

## Many Black MI Patients Skip Regular Checks

BY MARY ELLEN SCHNEIDER  
New York Bureau

**M**ore than two-thirds of African American patients who have suffered a myocardial infarction say the event was a "wake-up call," but a quarter of patients also report that they did not see their physician regularly after the attack, according to a survey released by the National Medical Association.

"Obviously, there's a disconnect here," said Dr. Clyde W. Yancy, medical director of the Heart and Vascular Institute at Baylor University Medical Center in Dallas.

Physicians and researchers need to better understand this contradiction because it's an opportunity to improve outcomes among African American patients, Dr. Yancy said during a teleconference sponsored by the National Medical Association (NMA) and supported by GlaxoSmithKline.

The survey, which was commissioned by the NMA and supported by GlaxoSmithKline, was conducted online among 502 African American adults aged 18 and older who had experienced a myocardial infarction.

African Americans have a significantly higher risk for virtually every cardiovascular disease than their white counterparts, Dr. Yancy said. And when it comes to myocardial infarction, African American men have the highest incidence of first heart attacks, followed by white men, and closely followed by African American women.

But despite the increased risk, there is a lack of awareness. "The perception is that the African American community is not at risk, particularly for heart attacks. Awareness needs to be elevated in a major way."

The NMA survey showed that most respondents saw their myocardial infarction as a significant event, with 64% saying they felt that they had been given a second chance at life, and 46% saying that they were significantly worried about having another heart attack.

However, the survey also found that they were not taking steps to avoid another cardiac event. For example, 22% of respondents reported not taking medication exactly as prescribed and 21% said that they do not monitor their eating habits.

The survey results also revealed that African American patients are in need of increased support in the period following a myocardial infarction. Fewer than half of respondents (47%) said they had family and friends who remind them to take their medications and 27% said they did not feel knowledgeable about how to manage their health after an attack.

Part of the problem may come down to socioeconomic factors, Dr. Yancy said. Patients may be neglecting their medications and physician visits because they lack the resources and support. Other factors include a possible lack of trust of physicians by African American patients, a belief that they have not received the best medicine, and a lack of education about potential side effects. ■

## Post-AMI Anxiety More Common in Women

BY MITCHEL L. ZOLER  
Philadelphia Bureau

**CHICAGO** — The high anxiety that many women have after an acute myocardial infarction may explain their high complication rate, compared with men, and it may offer a new way to improve patient outcomes.

"Early recognition and effective treatment of anxiety immediately after a myocardial infarction may decrease morbidity and mortality," Debra K. Moser,

D.N.Sc., said during a poster presentation at the annual scientific sessions of the American Heart Association. "Anxiety is a target for intervention." In AMI patients, "one of the things most lacking in clinical cardiology today is the assessment of anxiety and depression."

The Brief Symptom Inventory (BSI) is the way that Dr. Moser and her associates have measured anxiety in patients after an acute myocardial infarction (AMI), and treatment can include an anxiolytic drug as well as psychosocial interventions such

as cognitive-behavioral therapy, said Dr. Moser, professor of nursing at the University of Kentucky, Lexington.

She and her associates examined the role of anxiety after AMI in 635 men and 244 women enrolled at several centers in the United States and four other countries. The patients' anxiety levels were measured, using the BSI, within 72 hours of their hospital admission for an AMI.

The BSI is a reliable and validated measure that uses six questions to measure anxiety, said Dr. Moser. Each question is

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rated on a scale of 0-4 (0 is the lowest level of anxiety), and the scores from the six questions are summed and then averaged. A score of 0.33 or less indicates no anxiety. A score of 0.4 or more indicates clinically significant anxiety, especially if the score persists at this level over time. A score of 1.7 is what is typically seen in psychiatric patients who are hospitalized for anxiety disorders. Results from previous studies by Dr. Moser and her associates showed that about 44% of AMI patients have mild or moderate anxiety, and about 25% have a BSI score of 1.7 or higher (the remaining patients do not have anxiety).

The average post-MI BSI score among

the women in this study was 0.77, compared with an average score of 0.57 among the men, a statistically significant difference. Complication rates also showed a gender split, with a rate of 33% in women and 24% in men, a significant difference. The complications included repeat infarctions, ventricular tachycardia that was sustained or that required intervention, ventricular fibrillation, acute recurrent ischemia, heart failure, cardiogenic shock, or death.

In a multivariate analysis that controlled for clinical and demographic differences among the patients, those who had a BSI score that indicated anxiety had a significant 66% higher rate of complications,

compared with patients who were not anxious. Other significant determinants of an increased complication rate were smoking and a Killip class of II-IV. The analysis also showed that two factors were linked with significant protection against complications: treatment with a thrombolytic drug, and treatment with an anxiolytic drug, which was associated with a 44% drop in the rate of complications.

The results also showed that the complication rates of men and women were similar if they were treated with an anxiolytic drug. Activation of the sympathetic nervous system probably forms the physiologic link between anxiety and complica-

tions after an AMI. Sympathetic activation then causes effects such as vasoconstriction and platelet activation, Dr. Moser said.

Typical anxiolytic drugs used on AMI patients by Dr. Moser's group include alprazolam (Xanax) and diazepam (Valium). It's important to start such drugs quickly once anxiety is first diagnosed post MI, but they can be stopped once the anxiety is relieved, often within a day. She recommended assessing anxiety levels early during AMI treatment, and then again when a patient is discharged from the intensive care unit, at the time of hospital discharge, at the first physician visit after hospital discharge, and then at 3, 6, and 12 months after the MI. ■

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