

## Interview with a Myocardial Infarction Patient

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### Abstract

Now diabetes mellitus is more dangerous disease than HIV of the world. A diabetic patient may show myocardial infarction anytime if they cannot maintain proper health guidelines. The members of that patient's family should know the first aid for heart diseases. Taking medicines regularly by the physicians' recommendation is very important. Even though, this problem is totally controlled by changing lifestyle (food habit, exercise, medications, bad habits etc).

### Summary

We should maintain healthy blood pressure and tension free life always. In addition, first aid is very important at home in severe cases of chest pain. Bad food habit and less physical exercise are prone to heart diseases. Likewise, staying with bad habits (smoking, betel leaf, alcohol) are another criterion for heart diseases as well as myocardial infarction. Genetical heart disease is few. Rather, we are facing this with bad lifestyle. We should emphasis on consultancy for removing such type of heart-related diseases. Specifically, it is possible to overcome this disease from the world by changing lifestyle at all.

## Patient's previous history

Name of the patient was Md. Abul Kashem, semi black male, age 50 years with type II diabetes mellitus and hypertension since 2015; he has random blood sugar 12.50 mmol/L, serum creatinine 1.20 mg/dL; as usual blood pressure 180/100; pulse-72 beats per minute and body temperature- 99.8.

## Patient's present history

Md. Abul Kashem was admitted at midday with a chest pain. By his history, he has never had this pain before. At the first stage, physician gave him nitroglycerine sublingually; applies cardiac electrodes for continuous cardiac monitoring. During the time of his chest pain blood pressure was monitored-180/95; pulse-108 beats per minute; respirations- 22 per minute; temperature- 99.0; saturation of oxygen- 90% on 2 liters per minute and pain level 10/10. His troponin level was 19.67 ng/mL and with mild cardiomegaly.

## Discussion

Urbanization is characterized by marked increase in the intake of energy dense foods, decrease physical activity, highest level of stress, promote the development of dysglycaemia, hypertension, and dyslipidaemia [1]. A review of 250 observational studies estimated that increase consumption of fruits and vegetables is associated with 16% lower risk of CVD [2]. Briskly walking 35-40 minutes per day is associated with a 55% lower risk of CHD [3] and ischemic heart disease is common in India [4]. Smoking, hypertension, diabetes mellitus and abdominal obesity is associated with over 90% myocardial infarction in the world [5]. Ischemic heart disease and stroke are the two most common causes of death worldwide [6]. The Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka, Nepal) is the highest burden of CVD. In western countries where CVD is considered a disease of the ages, 23% deaths below age 70, this compare with 52% in India [7,8]. 1990-1994 National Health Survey of Pakistan revealed that 1/3 of the Pakistani over the age of 45 year had hypertension [9]. INTERHEART case-control study of risk factors for acute myocardial infarction has documented that there is an association with tobacco [10]. Cardiovascular diseases are 27% in Bangladesh. The most common risk factors of CVDs were tobacco consumption, hypertension, diabetes mellitus, dyslipidemia, animal protein-rich diet and sedentary lifestyle [11]. Male tobacco users used any form of tobacco on average 11 times a day and female 8 times [12]. The food habit of Bangladesh is not good in most families. From our childhood we are habituated to take unhealthy food. Diabetes mellitus is a hidden risk which may produce heart diseases latter.

## Conclusion

By this study this is clear that heart related diseases are mostly lifestyle mediated disease. There are some genetical also but this is rare. Village or low educated people are more vulnerable to pursue this type of disease. Generation after generation we have some bad habits with non-nutritive diet every day. Similarly, we are not habituated to maintain regular exercise. Afterwards, the medical authority may take special decision to overcome this disease not only from Bangladesh but also from world. Though some are delivering advice to the patient but this is not more adequate than demand. Inevitably, physicians should emphasis on consultancy of heart diseases. Besides, only changing life-style we may overcome this disease.

## Recommendations

### Medications

Diphenoxylate Atropine, Atorvastatin, Beta-Blocker, Thiazide Diuretics, Nitroglycerine, Insulin and, Pantoprazole were the medicines for this patient. Now this patient is feeling well by taking these medicines.

### Physician's advice to the patient

- Need rest by the physicians' suggestion;
- Taking drugs regularly is very important;
- Over loaded work should be avoided;
- Avoid high oily food;
- Any bad habits should avoid;
- If patient's have diabetes mellitus, high blood pressure and over weight of course will maintain;
- Do not take extra salt in your dish;
- For any problems need to go nearest hospital.

### Appendix

- Is the type of pain of this patient is having cardiac type of chest pain? Yes
- When the patient's pain is gone? After the treatment in ICU after 3.5 hours
- Other abnormalities are present in the patient's? No
- Have anxiety of the patient? Yes
- Aspirin tablet (acetyl salicylic acid) and nitroglycerine are being provided? Yes
- Describe the patient's skin color. No change
- Does this patient need oxygen and mention its flow? 90% on 2 liters per minute
- How you assess JVD (jugular vein distention) in this patient? By fingers

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