SOP-12: Change of behavioural risk factors after myocardial infarction of patients attending cardiology clinic in two selected teaching hospitals in Sri Lanka

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Introduction: Myocardial infarction occurs when an imbalance exists between coronary perfusion and myocardial demand. According to Sri Lanka Annual Health Statistics, hospitalizations due to ischaemic heart disease in 2019 were 667.2 per 100,000 population accounting for 15.1% of hospital deaths. This study aimed to study the change of behavioural risk factors after an acute ischaemic event of patients attending the cardiology clinic in two selected hospitals in Sri Lanka.

Methods: A descriptive cross-sectional study was conducted in cardiology clinics in the National Hospital of Sri Lanka and Karapitiya Teaching Hospital among 110 patients diagnosed with ST elevation myocardial infarction or non-ST elevation myocardial infarction within the last 12 months. The change in behavioural risk factors (smoking, alcohol use, physical activity) was assessed after myocardial infarction. Smokers were categorised according to the number of cigarettes per day. Percentage change of mean number of cigarettes per day in each category was compared. Daily consumed pure alcohol mass was calculated and grouped into the WHO categories, to compare the change. International Physical Activity Questionnaire scores were used to compare physical activity.

Results: Of the sample, 17.5% (n=18) stopped cigarette smoking after myocardial infarction and among smokers who reduced cigarette smoking, the reduction rate was 50% or above. Majority (n=71; 64.5%) refrained from passive smoking and smokeless smoking completely ceased. Majority (n=62; 79.5%) totally stopped alcohol consumption, while 10.25% (n=8) reduced to low-risk category, 3.8% (n=3) remained as before, and 6.4% (n=5) increased alcohol consumption while still remaining in low-risk category. Binge drinking was reduced by 92.3%. Physical activity level reduced in 88.1% (n=96), while it increased in 9.2% (n=10) and remained unchanged in 2.7% (n=3).

Conclusions: Although physical activity decreased after myocardial infarction, active smoking, passive smoking and smokeless smoking were reduced greatly. Daily alcohol use too had reduced to the low-risk category, while the majority had completely stopped.

Keywords: myocardial infarction, secondary prevention, smoking, alcohol, physical activity

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