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RISK HEALTH BEHAVIOR AND PSYCHOLOGICAL REACTIONS AFTER CARDIAC EVENT

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Introduction: Risk health behavior can influence coronary syndromes outcome, especially associated with undesirable psychological reactions. Anxiety and depressive syndromes could be associated with higher frequency of smoking, alcohol consumption and lack of physical activity.

Objectives: Assessment of differences in psychological and behavior parameters between acute coronary and healthy controls and influence on 6 months re-hospitalization rate.

Method: Comparison between K group=33 of first myocardial infarction patients and E group=30 healthy persons at baseline and after 6 months. Instruments applied:

Semistructured psychiatric interview, M.I.N.I., Beck Anxiety Inventory (BAI) for anxiety level, Beck Depression Inventory (BDI) for depression level, KON-6 sigma Aggression Scale and Holms-Rahe (H-R) Stress Life Events Scale and Questioner for risk health behavior.

Parameters differences were assessed by t-test chi square test, for $p < 0,05$. Regression analysis for 6 months re-hospitalization.

Results: Anxiety-depressive and Anxiety syndromes were present at 23% of K group and 10% of E group. Anxiety level of K group was higher than E: (BAI=8,15 ± 4,37; 4,83 ± 2,60; $t = -3,62$), for $p < 0,01$, depression level was also higher (BDI=8,67 ± 3,94; 4,63 ± 2,04; $t = -5,02$).

Lack of physical exercise, was more present at K group. After 6 months there were 11 rehospitalization in K group. Family history of coronary disease and alcohol consumption had significant influence on 6 months re-hospitalization of infarct patients.

Conclusion: Anxiety and depression levels are mild in K group. Risk health behavior has been present at both groups but alcohol consumption and family disposition are important for re-hospitalization