

## Kako su tip ličnosti i koronarno rizično ponašanje povezani s koronarnom bolesti srca i što se mijenja nakon stacionarne kardiološke rehabilitacije

### How are personality types and risky behavior associated with coronary artery disease and what changes after stationary cardiac rehabilitation

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Kardiovaskularne bolesti (KVB) i dalje su vodeći uzročnik smrtnosti, iako se na smanjenje pobola i smrtnosti utječe primarnom, sekundarnom i tercijarnom prevencijom. Kroz medije, javnozdravstvene i projekte zdravstvenih ustanova potiče se zdrave osobe, kao i oboljele od KVB-a, na promjene načina i stila života kako bi njihov život bio što dulji i kvalitetniji. Pedesetih godina prošlog stoljeća započinju mnogobrojna istraživanja kojima se pokušalo detektirati čimbenike rizika za KVB, a najpoznatija je Framinghamska studija, na koju se nadovezuje istraživanje Rosenmana i Friedmana koji uočavaju sličan sklop osobina ličnosti i ponašanja koje su definirali kao Tip A i Tip B koronarno rizičnog ponašanja. Osobe Tipa A sklone su hostilnosti, kompetitivnosti, užurbanosti, nestrpljivosti, "radoholičnosti" i zastupljenost Tipa A u populaciji kardiovaskularnih bolesnika dvostruko je veća nego Tipa B. U osnovi ponašanja Tipa A nalazi se prikriveni nedostatak samopouzdanja i samopoštovanja, te se imaju stalnu potrebu dokazivati drugim ljudima. Takva stanja povezana su i s povišenom anksioznošću.<sup>1</sup> U istraživanju provedenom u Specijalnoj bolnici za medicinsku rehabilitaciju Krapinske Toplice dobiveni su rezultati koju ukazuju da nakon tri tjedna provedena na stacionarnoj kardiološkoj rehabilitaciji koja obuhvaća više postupaka, dolazi do značajnog smanjenja anksioznosti i depresivnosti kod bolesnika, ali da ta promjena nije povezana sa tipom koronarno rizičnog ponašanja. Značajna razlika prisutna je između Tipa A i Tipa B na početku i na kraju rehabilitacije, ali je promjena kod obje skupine podjednaka.

Cardiovascular diseases (CVD) are still the leading cause of mortality, despite primary, secondary and tertiary prevention being used to combat morbidity and mortality. Media and public health service projects encourage healthy persons, as well as persons already suffering or having suffered of CVD, to change their lifestyle in order to increase their quality of life and longevity. In the 1950s much research was started trying to detect risky factors for CVD and most famous among them, the Framingham study, added to by Rosenman and Friedman's research, which definite personality types A and B coronary prone behavior. People with Type A personality tend to exhibit hostility, competitiveness, impatience and are generally "workaholics" and the representation of Type A personality among cardiovascular patients is double that of Type B personality. In the basis of Type A there is a hidden lack of self-confidence and self-respect, which makes Type A feel the need to prove them to others. Such states are connected to increased anxiety as well.<sup>1</sup> The research conducted in the Special Hospital for Medical Rehabilitation Krapinske Toplice has given results that show after three weeks of stationary cardiac rehabilitation, which includes a number of procedures, there is a substantial decrease in anxiety and depression, but this change is not connected to the personality type of the patient. There is a substantial difference between Type A and Type B and the beginning and end of the rehabilitation procedure, but the change is about the same in both groups.

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#### LITERATURE

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