OVERVIEW

The Coronary Heart Disease (CHD) is one of the major kinds of heart disease and is caused by the structure of coroners—the blood vessels which carry oxygen-rich blood to the heart. Bypass surgery as a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease. When one of the heart’s arteries gets blocked and a person has a heart attack, one common procedure is to perform heart surgery and sew in a new piece of blood vessel to bridge over (bypass) the blockage.

World Health Organization (2013) reported coronary heart disease as the number one cause of death globally, i.e. more people die annually from coronary heart disease than from any other cause. In particular, the Global Burden of Disease study classified ischemic heart disease as the leading cause of global mortality. Cardiovascular diseases accounts for approximately 30% of all deaths. Deaths caused by stroke and other cerebrovascular disorders are not considered in this count (cerebrovascular disease alone represents roughly 10% of all causes of death). Despite the lack of accurate data, there is some evidence to indicate that Coronary Heart Disease is increasing in magnitude in the Islamic Republic of Iran. While age-adjusted mortality from Coronary Heart Disease is gradually falling in developed countries, the rate has increased by 20%–45% in the Islamic Republic of Iran. It seems likely that changing lifestyles such as high consumption of processed foods rich in saturated fat and a low level of physical activity along with the rising prevalence of obesity and type 2 diabetes and stress are leading to a progressive increase in the prevalence of cardiovascular (CVD) risk factors and CHD in developing countries (Hadaegh, 2009).

According to Statistical Center of Iran report (2013), the rate of mortality caused by CHD was 39% in 2012. Most patients were above the age of 35 years and nearly 800 deaths from CHD every day are reported in Iran.

According to information above, day by day the numbers of coronary heart patients are increasing across all the societies because of which bypass surgeries are
on the rise. Coronary Heart Disease and its treatment lead to psychological stress, particularly after bypass surgery.

There is a growing literature relating psychosocial factors with the development of coronary heart disease (CHD), and with prognosis in the patients following acute coronary events. Epidemiological studies, involving prospective designs and concurrent measurement of standard cardiovascular risk factors and lifestyle variables, have identified independent associations between the development of CHD in previously healthy adults and work stress, social isolation, and other forms of chronic stress (Stepoe and Whitehead, 2005).

Psychological stress has been implicated in the onset and progression of coronary heart disease (CHD). Recent researches have highlighted the importance of depression and anxiety as independent risk factors for mortality in cardiac patients. Accordingly, it is critical that clinically significant levels of distress are identified, both in-hospital and after discharge, to target patients who require specific psychological intervention, in addition to conventional cardiac rehabilitation (Lane et al., 1999).

Levey, Dieter, Peterson, Smith, and Levey, (2013) reported injury to self-esteem, feelings of powerlessness and vulnerability, helplessness to face adaptive challenges of the illness, actual or anticipated losses of independence, financial security or social support systems, family discord, psychosomatic (Cardiac) Invalidism, sleep disturbances, marital conflict and sexual activity are common psychological reactions after bypass surgery. In addition, bypass surgery effect on mental acuity. Some studies illustrated that some symptoms include short-term memory loss, slowed responses, trouble concentrating and emotional instability are reported after bypass surgery.

Compatibility problems are much more reported from those heart patients who had more psychosocial problems, and not necessarily those whose disease is more severe. Stress, depression and denial make the disease recovery process longer. Those heart patients who suffer from severe stress and depression also will develop
more critical problems such as arrhythmia and the probability of their death in initial months is more than those who suffer less stress.

As psychosocial factors show a promising role in prognosis of CHD, **the aim of the present investigation was to explore recovery from bypass surgery in relation to well-being, optimism, marital adjustment, stress and coping styles.**

**RESEARCH GAPS**

1. A lot of research has been done on coronary heart disease but very little has been done to explore the role of psychological factors in recovery from bypass surgery.

2. Gender differences in recovery have been neglected/ investigated insufficiently by the previous researches.

3. Majority of the work in Coronary Heart Disease and related areas have been done in the west. The present study shall focus on patients from Iran where prevalence of CHD is increasing manifold.

**OBJECTIVES OF THE PRESENT STUDY**

The objectives of the study were as follows:

- To understand the relationship of well-being, optimism, marital adjustment, stress and coping styles with recovery from bypass surgery.

- To study gender differences in recovery from bypass surgery and its correlates.