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RESEARCH

KNOWLEDGE AND FEELINGS OF CLIMACTERIC WOMEN ON CORONARY DISEASE

CONHECIMENTO E SENTIMENTOS DAS MULHERES CLIMATÉRICAS SOBRE A DOENÇA CORONARIANA

CONOCIMIENTO Y SENTIMIENTOS DE LAS MUJERES EN EDAD DE CLIMATERIO SOBRE LA ENFERMEDAD CORONARIA

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ABSTRACT

Objective: this is a qualitative study aimed at describing the impact of the discovery of the coronary disease in the daily life of climacteric women. **Method:** Bardin content analysis was used for data interpretation. **Results and discussion:** four categories were identified: "knowledge of the coronary disease"; "Change in food"; "Changes in work"; "Insecurity and fear of death". The women showed a lack of knowledge in defining the coronary disease. They understand that it is a serious and risky disease, but they find it difficult to define or explain it. They recognize the importance of the recommended treatment, following the therapeutic recommendations as to the change of habits of life, the use of the drug therapy and the invasive treatments, as the surgery of revascularization of the myocardium and the angioplasty. **Conclusion:** the main changes in the daily life of women are related to food and work and domestic activities. The loss of autonomy imposed by the disease causes dependence and uselessness. Insecurity and fear are also present associated with symbolic meanings of unexpected and death. The daily changes after the discovery of the coronary disease cause physical, emotional and social impact to these women, quite harmful to their health in the recurrence of coronary events or to a more serious and incapacitating condition of the coronary disease.

Keywords: Climacteric; Coronary Disease; Impacts on Health.

RESUMO

Objetivo: *estudo qualitativo com o objetivo de descrever o impacto da descoberta da doença coronariana no cotidiano das mulheres climatéricas.* ***Método:*** *utilizou-se, para interpretação dos dados, a análise de conteúdo de Bardin.* ***Resultados e discussão:*** *foram identificadas quatro categorias: "o conhecimento da doença coronariana"; "mudança na alimentação"; "mudanças no trabalho"; "a insegurança e o medo da morte". As mulheres manifestam certo desconhecimento em definir a doença coronariana. Compreendem que é grave e impõe riscos, porém sentem dificuldades em defini-la ou explicá-la. Reconhecem a importância do tratamento preconizado, seguindo as recomendações terapêuticas como a mudança de hábitos de vida, a utilização da terapia medicamentosa e dos tratamentos invasivos, como a cirurgia de revascularização do miocárdio e a angioplastia.* ***Conclusão:*** *as principais mudanças no cotidiano das mulheres estão relacionadas à alimentação e às atividades laborais e domésticas. A perda da autonomia imposta pela doença ocasiona dependência e inutilidade. A insegurança e o medo também estão presentes associados a significações simbólicas acerca do inesperado e da morte. As mudanças cotidianas após a descoberta da doença coronariana causam impacto físico, emocional e social a essas mulheres, bastante prejudicial à sua saúde na recorrência de eventos coronarianos ou para uma condição mais grave e incapacitante da doença coronariana.*

Palavras-chave: *Climatério; Doença das Coronárias; Impactos na Saúde.*

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RESUMEN

Objetivo: *estudio cualitativo con miras a describir el impacto del descubrimiento de la enfermedad coronaria en el cotidiano de las mujeres en edad de climaterio.* ***Método:*** *la interpretación de datos se realizó según el análisis de Bardin.* ***Resultados y discusión:*** *se identificaron cuatro categorías: "conocimiento de la enfermedad coronaria"; " cambios en la alimentación"; "cambios en el trabajo"; " la inseguridad y el miedo a la muerte". Las mujeres manisfestaron desconocimiento para definir la enfermedad coronaria. Entienden que es grave y trae riesgos pero les resulta dificil definirla o explicarla. Reconocen la importancia del tratamiento, que sigue recomendaciones terapéuticas tales como el cambio de costumbres de vida, la terapia medicamentosa y los tratamientos invasivos, como la cirugía de revascularización del miocardio y la angioplastia.* ***Conclusión:*** *los principales cambios en el cotidiano de las mujeres están relacionados con la alimentación y las actividades laborales y domésticas. La pérdida de autonomía impuesta por la enfermedad causa dependencia e inutilidad. La inseguridad y el miedo también están presentes asociados a significados simbólicos sobre lo inesperado y la muerte. Los cambios cotidianos después del descubrimiento de la enfermedad coronaria causan impacto físico, emocional y social, bastante perjudicial a la salud en la recurrencia de eventos coronarios o para una condición más grave e incapacitante de la enfermedad coronaria.*

Palabras clave: *Climaterio; Enfermedad Coronaria; Impacto en la Salud.*

INTRODUCTION

Coronary heart disease is the leading cause of morbidity and mortality in several countries around the world, especially in women over 50 years old. In Brazil, this disease affects 48% of the women in the 55-64 age group and 79% of the women over 75 years old – with a higher risk when compared to breast cancer. The incidence increases dramatically during the climacteric and this is due to the estrogenic cardioprotection in premenopausal women.[1] Also, due to the absence of estrogen, these women have a significantly increased risk of suffering a menopausal cardiovascular event, since estrogenic reduction compromises the endothelial function, promoting increased inflammatory reactions, proliferation of smooth muscle cells in the endothelium, prothrombotic changes and hyperhomocysteinemia, which play a key role in the progression of atherosclerosis, favoring high morbidity and mortality due to coronary disease in this population.[2]

Public health has prioritized women's care in the reproductive area, focusing on prenatal care, childbirth, puerperium and family planning, besides the prevention of cervical and breast cancer, as well-established practices in basic care. However, the women´s care in the climacteric is also prioritized, considering the integral care, health promotion, citizenship and life expectancy of the population.[3] The *Política National de Atenção Integral à Saúde da Mulher* aims to reinforce and expand achievements and advances in women's health care, including those in the climacteric.[4]

Some aspects of the coronary disease have particularities in females, such as vascular dysfunction, less specific symptomatology, differential therapeutic approach, the way of responding to a cardiac event and menopause. When related to the level of knowledge and the family, social and cultural situation can influence the attitude adopted by the woman having the first symptoms. Also, studies conducted in general, with populations in different ethnic groups, address the health of climacteric women in several diseases such as breast cancer, diabetes, obesity or even the cardiovascular risk such as hypertension and metabolic syndrome. However, there are few studies about the coronary disease in climacteric women.[5,6]

Currently, the health and the disease are permeated by the interrelation of biological, environmental, economic, social and cultural factors. The health status of a population is associated with their way of life and their social and cultural reality, as well as the problems arising from the disease related to beliefs, practices, and values. The issues of health and disease must be approached from the specific sociocultural contexts in which they occur. In this way, the disease ceases to be primarily biological, being conceived primarily as the result of experiences and meanings elaborated from social and cultural aspects and secondarily as a biological event. The disease is dynamic and requires interpretation and action based on its different meanings.

In this perspective, the knowledge about the physiological and emotional aspects related to coronary disease in the climacteric women, from the manifestation of the disease and confirmation of the diagnosis to their daily life and social roles require more understanding. Thus, the following guiding question emerged: Does coronary disease impact on women's daily lives? To answer this question, this study aimed to describe the impact of the discovery of the coronary disease in the daily life of climacteric women.

METHOD

This is an exploratory-descriptive study with a qualitative approach that is part of a larger study entitled: "Climacteric woman and coronary artery disease: revealing senses and meanings", approved by the *Comitê de Ética em Pesquisa da Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo* (EERP-USP) under the number 293,900. In compliance with Resolution 466/12 of the *Conselho Nacional de Saúde*, all the ethical precepts for the development of the study were respected.

The study was performed at the *Ambulatório de Cardiologia do Hospital Universitário da Universidade Federal do Maranhão* (HUUFMA), while the women were waiting for their medical consultation, so the researcher presented and explained the purpose of the research. The population consisted of women with a medical diagnosis of coronary disease over five years and con-

firmed by coronary arteriography. If the participant did not present the coronary arteriography examination to identify the diagnosis of coronary disease, data were collected from the medical record to confirm the diagnosis. The exclusion criteria were women with other diagnoses and with cognitive and speech disorders.

From the confirmation of the inclusion criterion, how the research, the objective, and the ethical precepts were clarified, explaining the need for the use of a tape recorder and requesting the consent of the participants. If the woman did not authorize the use of the recorder, she would be informed that she could not participate in the research. All the women were willing to be interviewed. The instrument of data collection contained the following questions: For you, what is a heart problem? What do you know about your heart disease? How is your day to day routine? What has changed since the discovery of the disease? Do you have any fear or insecurity? Can you tell us which one (s)?

From January to April 2014, 15 women were interviewed and Bardin content analysis was used to interpret the data.[8] The determination of this quantitative research was based on the criterion of data saturation and satisfactory service to the proposed objective. The women were presented with the letter "W" accompanied by the number that identified them in the research. Four categories were identified: "knowledge of the coronary disease"; "Change in food"; "Changes in work"; "Insecurity and fear of death".

RESULTS AND DISCUSSIONS

Category 1. "Knowledge of the coronary disease"

When trying to understand the meaning of the coronary disease, the disease appears as an infarction for most of the participating women, but they have difficulties in understanding it. Regarding the concept, most of them limited to quantify only episodes of infarction, not being able to define it, as follows:

> *I had a stroke* […] *I know why the girls [daughters] told me now, after a long time I had a heart attack* […] (W11).

> […] *I have already three strokes, I was unaware of the world, fainted…* (W8).

> […] *I had two strokes last year, right?* […] (W1).

> *Look, it was a stroke, I had a heart attack all of a sudden* […] *I know it's a heart problem that paralyzed"* (W3).

The lack of knowledge about the disease reflects the need to develop more effective strategies of care, which may be related not only to low school level and old age but also to the quality of the consultation. Also, since it is a public service, time seems limited enough to obtain explanations and clarifications, which may influence the quality of the information received.[9] Efforts to raise awareness and educate women about heart disease are still very incipient and challenging.

The role of education is relevant to facilitate the incorporation of healthier behaviors, and this issue should be prioritized by the health team that provides care.[11] Considering that the coronary disease is a chronic process, the multi-professional team need to elaborate on educational strategies, aiming at the prevention of new problems to the heart and better quality of life. The role of the family in this educational process is highlighted, especially in the period after the diagnosis of the disease.[12]

Despite the lack of knowledge of most of the women about the coronary disease, some of them expressed a certain understanding about the treatment, understanding the seriousness and importance of following the recommendations:

> […] *He was going to do the surgery to save my life, right?* […] *taking a piece of the vein from the leg to put it in the heart* […] *this surgery is a very complicated surgery, it is difficult because it is the heart, then he told me all* […] *It's a very time-consuming surgery too, it seems that he [the doctor] said that I did not remember if it was 4 o'clock that it takes, and this surgery is only done twice a day because it's a very complicated surgery, right* […] (W1).

> […] *angioplasty? It's a procedure, it's an examination done by the vein, right?* […] *I do the leg, and it's a procedure, it's not a surgery, it's a procedure to detect bigger problems* […] *They put two stents, two balloons, and it was a success.* […] (W4).

> […] *Medicine, I take it to unclog the vein, I take what they say, I take AAS every day and others* […] (W13).

> […] *I have to face this fear [crying, emotion]* […] *I am asking God that who knows has no other means, right, so to do without being precise… so without having to cut* […] *but if it is I am going to do it with a lot of faith in God* (W9).

Myocardial revascularization surgery and angioplasty consist are a great paradox. This is because if there is a threat to the integrity of the body and fear of death, on the other hand, there is the possibility of solving the problem, of power returning to a normal life, resuming the capacity to work, performing leisure activities, absence of physical limitations and, consequently, the hope of having a relative quality of life again. Ambiguous discourse is present as the fear of the procedure is mixed with the capacity to perform it, observing possibilities.

The treatment for the coronary disease should be decided based on a consensus between the cardiologist and the patient, establishing possibilities and limitations based on a series of criteria such as health status, age, personal history, expectations, the risks of the therapy and the costs, obtaining the best decision, and considering the impact of this treatment on the patient's quality of life.[13,14]

Also, a successful treatment will depend on other factors such as comorbidities, the arteries involved, and social, cultural, emotional, and spiritual aspects, interfering in a determinant manner.[12] Invasive procedures are complex and involve risks such as the technical competence of surgeons, the patient's type of illness and his/her condition at the time of the intervention, as well as aspects related to the organization of the surgical environment and to the preparation and quality of the human resources that directly or indirectly provide assistance. Coronary patients find difficulties in following the treatment, which may be associated with advanced age, low level of the school, memory difficulties, socioeconomic situation, lack of guidelines, among others.[15]

Category 2: "Change in food"

The women changed life habits, mainly related to feeding. Some knowledge about the recommended diet can be perceived, as explained in these reports:

> […] *there is always a special oil that I use, but at the beginning my food was separated, it was a different oil, everything different, and now also without salt, I do not eat, just to give the same taste with salt, but there are some days that is a heavier food, I make mine separate, because I cannot eat. My food that the doctor suggested more is chicken, chicken breast and fish if it is fish, I cannot eat fatty fish* […] (W3).

> […] *I controlled myself more, thus, because I am not, like this, to eat a lot of fat, but then I decrease more than to eat these things* […] (W7).

> […] *So, because I ate everything, I did not respect diabetes, I hated it because I have it, I hate it because I am obsessed with sweet and I cannot eat sweeter, you know? There's a snack bar right here, if I go there I cry like a child watching those candy without being able to touch them* […] (W2).

The fact that some risk factors are more harmful to women is highlighted, such as high cholesterol levels, besides diabetes and obesity that are more prevalent in the female population. The control of modifiable factors is of fundamental importance in the primary and secondary prevention of coronary events. Some patients associate risk factors with emotional causes, elevated cholesterol levels, hypercaloric diet, smoking, heredity, and preexisting diseases, which leads to changes in lifestyle.[9,10,16]

The manifestation of the coronary disease is accompanied by a series of restrictions and re-adaptation to personal life, mainly related to diet, leading to new lifestyles. Despite this, there are people who cannot make the dietary changes that the disease requires, considering these changes stressful and difficult because they imply loss of pleasure, refusing many foods they were used to eat. Also, social and leisure relationships are common in tasting fraternities with the rich Brazilian cuisine causing people to feel frustrated when they have to be deprived of certain foods or even having to perform a different and separate diet of the others, often leading them to social isolation.[17]

Category 3: "Change in work"

There are many issues about coronary heart disease that represent a break in the daily lives of these women. Feelings of impotence and uselessness for the restrictions imposed by the disease, from the most basic tasks to self-care, modify the family dynamics as these active women become dependent on others. The women of this research are inserted in this reality when reporting the restrictions and incapacities caused by the disease alluding to the domestic and/or labor activities as the most impacting in their daily life, as the reports follow:

> […] *I am not able to do anything, to work even in my house*[…] *I will help if I need to prepare the food, I cannot sweep the house, to wash clothes only if it is a small piece of clothing, because the doctor advises me that I do not have the condition to make any effort, it's like that* […] (W8).

> […] *I do not do anything at home, nobody lets me do anything, even if I wanted to do it, nobody leaves me* […] *then, just eat, drink and sleep and nothing else* […] *when my daughter-in-law is very busy, then I make the lunch, the dishes are dirty and she's busy, then I'll do the dishes, but if there's a lot of dishes to wash like that, I'm tired* […] (W10).

> […] *we become a disabled person, as I live like this, I do not have the condition to be working, doing nothing* […] *it is a very tiresome life that we feel with this heart problem, we cannot do anything, we cannot take care of our lives*[…] *I live unused* […] (W3).

The chronic disease makes changes in lifestyle and requires treatment. The clinical repercussions have symptoms and physical restrictions, subjecting the person to possible hospital admissions. The coronary disease interferes in the social life of the person. A pathological process is accompanied by manifestations

that something is wrong, causing disruption to the functioning of the body and, consequently, to daily activities and work, impacting not only on its biological as well as social structure.[18]

The disease can bring several implications for life, causing more difficulties to share their feelings, making them feel helpless, unprotected and isolated. In this context, the possibilities of socialization, the coexistence with other people, the creation and maintenance of emotional bonds become important, helping to cope with these situations. The coronary heart disease imposes some changes in the daily lives of women, even temporarily, such as quitting from work, invariably provoking reactions of physical and emotional stress. Given this conception, the changes felt and perceived can reflect feelings of fear and concern for the future.[19]

Category 4: "Insecurity and fear"

The heart has a very significant representation, considered as a symbol of life. The perception of the heart as a particularly important organ causes repercussions more difficult to overcome than other health problems. The feelings of insecurity and fear were striking in some women, denoting awareness of the severity of the disease. Insecurity emerged as a component of the simple fact of being cardiopathic and the susceptibility to death. This can be noted by the uncertainty regarding what can happen, as to the outcome of the disease, as explained in the speech:

> […] *the heart to me is such a meticulous thing, I am afraid, afraid of others I was not afraid* […] *as I have had several lupus problems, right now I had a very serious problem hospitalized, very serious, I've lost my hair three times, I lost weight, I got fat, I hurt a lot, my legs hurt, my whole mouth, right, but I did not have that fear, you know, I did not get beaten by that fear* […] *For example, I'm normal, practically, but with my heart for me it was a scare. I still have not been able to beat it yet* […] (W4).

> *Do you have a heart problem? It's a very difficult problem because we are not safe, right?* […] *Only after it was discovered many things changed and I became insecure* […] (W1).

> […] *"Because we are born to die, but I am afraid so if it is a sudden thing, I have it alone at home, an hour like this, it is only the fear I feel"* (W3).

Emotional support is understood as an important coping strategy throughout the illness process, from words of comfort, confidence, hope, and security, encouraging the person to bear the disease and the implications of it. The support can also be evidenced in activities in which the sick person has limitations, such as the preparation of meals, the organization of medications and the follow-up in the case of hospitalization and consultations with professionals.[20]

The human being has the need for safety, both physical and psychological, and insecurity brings with it uncertainty about life expectancy, becoming a stressor element. Contemporary society has incorporated a rationalist culture, beginning to conceive death with prejudice, denying it as a phenomenon of life and provoking a distancing of people. The advancement of science and the discovery of new treatments and resources to prolong life lead to the illusion of being human as an immortal being. In this prism of denial of death, individuals live, always having as objective the search for healthy life and healing, being the emergence of diseases seen as a milestone for changes for the individual and his family.[21]

In this context, the hope with treatment is essential in life, renewing their expectations of health and long life. Although hope does not have the healing power, it encourages the person with heart disease to continue fighting for their improvement, believing that there are no difficulties that cannot be addressed. It is a fact that today, science and technology have increasingly removed people's chances of death, making them want to enjoy not only health but also complete well-being.[22] Coronary disease poses a threat to the process of living, bringing insecurity with the unknown and generating fears, anguish, and suffering, as well as a feeling of powerlessness with the illness.[23]

People perceive the manifestation of coronary disease as something sudden, and they relate it with the meaning of sudden death, since it approaches the possibility of termination of life by an unexpected illness, without the person being prepared:

> *Ah, from my illness, I am so afraid of dying suddenly [laughs], ah, sometimes I'm afraid, insecure, sometimes I am, right* […] *there if I have something to do, if there's anything left, then I'll write everything down there at night and leave it there on the table for someone to find it, right, if I die suddenly, I suddenly die, right?* […] (W7).

> *I am, I'm very afraid of having a [heart] stop* […] *I know I'm not sure, you know, I know that at any time I can die* […] (W2).

The manifestation of coronary disease is perceived as something sudden and, in fact, heart disease is the main representative of sudden deaths. From this, people tend to relate the meaning of death to those who suffer from a heart problem. The possibility of sudden death starts to generate insecurity to the people, since they approach the possibility of termination of life by an unexpected illness, without being prepared. It is a fact that coro-

nary disease promotes a rupture in the well-being, either by the physical symptoms or the representations for the people when they understand that to live well, it is essential to be healthy. The support offered by the family, friends, religious groups or health professionals helps decisively against the stressful situations of the disease. From this, they increase the chances of envisioning a better future, with the possibility of overcoming stressful events and the continuation of a normal life. This is because the act of supporting brings feelings of hope and well-being.[22]

Death represents the cessation of life and brings fear as a genuinely human process of something obscure and uncontrollable. The perception of the severity of the coronary disease threatens their physical and emotional integrity, bringing many reflections in the way of seeing life.[23]

Therefore, it is necessary that health professionals become aware of the need to know the perceptions, feelings, and expectations that people attribute to the coronary disease and how it is impacted in their lives. These aspects are very important as they enable the implementation of qualified care, setting goals based on the experiences of each person.[19]

CONCLUSION

Women are somewhat unfamiliar with coronary heart disease. They understand that it is a serious and risky disease but they find it difficult to define or explain it. They recognize the importance of adequate treatment, following the therapeutic recommendations related mainly to change in lifestyle, use of drug therapy and the need for invasive treatments such as coronary artery bypass grafting and angioplasty.

Women reported that the main changes in their daily lives are related to food and work and domestic activities. The loss of autonomy imposed by the disease caused dependence and uselessness in women. Insecurity and fear are also present in a significant way, denoting how coronary disease can subject them to a situation of possible finitude of life, completely unexpected, tied to symbolic meanings about the prediction of something bad, the uncertainty of the time that they the unexpected, and death.

The daily changes related to a coronary disease cause physical, emotional and social impact to these women, which can be very detrimental to their health in the recurrence of coronary events or to a more serious and incapacitating condition.

The limitations of the study were the characteristic of qualitative research as the knowledge of the reality of a specific group, women with coronary disease. The accomplishment of this research is configured as important for health services and professionals to understand and collaborate in the perspective of promoting care to the health problems of women and especially to the coronary disease.

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