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Research Article

**FEELINGS AND PERCEPTIONS OF DEPRESSION AMONG
PATIENTS WITH CORONARY HEART DISEASE: A
QUALITATIVE STUDY**¹Tanzeel Ul Rahman, ²Dr. Mehek Azam, ³Zuhair Zubair¹Punjab University, Lahore²WMO, BHU Chak Chaudhary, Noshehra Virkan³Allied Hospital Faisalabad**Abstract:**

Incidence of coronary artery disease increases its progression estimating four million deaths due to heart diseases annually in the world. Coronary heart disease accounts for major burden of disease in patients with distinct perceptions and feelings that are prone to different mental health problems. This research study aims to explore the feelings and perceptions of depression among patients with coronary heart disease. A qualitative study was designed on a small sample of 11 patients (5 males and 6 females) who were known cases of coronary heart disease through in-depth interviews by using interview guide. The data was then analyzed by using thematic approach and constant comparison. Patients diagnosed with coronary heart disease feels depression in response to various contributors including loss of breadwinning role, employment, career erectile dysfunction, grieving, fears of debilitating illness and fear of sudden death.

Key Words: *Depression, Coronary Heart Disease, Qualitative research***Corresponding author:****Tanzeel Ul Rahman,**

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INTRODUCTION:

According to World Bank and World Health Organization, coronary heart disease contributes towards burden of disease and disability globally by 2020 [1]. It is a slow modern epidemic estimating 80% deaths in third world countries [2], thus accounting 4 million deaths due to myocardial infarction annually in the world [3]. Depression is often taken as normal for a patient with long term health care problem by the health care professionals which act as the barrier in treating depression in these types of patients [4]. Different studies show that depression increases the risk of death in patients with coronary heart disease [5]; furthermore, persuasiveness of depression is associated with frequent use of health care commodities and upsurge in number of indoor admissions [6]. The prevalence of depression in patients with coronary heart disease is 15% to 23% as compared with the general population who is not having heart disease [7, 8]. Numerous studies shows significant impact of depression on the treatment and prognosis of patient with heart diseases; act as barrier in improving life style, reduced health related quality of life thus contributing towards increase in mortality rate [9, 10, 11,12,13]. As very limited data is available on this research study; qualitative study was aimed to assess the feelings and perception of depression in patient with coronary heart disease in Pakistan.

METHODOLOGY:

In-depth interviews (qualitative study) were conducted on study participants to explore their perceptions regarding depression after getting coronary heart disease. A total of 11 patients (5 males and 6 females) 35 to 45 years of age were selected by means of convenience sampling method (Non-probability sampling) from Shalimar hospital Lahore, Pakistan. The study participants (patients) diagnosed with coronary heart disease (CHD), including angina pectoris and/or myocardial infarction (MI) and not suffering from other diseases and mental disorders are included in research study. Participants (patients) having complicated coronary heart disease, suffering from other diseases at same time or having some mental disorder are excluded from the study. The time and place of the interviews were selected with the consent of the participants. The interviews were conducted at workplace or home, where the participants were convenient. Each interview took almost half an hour. Interview was based on some basic themes addressing the perceptions of patients with coronary heart disease. Interviews were written as verbatim and then transcribed. Thematic approach was applied to analyze the data collected by in-depth interviews by constant comparison of different

themes and codes.

RESULTS:

Physical, social and psychological loss is the main theme which covered the loss of employment and career, erectile dysfunction, depression related to multiple altered health status. According to some participants there was a direct link between coronary heart disease and depression while other says that it's not only coronary heart disease which caused depressed behavior but also other painful and threatening events of life which also contributed to it. This study revealed an interesting fact that male participants were more depressed and linked coronary heart disease with depression while female participants were less depressed and had more concern that depression is not solely from coronary heart disease. Another other major thing which is identified during interviews which contribute to depression is fear of the chronic debilitating disease and fear of death.

Emasculated due to Coronary Heart Disease:

Direct relation of coronary heart disease with depression has been observed in male participants who described their loss in such a way that they are feeling helpless. They are not the person of prime importance in their family. Their description showed that they are feeling emasculated from their role as a male. The traditional sense of manliness in our social context is lost that is why they are having grieving on it. According to them they are not bread winners anymore and erectile dysfunction made to loss the sense of manliness. The loss of role as a breadwinner and loss of masculinity contributed to loss of self-esteem which intern lead to depression and anxiety.

Employment and Career: Following paragraphs explains that how coronary heart disease affected them, while describing employment and career.

Participant 1, male said, "When I got the heart attack it felt like a piercing pain in the chest as like someone has attacked me with a sharp knife, as heart is clenched in some iron fist. After that I have to take medicine forever. I was working in a mill but after this event I have to leave my employment as after work of short time I use to develop shortness of breath which resulted in the end of my career and employment."

Whereas, Participant 4, male said, "I am no more the breadwinner for my family I am useless as whenever I try to do something pain develops in chest even after taking medicines. After getting this disease I am always feeling weak. I cannot walk for a long

distance. I am no mere employed and it made me depressed as I have lost my role being the key person of my family.”

Erectile dysfunction:

Male participants of study revealed that according to them major cause of their depression is erectile dysfunction. “This disease took all from me I am not a man anymore because of side effects of medicines I am taking it effected my mental and social health largely”. There is a profound effect of coronary heart disease on life due to erectile dysfunction which leads to depression, in males it is the major contributor.

Debilitating disease and multiple illnesses:

7 out of 11 Participants were not only having coronary heart disease but also suffering from diabetes, renal failure and depression. They narrated that depression is not solely due to coronary heart disease. As coronary heart disease is a chronic debilitating disease, cure is not possible only supportive treatment is given. Almost all participants reported that depression is directly related to this chronic debilitating illness and they will not be able to gain their normal state of health.

Another Participant 7, Female said about depression, ‘This disease is killing me from inside. When relatives/ friends come to meet me, they want me the same as I was before, the more talkative, lively and joyful. They got upset while seeing me in such a state of war with disease and telling me that I am looking depress as I am silent and not participating in anything.”

In addition, Participant 2, Male said, “When I got heart attack, at the time of discharge doctor told me that I have to take complete cure is not possible for this disease and I have to take medicine for life time it was very anxious time for me, many times I do not want to take a fist full of tablets but I have to take the medicine without them my survival is difficult. Sometimes I really feel blue because of my disease and a fist full of tablets that I have to take and their side effects I have to tolerate.”

Blood pressure:

Almost all the participants were full aware that high blood pressure has negative effect on heart and its functioning. Participant 8, Male said, “Increase blood pressure causes irregular pumping of blood from heart.” Few participants also link blood pressure with person’s body weight that excess body weight leads to rise in blood pressure resulting them to hypertensive patient and initiation of many cardiac

ailments. But when asked if there are other risk factors that cause coronary heart disease, participants did not add any other causative aspects (Participant 9, Female).

Body weight:

Numerous participants relate body weight with heart disease. Few participants said that fat person eats more and participate less in physical activity that results in deposition of fat on to their body. Participant 10, Female said; “Too much weight makes heaviness on my body, makes me feel uncomfortable, cause difficulty in breathing, walking, participating in routine work and affecting my heart.” On the other hand some participants are of the opinion that heart disease can develop to anyone irrespective of their body weight whether thin or fat (Participant 11, Male).

Surgical interventions and fear of sudden death:

All participants were worried from the most intrusive surgical cures such as angioplasty, stunt placement and CABG. Participant 3, Female said, “I was depressed when the doctor told me that I must have a heart operation. I voiced them no, I would not consent them and more, they told me that my condition becomes worsen if I have not undergone emergency operation. I was alarmed.”

Furthermore, almost all participants were also afraid of sudden death due to heart attack or some arrhythmia. Participants 5, Female said, “Sometimes I cannot stop myself from thinking that one morning I will not be able to awake up after sleeping. I use to think that someday my heart will stop beating suddenly, especially whenever I am experiencing chest pain I feel so anxious about it and cannot refrain myself from thinking about sudden death.”

Fear of sudden death and surgical interventions:

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Dietary Habits:

Many participants said that consuming salty, fatty, and oily foods be the subsequent cause of cardiac ailments whereas, few considers spicy food and meat be the predictor of cardiovascular diseases. Participant 6, Female said, “I am more foodie. If excessive fatty meat (Nihari, Paye), oil content (fried food) and spicy food (BBQ) was harmful for my health, I would say that this would be the reason of disease that makes my heart affected and me more worried because they increase blood pressure.”

DISCUSSION:

Many of the themes found in this study are common to older populations with depression and not specific to those with coronary heart disease e.g. loss and grief, social isolation, medical illness and disability [18, 19]. However, there were also themes identified that are specific to this population. Men who felt emasculated by CHD made the strongest connection between CHD and depression, directly attributing the latter to the former. For other participants the link between CHD and depression was more tenuous.

Moieni et al. mentioned that ischemic heart disease has multidimensional effects on patient's life; there are frequent courses of pain that affect patient's thoughts and feelings (17). This finding is consistent with the preoccupation theme in our study. Indratula et al. defined “fear of death and surgical interventions” like our study, and reported that these patients had lost confidence in life and started exhibiting fear of death and disability. Patients were also anxious about the risk of death and inability both before and after their surgery (18). Arnold et al. highlighted stress of recurrence of the disease and reported medium to high levels of stress after MI even after long term adaptation (19). The existence of depression and anxiety was confirmed by Huffman, who reported it in a high rate in patients with acute coronary syndrome, which affected the long-term outcome of the heart disease (20). Shah et al. like our study, found the frequent presence of financial problems in the patients suffering from CAD that was a risk-factor worsening the outcome of MI (21). Likewise, Rahimi et al. found financial barriers in health care services and drug therapy concurrent with worsening MI, increasing angina, lowering quality of life, and increasing readmissions (22). Brink et al. showed how a decrease in body health and quality of life after MI had a negative impact on return to work (23). This supports our findings about work-related problems. Similar to our findings, Svedlund et al.

(24), Nasiri et al. (25), and Pashae et al. (26) paid attention to family related problems and found many changes in different aspects of life in patients with CAD, including working at home, social life, entertainments, and passing down vacation. These factors can lead to psychosomatic reactions in families. In the field of change in perspective of others toward patients, Linden et al. (27) and Khayyam-Nekouei et al. (28) suggested that there was an immediate necessity for psychosocial interventions in these patients. With reference to cultural issues, Astin et al. concluded that there may be cultural and ethnical differences in patients and families, which could adversely affect recovery; therefore, health care personnel should bear this in mind when giving service and think up appropriate solutions based on a cultural approach to overcome any problem arising from these differences (29). Since the heart is one of the most important organs of the body, any heart disorder can be a direct threat to the patient's identity; thus, the psychosocial complications can be more important than the physical ones. As patients worry about correct diagnosis and treatment of CAD, it is vital that health care personnel pay ample attention to this matter. Sufficient attention must be paid to the psychological and spiritual problems of the patients and giving consultation to alleviate them is strongly suggested. Furthermore, it is also essential for the mass media to educate the public on how to treat patients with CAD. Adequate focus on financial, work, and family problems is of great importance, too. Last but not the least, physicians and health care personnel must consider patient's cultural background and traditions in order to overcome any cultural obstacles hindering the process of recovery. Since the present research studied a limited number of patients, its generalization to other conditions and situations must be performed with caution. We recommend that similar researches conducted on more patients and in other countries.

Limitation of Study

This study is carried out on a sample of very limited patients as it was for academic purposes and we were having very short time, we were not able to achieve saturation by interviewing 5 patients. Room for more research is open in this area.

CONCLUSION:

This qualitative study, conducted in a peri-urban community in Nepal, explored the perceptions and experiences of CVD patients regarding their illness, the psychological and social impacts of disease, and adaptive strategies. Our findings suggest the need to develop and implement different health education

programs to address the lack of awareness and existing misconceptions regarding the importance of cardiovascular health. Exploring perceived susceptibility toward cardiometabolic diseases, understanding the perceived barriers and potential benefits of behavior modification, and assessing preparedness for interventions will require subsequent study among different sociodemographic groups within the general population.

Conclusions: This study provided insight into the perceptions of patients regarding CVD. Respondents embraced the importance of lifestyle modification only after receiving their diagnosis. Although better health care is important in terms of aiding patients to better understand and cope with their disease, interventions should be tailored to improve the community's cardiovascular health literacy and preventive practices.

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