

Prepoznavanje znakova akutnog infarkta miokarda prije bolničkog liječenja

Recognition of acute myocardial infarction symptoms before admittance to hospital

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Unatoč razvoju dijagnostičkih i terapijskih procedura, smrtnost od kardiovaskularnih bolesti i dalje je visoka. Prema dostupnim podacima iz populacijskih registara smrtnost bolesnika liječenih od akutnog infarkta miokarda (AIM) je 30%, pri čemu se smrtnost događa kod polovice oboljelih prije nego stignu do bolnice.^{1,2} Većina osoba ne prepoznaje ili pogrešno protumači znakove AIM-a te odgađa traženje stručne pomoći. Utjecaj na percepciju i prepoznavanje znakova mogu imati i druge kronične bolesti prisutne kod bolesnika. Vrijeme od pojave prvih znakova do odluke o traženju pomoći kraće je kod onih bolesnika koji su preboljeli AIM ili članovi njihove uže obitelji i prijatelji. Najčešći simptomi su bol u prsima, lupanje srca i nedostatak zraka, obično se javljaju nakon fizičke aktivnosti, mirovanja ili spavanja. Većina bolesnika ne traži stručnu pomoć, već primjenjuju strategije samozbrinjavanja: tuširaju se, masiraju bolno mjesto, uzimaju lijek ili miruju i čekaju da bol spontano prođe. Bolesnici koji odluče potražiti pomoć, najčešće je traže na hitnim bolničkim prijemima, kod liječnika obiteljske medicine ili dolaskom na zakazani pregled. Do zdravstvene ustanove dolaze vozilom hitne medicinske pomoći, osobnim prijevoznim sredstvom, a neki dođu i gradskim prijevozom. Vrijeme od pojave prvih simptoma do dolaska liječniku može trajati manje od jednog sata do nekoliko dana. Vremensko razdoblje važan je čimbenik u prognozi i ishodu liječenja bolesnika s AIM-om. Korištenjem različitih metoda suočavanja s novonastalom situacijom i ne prepoznavanje znakova bolesti ukazuje na potrebu za dodatnom edukacijom stanovništva od strane stručnjaka i svih koji mogu pridonijeti smanjenju smrtnosti od AIM-a.

Despite the development of new diagnostic and therapeutic procedures, cardiovascular mortality is still high. According to available data in population register, mortality of patients treated for acute myocardial infarction (AMI) is 30%, out of which in half of the patient, the death occurs before they reach a hospital.^{1,2} Most of the patients do not recognize or misinterpreted symptoms of AMI, and therefore delays asking medical assistance. Other chronic diseases could influence a perception and recognizing patient's symptoms. Time between the occurrence of first symptoms to the decision on seeking medical assistance is shorter in patient who had AMI before and their family members and friends. Most common symptoms are chest pain, palpitation, shortness of breath, usually after physical activity, sleeping or resting. Most of the patients do not ask for medical assistance, but they apply self-care techniques: they are showering, massaging painful spot, taking medications, or resting while waiting for spontaneous symptoms relief. Patients who decide to seek help are usually referred to emergency hospital admissions, general practitioners or during a pre-scheduled check-up. Some of them are urged to hospital in emergency vehicles, some with their own car, or public transport. The time from the onset of the first symptoms to the doctor's arrival may take less than one hour up to several days. Time period is an important factor in prognosis and outcome of patients treated for AMI. Since patients are not recognizing most common symptoms of AMI and they are distracted by different pain relief methods, additional education of general population is necessary for prevention of deaths and reduction of mortality from AMI.

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