to the hospital.

For the majority of women interviewed, initial onset of symptoms was misinterpreted as "only indigestion". Women typically endured increasing discomfort for up to 3 or 4 days before seeking medical attention. In fact, only 4 of the 14 women interviewed initiated medical attention by themselves. For others, the insistence of a spouse or family member preceded seeking medical attention. One of the women who did not seek out medical care on her own was told by a healthcare provider over the phone to take some antacids and call back in a few hours. Upon being put on hold in the subsequent phone call, the woman wisely called 911.

Several women voiced concern and reluctance regarding being transported to the hospital in an ambulance. This reluctance was evident for women even after they realized that they were most likely experiencing a heart attack. The perception of the ambulance as stigmatizing and a woman's socioeconomic status may contribute to this reluctance.

An overriding focus for the women interviewed was "getting on with their lives", meaning moving past the MI and returning to life as usual. Women expressed two aspects of getting on with life: 1) taking care of one's self, and 2) balancing the tension between care of the self and the need to take care of others. Women spoke of the need to care for children and family members, household work that needed to be completed, and the need to return to their jobs. However this was tempered with comments about needing to allow others to help more around the house, letting go of perfectionist tendencies, and to slow down.

Follow-up interviews emphasized the importance of a supportive environment for women at work and at home. Women reported that having faith and confidence in the physician and hospital helped alleviate some of the stress of the situation.

Follow-up discussions also pointed out the need for improved "after care" for women with MI. Several women felt that adequate teaching and referral to cardiac rehabilitation programs were missing from their treatment plans. Interest was expressed in development of education programs including instruction on lifestyle modification and psychological/social support mechanisms.

### **Facts on Women & Myocardial Infarction**

Gender differences in presentation of symptoms and diagnosis:

- Women tend to experience MI later in life than men
- Women present with different symptoms, such as back or neck pain and a complete absence of chest pain is not uncommon
- EKG patterns and lab data associated with ischemic events can differ between men and women
- Women have a lower frequency of admissions to coronary care units versus men