



TEHRAN UNIVERSITY OF MEDICAL SCIENCES

International Campus

School of Nursing and Midwifery

The relationship between treatment adherence and quality of life among patients with myocardial infarction referred to selected hospitals in Hilla city of Babylon province in Iraq, 2021

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Abstract:

Background: Myocardial infarction is one of the most common diseases in the world and especially in developing countries. Adherence of these patients to treatment is one of the most important issues that should be considered in order to reduce the complications and mortality of these patients. Myocardial infarction is also associated with quality of life problems in patients. Therefore, this study aims to determine the relationship between treatment adherence and quality of life among patient with myocardial infarction referred to selected hospitals in Hilla city of Babylon province in Iraq, 2021.

Methodology: This study was a cross-sectional correlational study in which 264 patients with myocardial infarction participated. Patients from three Iraqi hospitals were included in the study by available sampling. Patients ranged in age from 18 to 60 years, were diagnosed with myocardial infarction, and at least 6 months had passed since their myocardial infarction. These patients were included in the study as participants if they consented to participate in the study. Data collection tools were questionnaires related to demographic information, treatment adherence and quality of life. The collected data were analyzed using descriptive and analytical statistics in SPSS software (Version 16). A significance level of 0.5 was considered.

Results: Results showed that treatment adherence of patient with myocardial infarction was 92.28 ± 8.005 and their total quality of life was 63.697 ± 20.046 . The highest mean score of dimensions of quality of life was related to body pain (82.064 ± 23.281), emotional role functioning/role limitation and social functioning (72.844 ± 17.390), and the lowest was related to physical functioning (58.162 ± 23.025) and physical role functioning/role limitation (57.046 ± 38.201). There was a positive significant relationship between treatment adherence and six aspects of quality of life among patient with myocardial infarction.

Conclusion: The health care system in Iraq must plan and consider costs to solve the problem of non-adherence or moderate treatment adherence of patients after myocardial infarction. Educating patients as well as the families of these patients about quality of life dimensions by health care workers especially nurses should be considered. If adherence to treatment is increased, it can reduce the negative consequences of myocardial infarction.

Key Words: Treatment Adherence, Quality of Life, Myocardial Infarction