

How Does My Life Go on After a Myocardial Infarction? What Can I Do to Take Care of Myself?

BACKGROUND

Acute myocardial infarction (AMI) is a severe disease that puts patient's life at risk. The disease may recur if the patient does not change his/her lifestyle or does not observe the prevention and treatment indications given by the health care team.

SECONDARY PREVENTION

Secondary prevention refers to the treatment recommended to prevent a new heart attack.

MEDICATION

The patients must take several drugs that have been scientifically evaluated and have demonstrated to improve the probability of survival with a satisfactory quality of life. The goals of these agents are to prevent a new infarction or chest pain, stent restenosis (obstruction), heart failure or sudden death.

Must I take a lot of pills?:

It is imperative for the patient to take a certain amount of pills after AMI, usually three pills or more. Adherence to treatment is fundamental to avoid getting sick again.

Medications after AMI

Drugs which prevent blood clot formation in the coronary artery:

- Aspirin 100 mg per day must be taken for life.
- If a stent has been implanted, you should take clopidogrel, prasugrel o ticagrelor. Initially, these drugs must be taken for one year.

Drugs to lower cholesterol levels and prevent the build-up of atherosclerotic plaque:

- Statins (simvastatin, atorvastatin or rosuvastatin, among others).
- Statins are prescribed independently of cholesterol levels. The goal is to achieve LDL (bad) cholesterol levels less than 100 mg/dL and ideally of 70 mg/dL.
- Statins should be taken for life.

Drugs to prevent a new infarction and/or to control blood pressure levels:

- Beta blockers (atenolol, bisoprolol, carvedilol, metoprolol, among others). Angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin II receptor blockers (ARBs) (enalapril, ramipril, telmisartan, candesartan, among others). These drugs improve survival and are indicated according to the type of AMI and to the presence of hypertension. In general, they should also be taken for life.

LIFESTYLE

Smoking

To quit smoking is undoubtedly the best thing that a patient can do in order to prevent a new AMI. A patient who starts smoking again has worse prognosis and risk of having a new coronary event. Nowadays, there are several effective pharmacological and psychotherapeutic strategies to quit smoking; yet, the patient should make the personal decision to stop the habit.

Diet

Diet is essential, with particular emphasis in taking vegetables and fruits as they lack cholesterol and provide beneficial active ingredients for the arteries. Meat and meat byproducts should be taken with moderation. The goal is to improve the metabolic status and achieve an adequate weight according to age.

Exercise

Physical activity is another keystone for secondary prevention. Walking several times a week between 30 and 45 minutes is beneficial. Other useful aerobic activities include swimming, cycling or dancing. With the exception of golf, ball sports are not the best exercise to recommend; however, the best decision depends on the individual evaluation of the treating physician.

Stress

Stress is a general term that represents the individual vulnerability circumstances which may have triggered the AMI. Psychotherapy, physical activity and getting back to activities the patient values are useful in these situations.

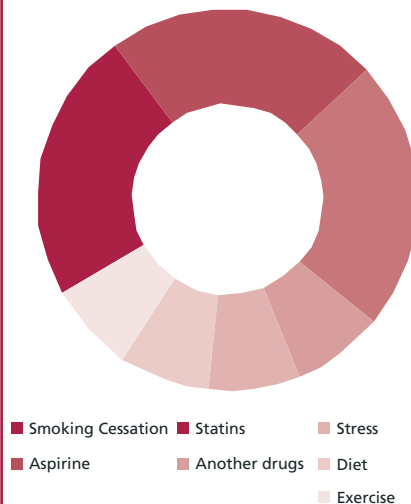
CONCLUSIONS

Acute myocardial infarction is a severe disease that can recur if the appropriate pharmacological measures and lifestyle changes are not adopted.

How does my life go on? What can I do to take care of myself?

The answers are not complicated and your treating cardiologist will guide the treatment. Initially, most patients fulfill the targets as they are concerned about the infarction or because the heart attack produced some kind of limitation; however, the real challenge is to keep the healthy habits in the long-term.

Prevention Another Heart Attack



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INFORMATION YOU MAY FIND IN THE WEB

- Argentina Society of Cardiology (Consensus Area): <http://www.sac.org.ar/consensos>
- Consenso de prevención primaria y secundaria de muerte súbita. Rev Argent Cardiol 2012;80:165-84.
- Barros M, Fusaro Casellas L, Coria N, Duronto EA, Beck E, Bozovich GE. Women with Acute Coronary Syndromes are less Invasively Treated than Men in the Acute Phase in an Argentine Population.. Rev Argent Cardiol 2013, 81: 296-301. <http://dx.doi.org/10.7775/rac.v81.i4.1811>
- www.cardiosmart.org/MI-CORAZON?sc_lang=es-US

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