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SUPATRA TAMMATISTHAN: THE STUDY OF HEALTH BEHAVIORS IN PATIENTS WITH CHD: A CASE STUDY AT VACHIRA PHUKET HOSPITAL. THEMATIC PAPER ADVISORS: SIRIORN SINDHU, D.N.Sc., PENCHUN SEREEWIWATTHANA, M.Sc. 99 P. ISBN 974-664-174-3

Influenced by environment and culture, people in Phuket province usually consume foods comprising high fat and cholesterol and have less exercise. These factors may lead to risk of coronary heart disease (CHD) or increased severity of disease. The purposes of this study were to study the food-consumption behaviors and physical activities of daily life in patients before and after diagnosed with CHD. The samples consisted of 41 CHD patients who received medical treatment for at least 3 months to 2 years, and followed-up or were admitted at Vachira Phuket Hospital between January 4, 2000 to March 29, 2000. Using an interview with open-ended and close-ended questionnaires, data was collected. Data were analyzed by content analysis.

The results gained from the study showed that the samples were male (65.9%) and female (34.1%). Before being diagnosed with CHD, most of them did not control their food-consumption behaviors (80.5%). After being diagnosed with CHD, 46.3% of the samples still did not change their food-consumption behaviors. However, 24.4% of the samples tried to partially change their food-consumption behaviors. The samples still consumed fat and cholesterol foods, which were available in Phuket such as stir-fried food and fried food (63.4%), and seafood except fish (48.8%). Most of the samples reported that they did not receive any information about suitable practice from health care providers (26.8%). Regarding physical activities of daily life, before diagnosed with CHD, all of the samples performed normally activities and some of them described their activities as light work (75.6%). After diagnosed with CHD, the ability to perform activities was different from those performed before diagnosed with CHD. Only 39.0% of the samples reported that their activities performance before and after diagnosed with CHD did not change. Regarding exercise, most the samples did not perform exercise before or after diagnosed with CHD (56.1% and 51.2%). The reasons were that they did not have enough time (46.3% and 17.1%); and were afraid that exercise might lead to chest pain (24.4%).

The results of this study suggest that health care providers should develop a technical format and process of providing knowledge to promote patients and their family to perform appropriate health behaviors, for both in- and out-patient units. Also they should publish knowledge about the risks of fat and cholesterol food, and promote exercise to high risk and healthy people.