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Nursing Department, Faculty of Medicine, Brawijaya University



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Abstract no 054

Title : FACTORS ASSOCIATED WITH PROLONGED PREHOSPITAL DELAY IN PATIENTS WITH NON-ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI)
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Background

Acute Myocardial Infarction (AMI) is the leading cause of morbidity and disability among Indonesian population. AMI is categorized, according to the presenting electrocardiogram, into non-ST elevation myocardial infarction (NSTEMI) and ST elevation myocardial infarction (STEMI). In Soedono District Government Hospital, in-hospital mortality of NSTEMI is equal or even exceeds STEMI, increased from 17% to 21% during 12 months. Prehospital delay is an important cause of increasing early and also late mortality in NSTEMI.

Objectives

We investigated factors associated with prolonged prehospital delay in patients with NSTEMI

Method

In this prospective cohort study, patient with NSTEMI were recruited from ED Soedono District Government Hospital, from April to June 2014. This hospital is one of many hospitals owned by East Java Province Government, it is also become a reputable reference hospital in East Java Province. Data were analyzed by one-way ANOVA using SPSS 20. Prehospital delay data were collected from 50 patients with NSTEMI using patient's medical notes and semi-structured interviews. Patients were pain-free and hemodynamically stable at the time of interview. Data were collected on the time from the onset of chest pain to hospital admission. Prolonged prehospital delay was defined > 2 hours.

Result

The mean prehospital delay times were $7,89 \pm 1,44$ hours. *One-way ANOVA* showed the predictor that were singularly significantly associated with prolonged prehospital delay > 2 hours were: self medication ($p = 0,000$) and health care seeking pattern ($p = 0,002$). Health care seeking pattern was categorized as primary health care, district hospital and traditional healers. *One - way ANOVA* defines traditional healers had longest prehospital delay time ($24, 30 \pm 2,65$ hours) than primary health care ($7,06 \pm 1,47$ hours) and district hospital ($8,46 \pm 2,07$ hours). Most of the people in Java from various social strata still believe in traditional healers (dukun) to treat their disease. Dukun can treat medical and non-medical disease (such as form of jin interference and demons) with traditional ways such as prayer, water-filled prayers, potions from herbs, or pressing the nerve points on the body, and supernatural powers.

Conclusion

Self-medication and health care seeking pattern associated with prolonged delay > 2 hours in patients with NSTEMI. Our finding indicate the need for developing community-wide educational approaches to reduce delay. Health care providers can educate the public on NSTEMI to enable them recognize the signs and symptoms of NSTEMI correctly and realize the benefits of early treatment.

Keyword : Prehospital delay, NSTEMI