

Aspects on Revascularization for Coronary Artery Disease

-From a Patient, Health Care Provider and Societal Perspective

Akademisk avhandling

som för avläggande av medicine doktorsexamen
vid Sahlgrenska akademien, Göteborgs universitet,
kommer att offentligen försvaras
i hörsal Arvid Carlsson Academicum, Medicinargatan 3, Göteborg,
fredagen den 3 oktober 2014, kl.09.00
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Avhandlingen baseras på följande delarbeten:

- I. Odell A, Gudnason T, Andersson T, Jidbratt H, Grip L. **One-Year Outcome After Percutaneous Coronary Intervention for Stable and Unstable Angina Pectoris With or Without Application of General Usage of Stents in Unselected European Patient Groups**
Am J Cardiol 2002;90:112-118
- II. Odell A, Landelius P, Åström-Olsson, Grip L. **The impact of general usage of stents on short-and long-term health care costs following Percutaneous coronary intervention.**
Cardiology 2008;109:85–92 DOI:10.1159/000105547.
- III. Odell A, Hallberg L R-M, Grip L. **Restenosis after Percutaneous Coronary Intervention (PCI): Experiences from the patients ´ perspective.**
Eur J Cardiovasc Nurs. 2006 Jun; 5(2):150-7. Epub 2005 Nov 16.
- IV. Odell A, Bång A, Andrell P, Widell C, Fryklund H, Kallryd A, Tygesen H, Grip L: **Gender and Age Aspects of Patient Expectations and Health-Related Quality of Life before and after Coronary Angiography for suspected Coronary Artery Disease.**
(Submitted).



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ABSTRACT

Background: Balloon dilatation with related techniques (PCI) is well established for treatment of angina pectoris. New techniques, that may increase costs, have been developed with the aim of reducing the risk of recurrent stenosis and symptoms, restenosis. It has, however, not been defined what a restenosis means to the patient or what expectations patients in general have prior to investigation and treatment of coronary artery disease.

Aims: To evaluate the effects increased usage of stents in association with PCI, what it means to the patient to have a restenosis and to collect patients' expectations, perceptions and attitudes in connection to investigation for suspect coronary artery disease.

Results: Increased use of stents in association with PCI resulted in fewer new revascularizations without influencing subsequent mortality or risk for acute myocardial infarction. The initial in-hospital costs increased but were unchanged in the long term, as were sick leaves. The patients' perception of restenosis was dominated by the experience of "living with uncertainty". With a newly developed questionnaire patients' expectations, perceptions and attitudes prior to and after a planned coronary angiography were collected and compared with quality of life measured with established instruments. The majority of patients had high expectations before the health care process and a positive attitude to treatment, life style changes and to be involved in the health care process. The expectations were, however, six months later fulfilled to a lower degree. Those who had their expectations fulfilled had higher quality of life and improvement in quality of life than those who did not have their expectations fulfilled.

Conclusions: Increased use of stent implantations in association with PCI reduced the need for new revascularizations but had no effects on serious cardiac events, costs or sick leaves. To suffer from a restenosis is associated with a strong experience of uncertainty that affect different aspects of daily life. Fulfillments of expectations are associated with improvement in quality of life why questions regarding fulfillment of expectations may be used as meaningful patient reported outcome measures (PROMs).

Keywords: Coronary artery disease, Expectations, Grounded theory, PCI, PROMs, Quality of Life, Restenosis.

ISBN 978-91-628-9079-7 (printed edition)

ISBN 978-91-628-9080-3 (electronic edition)

E-publication: <http://hdl.handle.net/2077/35952>