Summary

Coronary artery disease is the leading cause of death in the United States, Canada and Egypt among both men and women. Coronary artery diseases are a group of related pathophysiological processes including atherosclerosis, cardiac ischaemia, angina pectoris that result from an insufficient supply of blood to the heart. Because traditional medical risk factors such as hypertension, elevated serum cholesterol, habitual cigarette smoking and obesity have been unable to explain nearly 50% of coronary artery diseases cases, there has been considerable interest in examining the potential influence of psychological factors in the course and outcome of coronary artery diseases.

Cardiovascular disease frequently coexists with psychiatric disorders in three ways; the occurrence of two independent illnesses, the development of cardiac disease as a complication of emotional or psychiatric problems and the development of psychiatric disorder as complications of cardiovascular disease.

The aim of this study was to answer the following question:

**What way dose myocardial infarction:**

Load to the psychological alteration. Affect the patient’s self-esteem and self-concept. Affect the patient’s life style and alteration of his mood towards. Families, work and activities.

This study was conducted on 50 patients who were admitted to the out-patients cardiac clinic of Ain Shams University hospital and the out patients cardiac clinic in Nasr City insurance hospital with a diagnosis of myocardial infarction. The sample’s from all available age. From both sex and 50 patients in the same age and sex will be chosen randomly free of cardiac diseases or any chronic illness.

The data were collected through the use of the following tools:

1. General Health Questionnaire.
   1. It consists of 30 questions assessing the presence of psychiatric morbidity. Scores over 7 denotes the presence of psychiatric morbidity subjects who gave a score over 7 were subjected to the following:
      1. Beck Depression Inventory: using Arabic version. It assesses the intensity of depressive symptoms and measures cognitive affective, somatic and performance related symptoms of depression in a 21 item self-report format. It was carried out as an interview questionnaire this scale take 25 mintes pre- examination of the patient .
      2. Taylor Manifest Anxiety Scale: it measures a generalized tendency to experience anxiety in the face of stress or one’s tendency to feel somewhat anxious all the time this scale take another 25 mintes pre- examination of the patient .

2- Interviewing questionnaires to assess the self esteem and self-concept:

* + 1. Tensy manifest self-concept and self-esteem scale it measures self-concept and self esteem during six month period prior to the diagnosis of acute myocardial infarction this scale take 25 mintes post- examination of the patient.

The data were collected for a period of 6 months. A pilot study was carried out on a sample of 10% of patients with acute myocardial infarction who were available in out patients cardiac clinic to test the tools. Based on these findings the necessary changes were done.

The important findings that were obtained from the study can be summarized as follows:

* There was no significant statistical difference between the two groups in any of the other socio-demographic characteristics.
* 36% of patients post-myocardial infarction developed mild to moderate depression level compared to only 6% of the control group
* From the results of the present study it can be concluded that persons with myocardial infarction experience numerous psychosocial stressors. Anxiety and depression and alteration of self concept and self-esteem are common among myocardial infarction survivors.
* According to this result, psychosocial assessment and management should be an integral component of care of patients with myocardial infarction.