

# APPRAISING SYMPTOM SERIOUSNESS IN ACUTE MYOCARDIAL INFARCTION: EMOTIONAL-COGNITIVE VARIABLES ARE MOST INFLUENTIAL

Marla J. De Jong, RN, MS, CCNS, CCRN, Major; University of Kentucky  
 Kyungh An, RN, PhD; Seoul National University  
 Candace C. Cherrington; Wright State University  
 Debra K. Moser; University of Kentucky  
 527 CON / HSLC Building, Lexington, KY 40536-0232

Key Words: Acute myocardial infarction, symptom appraisal, anxiety

**Purpose:** Persons with symptoms of acute myocardial infarction (AMI) often delay seeking medical treatment, placing them at risk for further heart damage, disability related to heart failure, and increased mortality. One of the most important determinants of the timeliness with which patients seek care is whether they appraise their symptoms as serious. Yet, symptom appraisal is poorly understood because most investigators have studied delay rather than symptom appraisal. Thus, we conducted this study to identify predictors of symptom appraisal. **Method:** In this descriptive, correlational study, we interviewed 193 patients (age  $60 \pm 13$  years; 49% female; 93% Killip class I/II; ejection fraction  $45 \pm 10\%$ ). Patients rated the seriousness of their symptoms from 1 (not at all) to 5 (extremely). Hierarchical multiple regression analysis was conducted to predict patients' appraisal of symptom seriousness from sociodemographic, clinical, and emotional-cognitive variables. **Findings:** As shown in the table, demographic and clinical variables failed to predict symptom appraisal. In contrast, emotional-cognitive variables accounted for a significant proportion of the symptom appraisal variance,  $F(14, 161) = 6.99, P < .001, \text{adjusted } R^2 = .34$ . The only independent predictors of patients' appraisal of symptom seriousness were anxiety level and whether patients initially attributed the symptoms to their heart. **Discussion:** Emotional variables have a major impact on how patients appraise the seriousness of their symptoms. Data from this study demonstrate that traditional demographic and clinical variables are not associated with symptom appraisal. How patients appraise symptoms of AMI is a prerequisite to the design and implementation of interventions designed to reduce delay times.

**Hierarchical Multiple Regression of Appraisal of Symptoms as Serious in AMI**

Predictor Variables	F	R <sup>2</sup>	Adjusted R <sup>2</sup>	Beta <sup>a</sup>	P Value
<b>Step 1 Demographic Variables</b>	1.54	.05	.02		
Age				.06	.45
Gender				.02	.84
Income				.09	.20
Education				.04	.63
Alone vs. with someone when symptoms began				.03	.67
<b>Step 2 Clinical Variables</b>	1.29	.06	.01		
Killip class				-.01	.86
Pain intensity				.04	.60
Comorbidity				.07	.32
<b>Step 3 Emotional-Cognitive Variables</b>	6.99**	.40	.34		
Anxiety level				.54	<.001**
Perceived control				.04	.61
Determined symptoms as intermittent				.03	.67
Symptoms attributed to heart vs. heart burn, muscle pain, flu, or fatigue				.16	.02*
Knowledge of AMI symptoms				.06	.48
Recognized importance of symptoms				.04	.68

<sup>a</sup>Betas shown are for step 3; AMI = acute myocardial infarction; \*\*  $P < .001$ ; \*  $P < .05$

