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# Assessment of patient's knowledge about risk factors of coronary heart disease at AL-Najaf center for cardiac surgery

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***Abstract*---**Introduction: Coronary heart disease (CHD) is a significant reason for death around the world. Researchers have demonstrated a hold with decrease of coronary heart disease danger agents, for example, raised pulse, elevated lipid levels, abundance of body size, cigarette also absence from activity be able to add to a decrease of coronary heart disease (CHD) death of approximately 40-60%. Methods: A purposive, non-probability sample was selected for the patient who was reviewed for the Najaf Center for Cardiac Surgery and Interventional Catheterization.The selected sample of the target population who fulfilled the specified criteria during a specified period of time. The sample consists of 48 patients who attend the periodic treatment schedule at the Najaf Center for Cardiac Surgery and Catheter Intervention, who have previously been diagnosed with coronary artery disease, and who are subject to continuous treatment and follow-up by the medical and nursing staff in the center. The data was collected through the use of the questionnaire and data analysis by SPSS version 22. Results: The study showed that Level of knowledge during the study groups were not significantly , 31 participants (64.45%) had poor knowledge, 11 (22.91%) had fair and only 6 (12.5%) had good knowledge, Conclusions: This study concluded that the majority of the study participation low knowledge about risk factors of coronary heart disease during period of study.

***Keywords*---**prevention, health care, occupational health hazards.

**Introduction**

Coronary heart disease (CHD) is a significant reason for death around the world. Researchers have demonstrated a hold with decrease of coronary heart disease danger agents, for example, raised pulse, elevated lipid levels, abundance of body size, cigarette also absence from activity be able to add to a decrease of coronary heart disease (CHD) death of approximately 40-60% (kelly & fuster., 2010). Toward ideally deal with the danger agent of coronary heart disease(CHD), a danger agent should be there present distinguished. This determination empowers hazard delineation of the patients by way of (coronary heart disease) CHD. Present are distinctive danger assessment results: result (conroy, et al.,2013), framingham (d'agostino, et al., 2008) .and (woodward, et al., 2007) .Coronary heart disease hazard assessment framework ought to be systemically vigorous, simple to utilize and ought to have a useful result (lloyd-jones., 2010). However, hazard factor assessment frameworks ought to hypothetically further develop results, very few investigations have demonstrated the above (lloyd-jones., 2010). Subsequently at this point, until the genuine advantages of hazard factor assessment frameworks can be demonstrated, ordinary clinical practice ought to imply the evaluation of hazard agent with direct from this. To control hazard agent 1 should know about the objective stage for every one cause (lloyd-jones., 2010).However, on there be no investigations through on demonstrate to significant the objectives used for every hazard cause is valuable, meaningful the objectives used for every one hazard agent would empower doctors toward partake auxiliary avoidance effectively. The idea of scheming every hazard aspect on a specific edge was dubious idea when coronary heart disease hazard is a field (perk, et al., 2013). However, while additional preliminaries be accessible contrasting that impacts of prevailing personality danger agent against complete danger agent manage for patient, that insightful to manage a danger thing recognized. This objectives of hazard cause be in command of modify occasionally. They are the consequence of broad of clinical exploration. While trying to normalize and further develop care, worldwide wellbeing organizations have distributed rules for optional avoidance of coronary heart disease danger aspect. Aha (smith, et al.,2011), nationwide hypertension learning courses advisory group (jnc 7) (chobanian, et al., 2013), and nationwide lipid learning team (atp iii) (national cholesterol education program., 2012) be a few of this. Reading evaluating an information with endeavors for specialists within optional counteraction contain discovered to specialists don't pressure adequate on top of the job for auxiliary anticipation to their (filippi, et al.,2004). Absence for mindfulness regarding avoidance rules (hyman & pavlik., 2010), absence for inspiration (cabana, et al., 2011) might be potential cause. An absence of observance to rules prompts mistaken or imperfect administration of hazard factors. The targets of this review were to survey the information on auxiliary avoidance among clinical officials, to discover the techniques for continuous clinical instruction (cme) among clinical officials and to discover their apparent job in hazard factor counteraction. Cme is one incredible technique for overcoming any issues between proof based medication with medical do. Continuous (cme) is a significant region of support of high-quality medical consideration (peck, et al., 2009).

**Methods**

A purposive, non-probability sample was selected for the patient who was reviewed for the Najaf Center for Cardiac Surgery and Interventional Catheterization.The selected sample of the target population who fulfilled the specified criteria during a specified period of time. The sample consists of 48 patients who attend the periodic treatment schedule at the Najaf Center for Cardiac Surgery and Catheter Intervention, who have previously been diagnosed with coronary artery disease, and who are subject to continuous treatment and follow-up by the medical and nursing staff in the center. 10 of these patients were selected to assess the patient's needs for this program. And select 10 other patients to work for a pilot study.This center started with a simple section within Al-Sadder medical city at 2014 until its independence after few months of expanded functions and services diversified. It included consultants' clinics for adults and children, (CCU) & (ICU), and 4 surgical and catheter operating rooms in addition to electro- catheter room. The center provides services to patients with myocardial infarction, congenital heart disease, coronary diseases and heart valves … etc. At 2021, this center conducted approximately 7 thousand PCI & surgical operations and received more than 11 thousand patients in consultants' clinics 22.The constructed tools consist of two parts :Part I: Demographic data:This part involves of (10) items on patients that characteristicsincluding gender, residency, age, marital status, level of education, occupational status, monthly income, weight, cigarette smoking and alcohol drinking Part 2: patient's knowledge about risk factor of coronary heart disease at (NCCS&TCT) .The measure of knowledge of patients about the risk factors for coronary heart disease contains 21 questions, the answers to which are (I know or I do not know). The questions toward the risk factors, and the first question was (persons always knows when they have CHD, the two question (risk of developing heart disease when they have a family history of CHD), the three question (Smoking is a risk factor for CHD), the four question (the older a person gets, the more likely they are to acquire coronary artery disease.), the five question (A Person Stopping smoking lowers a danger reason of CHD), the six question(increase of the blood pressure increase a danger reason of CHD), the seven question (Controlling blood pressure lowers a individual's chances from acquiring CHD), the eight question (increase in cholesterol can be risk for CHD), the nine question(You remain at danger for CHD if your good cholesterol (HDL) is high), the ten question( If your You remain at danger for CHD if your bad cholesterol (LDL) is high), the eleven question( Consuming fatty foods has an effect on blood cholesterol levels.), the twelve question(overweight increase a person's risk of CHD), the thirteen question (Physical activity on a regular basis lowers the chance of acquiring heart disease), the fourteen question(First Training in a sports club or taking a bodybuilding class reduces the risk of acquiring heart disease), the fifteen question( Walking and gardening are examples of exercises that can help reduce the chance of acquiring heart disease), the sixteen question(Diabetes increases one's chances of acquiring CHD), the seventeen question(hypercalcemia creates the heart effort stiffer), the eighteen question(If a diabetic person keeps their blood sugar levels under control, they can lower their risk of having CHD.), the nineteen question (Obesity in the abdomen is a danger reason of CHD), the twenty question (Tension can be reason a hypercalcemia, hypertension and hyperlipidemia), the twenty one question (Stress relievers include taking relaxed, profound inhalations, with to ten

when dialog, and taking a stride) .The data was collected through the use of the questionnaire and data analysis by SPSS version 26.

**Results**

Table 1: Socio-demographic characteristics of the study

| Gender | | |
|---|---|---|
| | No. | % |
| Men | 32 | 66.66 |
| Women | 16 | 33.34 |
| Total | 48 | 100.0 |
| $X^2$ test = 0.375<br>P. value = 0.540 | | |

A total of 48 patients, Gender dominance of males in the study group and controls, where males represented 66.66 percent and 33.34 percent to female, (X 2 test = 0.375, P. value = 0.540, not significant > 0.05), (table 1)

Table 2. To assess of Level of knowledge study

| Knowledge | Study | |
|---|---|---|
| | No. | % |
| Poor | 31 | 64.45 |
| Fair | 11 | 22.91 |
| Good | 6 | 12.5 |
| Total | 48 | 100.0 |
| Fisher's exact test = 0.824<br>P. value* = 0.828 | | |

Level of knowledge during the study groups were not significantly , 31 participants (64.45%) had poor knowledge, 11 (22.91%) had fair and only 6 (12.5%) had good knowledge,

Table 3. Mean knowledge score assess of patient's knowledge

| Item | | | P. value* |
|---|---|---|---|
| | Mean | SE | |
| 1 | 0.08 | 0.06 | 1.000 |
| 2 | 0.21 | 0.08 | 0.714 |
| 3 | 0.38 | 0.10 | 0.545 |
| 4 | 0.29 | 0.09 | 0.748 |
| 5 | 0.42 | 0.10 | 0.770 |
| 6 | 0.50 | 0.10 | 0.015 |
| 7 | 0.46 | 0.10 | 0.562 |
| 8 | 0.29 | 0.09 | 0.545 |
| 9 | 0.08 | 0.06 | 0.640 |
| 10 | 0.08 | 0.06 | 0.640 |
| 11 | 0.50 | 0.10 | 0.247 |

| | | | |
|---|---|---|---|
| 12 | 0.58 | 0.10 | 0.555 |
| 13 | 0.50 | 0.10 | 0.388 |
| 14 | 0.54 | 0.10 | 0.391 |
| 15 | 0.46 | 0.10 | 0.381 |
| 16 | 0.33 | 0.10 | 0.530 |
| 17 | 0.29 | 0.09 | 0.758 |
| 18 | 0.25 | 0.09 | 0.748 |
| 19 | 0.46 | 0.10 | 0.568 |
| 20 | 0.33 | 0.10 | 1.000 |
| 21 | 0.29 | 0.09 | 1.000 |

In summary, no significant differences had been found between study groups in mean knowledge scores about all questions .

**Discussion**

The current study in tended to implement to assess the patient's knowledge toward risk factors of coronary heart disease and how to these dangerous factors that can lead to death. In spite of late headways in identification and treatment, cardiovascular infection is as yet the significant reason for death and dreariness in created nations. (Economics., 2008)- At a time when a large proportion of Iraqis suffer from heart diseases that no longer differentiate between the young, the young and the old, to the extent that it has become the number one killer of Iraqis, and the first cause of death in Iraq, which calls with him to ask the important question, which is why heart diseases claim lives Iraqis? What are the causes of injury and why did it affect even young people and children? How does the patient protect himself from the risk of heart disease? The first leading to mortality is a coronary heart disease and are common among children, young people and the elderly as a result of many factors. The percentage of deaths resulting from heart disease represents from 25 to 40% of the causes of death in Iraq, and the incidence of high blood pressure is about 67% of patients who suffer from problems in the heart and blood vessels, followed by coronary artery diseases by 23%. Percentage of people with heart disease (Michael& Shaughnessy., 2006). A total of 48 patients, Gender dominance of males in the study group and controls, where males represented 66.66 percent and 33.34 percent to female, (X 2 test = 0.375, P. value = 0.540, not significant > 0.05), (table 1). The reason for men's injuries more than women may be due to the lack of symptoms in women or their appearance later than men, or the reason may lie in the no getting of health care services due to the delay in diagnosis. This is due to public campaigns to introduce the dangers of these diseases and the interest of women in them, unlike men who are less interested in this direction, and the reason for this is due to their preoccupation with work and living. (Mosca, et al., 2011) (Mosca, et al., 2013) (Shaw, et al., 2009) supported this finding in them.Level of knowledge during the study groups were not significantly , 31 participants (64.45%) had poor knowledge, 11 (22.91%) had fair and only 6 (12.5%) had good knowledge.This indicates that the nurse does not have enough information about heart disease and the risk factors related to all heart diseases.

**Conclusions**

This study concluded that the majority of the study participation low knowledge about risk factors of coronary heart disease during period of study and the majority of patient participant was male (66.66%).

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