

Thesis Review

Psychological Profile of a Sample of Egyptian Patients With Ischaemic Heart Disease

A Thesis Submitted for partial Fulfillment of M.D. Degree in Psychiatry. By Aida Seif El Dawla. Supervised by: Prof. A. Okasha, Prof. Kh. Abdel Daiem and prof. Z. Bishry, Ain Shams University 1990

In 1959 Rosenman and Friedman described a behaviour pattern, which they called the type A behaviour pattern as opposed to another, the type B behaviour pattern. They hypothesized that the former pattern was associated with ischaemic heart diseases like myocardial infarction and ischaemia. The type A individual is characterized by certain traits like high ambition, competitiveness, impatience, hostility, in addition to love for challenge and risk taking, with multiple interests and general dissatisfaction with a limited frame of life. Both authors constructed a questionnaire to assess this behaviour pattern: the Structured Interview (S.I). They applied this SI to numerous samples of IHD patients and controls and found the type A pattern to be significantly associated with IHD. Several other authors carried out similar studies, some of which reached similar conclusions, while others disagreed.

The current study investigated this issue in a sample of Egyptian patients with myocardial infarction and angina, comparing them with a group of healthy controls. Also it aimed at reaching a broad profile of the psychological and social characteristics of the patient sample.

The sample consisted of three groups of patients with ischaemic heart disease and a control group. Those were as follows:

- 1- 30 patients with old myocardial infarction.
- 2- 30 patients with recent myocardial in-

farction.

- 3- 30 patients with angina pectoris.

- 4- 50 healthy control subjects matched for sex, age, social, and educational level with the patient groups.

All patients were subjected to:

- 1- A semistructured interview designed to inform about personal, social and psychiatric data about the patients.

- 2- The Structured Interview for type A/B dichotomy (SI).

- 3- Hamilton Anxiety Scale (HAS).

- 4- Hamilton Depression Scale (HDS).

- 5- The Eysenck Personality Inventory (EPI).

- 6- The Social Readjustment Rating Scale (SRRS).

The controls were assessed by means of the SI. Results revealed a significant association between type A behaviour pattern and patients with ischemic heart disease that differentiated them significantly from healthy controls. This significance was, however, not homogenous in all three patient groups, but was highest among patients with old myocardial infarction, followed by patients with angina pectoris, and least among patients with recent myocardial infarction. Also, there were different sociodemographic profiles that differentiated the three patient groups from each other. Thus, whereas patients with angina pectoris were younger in age, and enjoyed a high social and educational level and were less satisfied with their social status and less contented with their work performance and their income, patients with old myocardial infarction were older in age, had a

lower level of education, came from a lower social class and were more accepting and satisfied with their living and work status in general.

*It was found that all the patients suffered from some depressive and anxiety symptoms but the authors could not decide, however, whether those symptoms were a result or a cause of the organic pathological condition.

*An investigation of the life events preceding the cardiac condition proved that all patients had, in the year prior to their illness, experienced traumatic life events of some kind, which affected their social adaptation. Among those events personal ones came at the top of the list.

Despite the global agreement of the results with the majority of those previously reported in the literature, the authors concluded the importance of repeating this research on a much wider scale of patients, in what is more like a network of smaller research groups, each investigating a particular point of the

many that have been approached. This is to achieve the greatest degree of accuracy possible, and then putting together all the findings, with the hope for a clearer "whole" picture.

The study also referred to the importance of preventive measures in the case of IHD, including primary, secondary and tertiary prevention. Attempts at primary prevention should be trying to modulate behaviours that were shown to be potential risk factors for IHD, while secondary and tertiary prevention should deal with the patient and his/her family helping them to overcome and cope with the illness and its consequences, including the new life style, which might be necessary.