INTRODUCTION

One of the cardiovascular diseases that is classified as a silent killer is Acute Coronary Syndrome (ACS). This disease is the leading cause of death worldwide, both in developed and developing countries. ACS is part of Coronary Heart Diseases (CHD), where in developing countries, as many as one-third of deaths are due to CHD. This death attacks people over the age of 35 years. In one study it was found that, over one year, as many as 6% of ACS patients had a relapse. The greatest recurrence occurred in patients over 75 years of age and in female.

Another study showed the recurrence rate of ACS after one month of hospitalization was 30%, this resulted in the patient having to get treatment again in the hospitals. This study is also supported by another study which described as many as 12.2% of ACS patients were re-hospitalized due to recurrent relapses. Recurrence of ACS patients is higher in patients who have other comorbid diseases such as diabetes mellitus. However, proper use of drugs can reduce the risk of recurrence in ACS patients with comorbid diseases. Thus, preventive behavior efforts must be carried out so that recurrence does not occur.

ACS is one of the diseases that must get attention for immediate follow-up. Good treatment will reduce the occurrence of disease complications. Appropriate treatment begins when the patient is admitted to the hospital and continues throughout the transition to outpatient care. It aims to obtain maximum outcomes on the patient's health status. If this is not done, it will have an impact on worse cardiovascular outcomes.

Providing adequate education from health workers to patients about the care that must be carried out by patients is an important component in the success of therapy, especially during the transition period of care. This education must involve the family as an important component in patient care. Failure to understand and adhere to the treatment plan can lead to high rates of rehospitalization. The purpose of this study was to explore the patient's experience in dealing with recurrence during cardiac arrest in ACS patients.

METHODS

Study Design

The research design in this study used a qualitative design with a phenomenological approach. The study was conducted on 10 ACS patients who were doing a health check at the heart clinic at Muhammadiyah Hospital Gamping Yogyakarta. The sampling technique used is a purposive sampling technique with participant criteria, namely the patient has received previous treatment at the hospital. The distribution of participant characteristics including age, gender, and occupation is listed in table 1.

Data Collection

Data were collected by conducting semi-structured interviews by asking questions related to “what is the first thing the patient does when having a heart attack”,...
Table 1. Characteristics of Participants.

<table>
<thead>
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<th>Age</th>
<th>Occupation</th>
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<tbody>
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<td>10</td>
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</table>

and “who plays a role in preventing recurrence besides the patient and what to do”. Before the interview, the researcher prepared the necessary equipment, namely audio recordings to store the participants’ answers. The next researcher explains the objectives and benefits of the study, research procedures, and research risks. Participants who agreed signed the informed consent of the study as a form of participants’ willingness to be involved in the study.

The results of the interviews were then presented in the form of transcripts to identify the research themes obtained.

Statistical analysis
The data from the interviews were analysed to get the theme of the research results.

RESULTS
Relapse is an occasional occurrence in ACS patients. The results of the interview found four themes of steps taken by ACS patients when having a heart attack, namely taking medicine, drinking water, resting and praying. In addition, it was also found that the role of the family in preventing patient relapse, there were two themes, namely the family supporting the patient's treatment and playing a role in regulating the patient's dietary pattern.

Relapse Handling Themes:
Theme 1: Taking Medicine
When a heart attack occurs, most of the participants take action by taking medication to relieve symptoms. The information obtained by participants is as follows:

“When I had a relapse, I took medicine to reduce the pain, Ms. Usually the medicine is under your tongue” (participant 1)
“If it relapses, I take medicine from my doctor” (participant 9)
“When there is a relapse, I usually take medication” (participant 7)
“When it comes back again, I immediately take medicine, Ms. (participant 4)

Theme 2: Drinking Water
Drinking water was used as one of the ways by which participants coped with relapse. Information from the following participants:

“If it relapses, I usually drink water, Ms. and take the medicine the doctor gave me” (participant 3)
“When there is a relapse, I usually stay quiet and drink water to relax” (participant 2)

Theme 3: Resting
When a heart attack occurs, as many as a third of participants take a break immediately to overcome the symptoms that arise. Information obtained from participants includes:

“If I have chest pain recurrence I usually rest” (participant 8)
“When there was a relapse I sat quietly, drank warm water” (participant 6)
“If there is a relapse, I usually take a short rest and take pain medication” (participant 5)

Theme 4: Praying
Praying by saying istighfar/worshipfulness to God accompanied by a calm mind is one of the steps taken by participants when a heart attack occurs. Following are participant statements:

“When I have a relapse, I usually stay calm and pray for forgiveness” (participant 10)

Role of Family in Prevention of Patient Relapse:
Theme 1: Supporting Patient Treatment
Families have a role in efforts to prevent recurrence of participants. One of the roles performed is to provide support in the treatment of patients such as reminding them to take medication. This was done by almost all of the participating families. The information that supports this statement is as follows:

“The family always supports and always reminds to take medicine” (participant 10)
“My family always supports me in treatment and medication, my wife and children always remind me to take medicine” (participant 5)
“Alhamdulillah, all support, my wife and children always remind me to take medicine” (participant 4)

Theme 2: Setting Patient Diet Pattern
Efforts to regulate diet is one way to prevent recurrence. This was also done by the participant's family as a form of support to prevent the recurrence of heart attacks in patients. The following information was obtained:

“My family always reminds me, especially my children, to always be protective in terms of food” (participant 7)
“My family always supports my treatment, Ms. and always reminds me of food, medicine and other healthy lifestyles” (participant 2)
“The family always reminds them of their food and healthy lifestyle” (participant 6)

DISCUSSION
Heart attacks can occur at any time in ACS patients. Some of these attacks are sudden and intense. However, most occur slowly with mild pain or discomfort. The results of the study found that taking medication is one of the actions taken by patients when experiencing a relapse in the form of a heart attack. This study is following the recommended guidelines for ACS patients when experiencing a heart attack,
namely immediately contacting health care assistance and taking medication. Taking medication can prevent the expansion of damage to the heart and can improve the patient’s life. However, delaying the procedure can harm the patient’s condition. A long delay in the decision to seek medical assistance will increase the risk of complications and death in patients. Thus, prompt treatment is needed for ACS patients when they have a heart attack. The results of the study showed that the knowledge factor influenced the patient’s decision to get treatment for the appearance of symptoms.

Drinking water is one of the actions performed by ACS patients when experiencing a relapse. These results are supported by other studies that state the importance of maintaining the body’s hydration conditions to maintain heart health. When body water conditions are low, it will trigger the release of vasopressin and cause activation of the renin-angiotensin-aldosterone system so that it will interfere with vascular function and blood pressure regulation. This condition also causes a decrease in endothelial function, increases sympathetic nervous system activity, and worsens orthostatic tolerance. In addition, new evidence also shows that the condition may have a detrimental effect on heart health. Meanwhile, good hydration has a positive impact on reducing blood pressure and improving coronary heart disease patients.

One of the other actions that are also immediately taken by the patient when experiencing a relapse is to rest immediately. This action is following the guidelines issued by the British Heart Foundation, that when experiencing a heart attack it is recommended to stop activity, then sit down and rest. Sitting or lying in a comfortable position is recommended to reduce the patient’s symptoms.

Health conditions that threaten and cause stress can lead to actual crises that affect a person’s spirituality. This is consistent with the results of this study which illustrates that ACS patients take steps to pray closer to God when experiencing a heart attack. These results are in line with other studies which state that getting closer to God is a step taken when a heart attack occurs in cases of myocardial infarction. A spiritual approach can help patients in overcoming conditions that threaten their health. Spirituality greatly affects the patient’s feeling of the course of his life-threatening illness and gives him meaning even though he is sick. Spirituality can give strength in dealing with illness. This condition describes the patient’s self-regulation in dealing with his disease condition, namely by using a spiritual approach. Studies show that there are factors that influence self-regulation based on spirituality, namely the availability of social support from families and health worker. Availability of social support can affect the emotional status of patients in managing their illness.

During home care, the family has an important role in supporting the treatment process to avoid recurrence. The results of the study found that the family provided support in the treatment of patients by reminding them to take medication. This effort is made as a form to prevent a recurrence. The support provided by the family certainly has a positive impact on the patient. The results of the study found that social support will affect health behavior. Social support in the form of reminding to take medication is a form of emotional support.

In an effort to prevent recurrence, the family also plays a role in regulating the patient’s diet. Dietary regulation is very important in patients who have been diagnosed with ACS. The results of the study found that the consumption of the diet as recommended was effective in reducing the occurrence of disease recurrence. A low-fat diet is one component that must be done as a secondary prevention effort. This is because one of the main causes of heart attacks is due to the accumulation of excess fat in the coronary arteries that it clogs blood flow.

CONCLUSION

The actions taken when there is a relapse in ACS patients have four themes, namely taking medicine, drinking water, resting, and praying. While the role of the family in the prevention of relapse found two themes, namely supporting the patient’s treatment and setting the patient’s diet pattern. The practical implication of the results of this study is that education carried out by health workers, especially nurses, to patients and families is an important component to be carried out so that patients and families understand the management of ACS patient care at home and the steps that must be taken when relapse occurs. Strengthening this education is an important component for the prevention of worsening patient health status and the prevention of complications and death. Further research with a different study design and a larger sample size is needed, as well as a more in-depth analysis to determine the factors that affect overcoming relapse experience in acute coronary syndrome patients.

CONFLICT OF INTEREST

There is no conflict of interest

FUNDING

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ETHICAL CONSIDERATION

The research was carried out following the research protocol that was approved by the Health Research Ethics Committee of the Kepanjengan Health Sciences College, Malang Indonesia.

AUTHOR CONTRIBUTION

Author 1, 3, 4 contributed to concept, design, definition of intellectual content, literature search and clinical studies. Clinical studies, data acquisition, data analysis, statistical analysis, and manuscript contributed by author 1 and 5.

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