ABSTRACT
The present study is concerned with the awareness of Coronary Artery Disease risk factors and prescribed-nonprescribed coping strategies in relation to attitude towards life, among Coronary Artery Disease (CAD) patients. CAD includes Angina Pectoris and Myocardial Infarction.

Diseases of the heart and blood vessels constitute a major health problem today. Coronary Artery Diseases are the leading cause of death and disability in our country. Today, about 40 million Indians are suffering from CAD. Infact, CAD is soon expected to be responsible for one out of four deaths in the developing countries.

CAD is one of the lifestyle related disorders. Lifestyle or behavioral factors play a dominant role in determining disease prevalence in all populations and in most individuals. Risk factors related to CAD differ widely across populations. These differences are partly culture-specific and partly related to the lifestyle factors. Within CAD patient populations too, such factors tend to contribute to the variability of CAD risk between angina pectoris and myocardial infarction patients.

Sedentary lifestyle and psycho-physical-social stress associated with rapid urbanization, globalization, and technological advancements have led to a high incidence of CAD. Smoking, high
cholesterol, hypertension, diabetes, and physical inactivity are the main risk factors associated with CAD. These factors have a cumulative affect as the chances of developing CAD multiplies with additional psycho-social factors such as Type A behavior pattern, anger, hostility, stress, depression, irrational thinking & pessimism. Health has been deeply affected by these factors.

Having recognized that risk factors do not affect only a few individuals in isolation but are spread across populations, with a continuous rather than a threshold relationship to disease, it is necessary to identify the various coping strategies adopted by people or prescribed by the health professionals to cope with the disease. The concept of coping and its relation to CAD is described in detail in chapter one.

Attitude towards life determines, to a great extent, the health status of an individual. A positive attitude towards life enables an individual to control disease and enhance his/her physical, psychological, and spiritual health. Positive attitudes have a greater effect than lowered blood pressure or cholesterol, exercise, weight loss, or non-smoking status. Negative self-perceptions can diminish life expectancy while positive self-perceptions can prolong life expectancy.

The present study attempts to examine relationship of attitude
towards life to CAD through the assessment of attitude towards life of angina pectoris and myocardial infarction patients.

The objectives of the present study include:

1. To examine the awareness of various CAD risk factors (lifestyle, psychosocial, environmental, personal, dietary, physical, and organizational) among male and female angina pectoris patients.

2. To examine the awareness of various CAD risk factors among male and female myocardial infarction patients.

3. To examine differences between male and female angina pectoris patients on various prescribed and non-prescribed coping strategies.

4. To examine differences between male and female myocardial infarction patients on various prescribed and non-prescribed coping strategies.

5. To examine the differences between the mean scores of male and female angina pectoris patients on the overall scale and various factors of Life Attitude Profile.

6. To examine the differences between the mean scores of male and female myocardial infarction patients on the overall scale and various factors of Life Attitude Profile.

The researchers in the field of CAD have carried out numerous
studies on the various risk factors and coping behaviors associated with CAD. The studies which are relevant to the present research are reported in chapter two.

The sample of the present investigation comprised of 100 angina pectoris patients (Male = 61, Female = 39), and 100 myocardial infarction patients (Male = 70, Female = 30) drawn from the Center of Cardiology of the J.N. Medical College, AMU, Aligarh.

Patients were contacted individually and were administered the CAD Risk Factors Questionnaire, Coping Strategies Check List, and Life Attitude Profile.

The patients were assured that their responses would be kept strictly confidential and will be used for research purpose only.

The data were analyzed by means of t-test and critical ratio of percentages. The main results of the present study are:

➢ In the angina pectoris group, the female patients exhibited significant awareness of diabetes mellitus, poor social support, living in crowded environment, taking of oral contraceptive pills by women, family history of CAD, lack of religious affiliations, high intake of refined or processed sugars, malnourished diet and over dieting risk factor of CAD. The male patients were significantly aware of all the organizational risk factor of CAD.
On the rest of the risk factors studied, no significant differences were found between male and female angina patients.

- In the MI group, the female patients showed significant awareness of depression, psychosocial stress, fear and panic, poor social support, taking of oral contraceptive pills by women and hypertension risk factors of CAD, whereas the male patients exhibited significant awareness of only the high intake of salts risk factor of CAD. For the other risk factors no significant difference existed between male and female MI patients.

- The male CAD patients highly adopted the various prescribed and non prescribed behavioral coping strategies as compared to female CAD patients.

- Among the non prescribed coping strategies, male angina patients preferred greatly the various social, avoidance, religious coping strategies as compared to females.

- The female MI patients preferred various avoidance, and religious coping strategies as compared to male counterparts.

- The male CAD patients greatly adopted almost all the cognitive coping strategies as compared to female CAD patients.

- The male angina pectoris and MI patients exhibited a highly positive attitude towards life as compared to the female patients. The male angina patients scored significantly higher than females.
on the Life Control and Future Meaning to Fulfil factors of the LAP; whereas, the male MI patients scored significantly higher on Life Purpose, Life Control, and Will to Meaning factors of LAP as compared to their female counterparts.

CAD is major global health problem, with the majority of the burden occurring in developing countries. Therefore, there is an urgent need to establish appropriate research studies, increase awareness of the CAD burden, and develop preventive strategies in developing countries, like India. These strategies should include approaches to prevent the development of the risk factors in the population as a whole by changes in social and governmental policy as well as approaches that can be applied to high risk individuals. Both population-level and individual-level strategies should be tailored to each country, community and socioeconomic stratum. Effective implementation of these strategies can substantially blunt or even reverse the current global epidemic of CAD.