CHAPTER FIVE

CONCLUSIONS, IMPLICATIONS & SUGGESTIONS FOR FUTURE RESEARCH
Conclusions

The findings of the present study have led to certain conclusions. These are summarized as under:

➢ The present research has contributed significantly to the understanding and awareness of various conventional and emerging risk factors associated with CAD. In general, the identification and control of these risk factors can help in improving the health related quality of life and well-being of CAD patients.

➢ Assessment of the coping behavior may be used as an outcome measure in research on the relative benefits of various treatment methods. Identification of prescribed and non-prescribed coping strategies, may have greater use for therapeutic purposes. The dominant role played by non-prescribed coping strategies as compared to the prescribed coping strategies, in adaptation to the stressful situations posed by chronic illness, is highlighted in the findings of present investigation.

➢ The non-prescribed strategies may prove more useful in potentially reducing CAD risk, ameliorating the burden of illness, and promoting recovery and rehabilitation, when prescribed by the cardiologists or health-care professionals.
The present study points out the relationship between attitude towards life and CAD. The assessment of the patient’s attitude towards life can influence the therapeutic and rehabilitation programs. These programs may help patients to come to terms with the negative life events and inculcate in them an optimistic and positive outlook towards life. This will prevent the further deterioration of health and promote recovery and cardiac rehabilitation.

Implications

A combination of psychosocial and physical interventions related to coping behavior and life-style modifications (exercise, walking, relaxation, positive thinking, healthy dietary and activity patterns), can be the best approach to disease prevention and healthy living. The most important application remains, however, in sensitizing health care professionals to look beyond diseases, disabilities and symptoms. The instruments of coping behavior and attitude towards life can help identify the ways in which people are affected by disease and to find suitable interventions. It can also motivate health care professionals to focus attention on the positive aspects of CAD patient’s lives and to develop strategies to strengthen them.
The most important implication associated with the identification of CAD risk factors may be to disseminate the role of emerging risk factors like lifestyle, organizational, and environmental, to the physicians or cardiologists and the general public by the government and professional organizations. This may help cultivate awareness of CAD risk factors in people in general, and development of specific interventions by the health care departments.

The various psychosocial factors may be incorporated into the preventive programs. The health care professionals may attempt to identify and treat depression and anxiety in patients with CAD. Group support and stress management training can be provided in formal cardiac rehabilitation programs. Psychosocial interventions which include strengthening social, emotional, and family support, health education about CAD and reinforcing healthy behavior are associated with reductions in psychosocial stress, heart rate, and blood pressure. Further, the benefits may be enhanced through medication and self-help programs such as exercise, yoga, meditation, walking, stair climbing, etc., both in terms of improving well-being and reducing mortality. Individual control techniques are needed in order to achieve the greatest benefits.
The findings of the present study have clinical utility and implications for cardiologists and health psychologists. These professionals may prescribe the various coping strategies to modify and alter lifestyle of the CAD patients so that they can efficiently cope with their stresses and enhance their well-being. The rehabilitation professionals should focus on instilling in the patients more active, problem focused, and approach oriented coping skills. Cardiologists may get benefit from psychologists' expertise in using skills training for the rehabilitation of the patients, since coping effectiveness is often enhanced through the use of cognitive behavioral skill training (Devins & Binik, 1996; Meichenbaum, 1977). Health psychologists may employ these cognitive programmes to help the patients, referred by the cardiologists, to improve their skills of managing stress, emotional distress, and enhancing well-being.

Another implication of the present findings is to chalk out a diet intervention programme in order to cultivate healthy eating habits among people in general, and CAD patients in particular. A successful diet programme is based on education and behavioral modification. Emphasis should be on a lifelong programme that includes consumption of diet rich in fibres, whole-grains, poly-unsaturated fatty acid (PUFA) etc. and low in salt, SAFA and
cholesterol. A changeover from non-vegetarian to vegetarian diet should be advised as it is observed that vegetarians die less frequently from cardiovascular causes (Bloor & Sweetnam, 1982). The government should develop successful collaboration with the food industry to reduce salt and fat quantity in the processed foods.

The results of the present study have special implications for the organizations or management. The results of the present study reveal that the various organizational factors add to the CAD risk of people. Therefore, every effort should be made to provide a healthy climate in the organization, thereby enhancing the health of the workers and improving their overall well-being.

Suggestions for Future Research

Despite the bulk of research work in the field of health psychology, particularly on the topic of CAD, there are some areas that need to be explored further in order to gain better understanding of the phenomenon.

➢ The awareness of risk factors associated with other stress-related disorders-gastro-intestinal, urogenital, muscular-skeletal, acne, respiratory, etc.

➢ Research on the role of positive psychosocial states and behavioral factors-social support, learned optimism, emotional
well-being, happiness, positive attitude in the management of CAD must be expanded.

➢ Further research should also explore certain other emerging risk factors associated with CAD like elevated lipoprotein (a), inflammation and infectious agents etc.

➢ Role of sociodemographic variables such as socioeconomic status, caste, unemployment, geographical region, literacy etc. in the development of CAD.

➢ Impact of individual techniques or engagement strategies such as relaxation techniques or yoga, and meditation, positive reappraisal, recreational activities, in the rehabilitation of CAD patients should be explored.

➢ Community health interventions should demonstrate clearly about the future benefits of preventive interventions on health. For example, prevention of substance abuse, regular physical exercise and reducing cholesterol, proper dietary habits may result in the prevention of heart diseases later in life.

➢ Further research should explore certain other dimensions of attitude towards life among CAD patients and diverse samples.

➢ An important research area concerns the impact of people's illness on their family members and their health. This must be explored.
Integration of the behavioral or psychological and pharmacological approaches is needed to provide better quality of care and attention to the CAD patients in order to improve their quality of life and enhance their well-being. It is suggested that no single approach will be successful in protecting people from the ravages of the rising burden of CAD and so, a range of intervention techniques including education of health caregivers and patients, use of proper guidelines, clinical audit, and governmental interventions are needed.

Finally, lifestyle modification for the entire population as part of a population based strategy offers the best hope of arresting and reversing the epidemic of CAD among Indians. The population based strategy should aim to reduce the smoking rate and lower the serum cholesterol and blood pressure levels of the entire population by emphasizing the perils of tobacco abuse, the importance of consumption of healthy foods, and the need for regular exercise. This strategy is more likely to be practical and successful in India than the extensive use of expensive medical technology, which is beyond the reach of the overwhelming majority of Indians.