MATERIAL AND METHODS
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The study includes 60 patients of acute transmural myocardial infarction admitted in ICCU of M.L.B. Medical College, Jhansi from September, 1987 to May, 1988.

The diagnosis of myocardial infarction was considered only when at least two of the following three criteria were satisfied.

1. Characteristic clinical presentation.
3. A rise in serum level of cardiac enzymes SGOT and CPK (Swan et al, 1976).

METHODS

All the patients were subjected to
1. Detailed history.
2. Physical examination.
3. Laboratory investigations.

All the patients were enquired in detail about following risk factors.

1. Age.
2. Sex.
3. Family history of coronary artery disease or sudden death especially in first degree relatives and especially before 55 years of age.
4. Smoking and tobacco chewing.
5. Systemic hypertension.
8. Alcohol consumption.
10. Salt and sugar.
10. Type and amount of exercise.
12. Psychological tension.

SMOKING

Persons were classified as non-smokers only if they had never smoked. Persons who had quit smoking or who currently smoked had their cigarette or bidi consumption semi-quantitated by multiplying the number of packs (cigarette 10/pack, bidi 20/pack) of cigarette or bidi smoked/day by the number of years smoked. They were then arbitrarily divided into those above and below 20 pack year.

HYPERTENSION

Hypertension was considered to be present if the patient was on antihypertensive medications on admission or blood pressure was above 160/90 mm Hg at the time of discharge.
SERUM CHOLESTEROL

Serum cholesterol was determined on admission and at the time of discharge following an overnight fast. It was hoped that effect of acute stress of the pain would not influence these later values. Only patient having serum cholesterol level more than 250 mg% were considered having hypercholesterolemia.

OBESITY

Patients' height and weight were recorded during hospitalisation. Persons who were 20% overweight according to standard tables were considered as obese.

PERSONALITY TYPE

Persons with competitiveness, work overload, exaggerated sense of time urgency, impatience and frequent job change were labelled as persons with "Type A" personality.

CLINICAL PROFILE

1. Detailed history regarding time of onset of chest pain, time when first contacted doctor, duration, severity, site, character and radiation of chest pain has been taken.

2. History of prodromal symptoms in preceding days/weeks.

3. History of associated symptoms like nausea, vomiting, ghebrudat, sweating, palpitation, headache, breathlessness, cold extremities, profound weakness, syncope,
belching, choking etc. were taken from all patients.

4. All these patients were examined in detail at the time of admission and daily for subsequent developments during hospital stay, specially for any hypotension, shock, arrhythmias and other complications.

5. A note was made of the time interval between onset of chest pain and hospital admission.

6. Patients were specifically interrogated regarding their impression about their illness.

INVESTIGATIONS

All the patients were subjected to following investigations:

1. CPK (Once-24 hours after onset of the chest pain).
2. SGOT (Once - 24 hours after onset of the chest pain).
3. Blood sugar (Fasting and postprandial - 2 hours after 75 gm glucose).
4. Serum cholesterol.
5. Serum uric acid.
7. E.C.G. was done on admission, on 1st, 2nd, 3rd, 7th day, at the time of discharge and whenever needed individually.

All the patients were followed up during hospital course for any complications and recurrence of chest pain.