
THE RISK OF HEART ATTACK IN LONE MOTHERS by Asma Al Bulushi

I had been working as a nurse in the cardiology intensive care unit at Hamad Hospital for about three years. On this particular evening, the charge nurse came to the coffee room and said to me, “You have an admission.” Immediately, I prepared my room for the admission, and after thirty minutes the patient arrived. I was shocked to see that my patient was one of my friends, another cardiology nurse. I held her hand and reassured her; the emergency nurse handed over the case to me and said, “She is too young to have this disease! She is just thirty seven years old.” This moment was very hard because I knew she had had a heart attack. That evening is memorable not just for me but for all of the nurses and physicians who worked with my friend. After one week, she was discharged with medication, and health education was provided regarding diet and exercise. Interestingly, my friend was divorced, which suggests that lone mothers are at high risk of acute myocardial infarction.

Cardiovascular disease is a major cause of death in men and women throughout the world; acute myocardial infarction is the leading cause of morbidity and mortality in United States and other developed nations (Buckley & Schub, 2010). The purpose of this paper is to demonstrate that lone mothers are at high risk for cardiovascular disease, even if they are young. To do this, I will first define myocardial infarction and lone mothers. Then I will discuss lifestyle and clinical risk factors for acute myocardial infarction. After that, I will explain how to modify the lifestyle of lone mothers; I will then offer the prevention strategies. Finally, I will discuss lifestyle recommendations.

Acute myocardial infarction, which is also known as heart attack, is the necrosis of
heart muscles due to blocked coronary arteries because of fatty plague build up. The different types of acute myocardial infarction are anterior MI, posterior MI, lateral, ST elevation MI and non ST elevation MI. Thrombolytic is the first line drug that is used in the management of MI. The treatment of heart attack involves immediate intervention under close observation in a coronary intensive care unit. Moreover, administration of oxygen and medication, and activity restriction are considered important to the treatment process. As I will go on to show, heart attack is a significant problem for lone mothers, who I define (Following Young, Cunningham & Buist), as women who are widowed, divorced, separated, never married or married without the spouse living in the household.

When it comes to the topic of heart attack, most of us readily agree that men are at high risk of acute myocardial infarction. Where this agreement usually ends, however, is on the question of women’s risk. Some researchers maintain that lone mothers are actually at the highest risk to develop heart attack, as do Young, Cunningham & Buist in their 2005 article, “Lone Mothers Are at Higher Risk for cardiovascular Disease Compared with Partnered Mothers: Data from the National Health and Nutrition Examination Survey III.” Lifestyle risk factors have a specific meaning, which is the occurrence of disease based on the daily habits of people and their relationship with other people and their environment. The main risk factors of lifestyle in lone mothers are living circumstances, income and smoking. In Young, Cunningham & Buist’s view, “The prevalence of CVD lifestyle and clinical risk factors for example smoking, obesity, physical inactivity, hypertension and CVD events in subpopulations such as female-headed families rarely has been examined” (2005, P.605). Basically, Young, Cunningham & Buist are saying that the CVD risk factors in lone mothers are smoking, hypertension; obesity and lack of exercise, and that these seldom are examined.
The risk factors of heart attack are divided into two parts, clinical risk factors and lifestyle risk factors. The clinical risk factors of acute myocardial infarction are diabetes, hypertension, and fatty diet. Other risk factors include elevated levels of homocysteine, low density lipoprotein and C-reactive protein (Buckley & Schub, 2010). On the other hand, the lifestyle risk factors for lone mothers are different from partnered mothers. There are many lifestyle risk factors for acute myocardial infarction in lone mothers, for instance, education level, low income and social support. However, smoking in lone mothers is the most significant lifestyle risk factor (Young, Cunningham & Buist, 2005). In fact, the toxic effect of nicotine can cause alteration in the heart vessels’ diameter which can cause myocardial infarction in smokers. Young, Cunningham & Buist discuss the link between smoking and living in poor deprived circumstances. Thus, lone mothers without social support are more likely to smoke.

In addition, living in circumstances without social support could play a role in lone mothers’ increased rate of smoking (Young, Cunningham & Buist, 2005). Lone mothers who live in these circumstances smoke more because they are consistently exposed to smokers. Thus, lone mothers living in circumstances of deprivation, with a lack of support, are more likely to smoke and develop acute myocardial infarction. Young, Cunningham & Buist state, “Women who live in communities with high concentration of lone mother families were more likely to die of heart disease than women who live in other communities” (2005, P.613). In other words, Young, Cunningham & Buist believe that communities of high concentration of lone mothers have higher death rates due to heart disease.

Lone mothers who have low incomes, low education and low skilled jobs are more likely to be smokers with poor health status. Young, Cunningham & Buist acknowledge that lone mothers who are living in poverty, not having money to buy food and with no social
support are at greater risk to have poor health status than partnered mothers. Indeed, low income lone mothers tend to have poor or fair health status. Access to health services and health insurance are another issue. By focusing on lone mothers’ lifestyle behaviors, Young, Cunningham & Buist overlook the deeper problem of stress and the role it can play in lone mothers’ decision to smoke. Stress is defined as how the individual responds to problems or life challenges, for example chronic illness or life threatening situations (Diamond, 2009). This has important consequences for the broader domain of stress; I would argue that further research needs to be done on the connection between lone mothers, stress and heart attack. In Young, Cunningham & Buist’s view, “Canadian lone mothers reported more distress and depression than partnered mothers” (2005, P.613). Basically, Young, Cunningham & Buist are saying that Canadian lone mothers reported more emotional problems such as depression than partnered mothers. Acute and chronic stress has harmful effects on health (Diamond, 2009). Further, Lone mothers in the above mentioned circumstances may cope with their life challenges and problems through smoking cigarettes.

Being a lone mother is also associated with higher levels of C-reactive protein and heart attack. The increased level of the C-reactive protein is a sign of inflammation which is linked with the increased odds of having a cardiovascular event (Young, Cunningham & Buist, 2005). Moreover, elevation of C-reactive protein in lone mothers increases their chance of being at higher risk to develop metabolic syndrome which eventually increases the risk of a heart attack. Metabolic syndrome is defined as a group of metabolic disorders and diseases that increase risk of cardiovascular disease. Metabolic disorder risk factors are stress, high blood pressure, obesity, blood fat disorder and C-reactive protein. Lone mothers with high blood pressure, diabetes and high cholestrol level are more likely to develop this syndrome.
Although lone mothers are at high risk to develop a heart attack, still there is no prevention programs designed to meet their needs. Because of this, there is an urgent need for lifestyle intervention programs to address the need of women with low education, low financial support, poor health care access, and poor living circumstances and support. We must develop a program tailored to the needs of lone mothers. Health education programs in both hospital and community settings should teach lone mothers how to improve their lifestyle behavior. Health care providers should treat each lone mother individually because each lone mother has different living circumstances and lifestyle risk factors. In addition to that, health care providers should set different goals to support and help lone mothers. Self regulation should be reinforced in lone mothers’ behavior especially with small changes like positive strategies to cope with stressors and trying to quit smoking. Also, we can encourage lone mother smokers with no social support and low incomes to share their experiences with other lone mothers, mentors who follow a healthy lifestyle, don’t smoke and cope with stress through exercise and meditation. Lone mothers, who are trying to modify lifestyle risk factors, should be provided with frequent feedback and rewards in order to encourage changes.

There are many prevention measures for acute myocardial infarction, which focuses on lifestyle modification. As an illustration, regular exercise can be a major factor in preventing heart disease (Perry & Bennett, 2006). Women can reduce their risk of heart disease by regularly participating in exercise. Nurse practitioners can help through providing health education for effective and efficient exercise patterns. Perry & Bennett state, “Nurse practitioners can help by devoting a few minutes during a clinical visit to supporting a woman in overcoming her personal barriers to exercise” (2006, P.571). The point is that nurse practitioners can provide health education to women regarding the importance of
regular exercise. Other health prevention strategies are healthy diet and smoking cessation.

There are no specific prevention measures for lone mothers. However, there should be special focus on programs and strategies that fit their living circumstances. Health care workers should develop pioneering intervention programs that first address lone mothers’ needs and then provide health education and support to enhance their health. Furthermore, health care providers should develop workshops that help lone mothers to modify lifestyle risks. These workshops teach lone mothers how to cook healthy diet with less cost, and how to cope with stress in positive ways like exercise, prayer, mediation, talking to someone and reading. In fact, further studies are needed to reduce lone mothers’ risk factors. Policy makers should develop policy and programs that support and meet their needs. It will then be important to evaluate and modify the effectiveness of these programs.

One pioneering intervention program was developed and implemented in the United States. The Illinois WISEWOMEN program was designed as an efficacy intervention program in preventing cardiovascular disease risk in a financially disadvantaged and low literacy population. In the United States, in the absence of other intervention programs, Congress began funding the WISEWOMEN Program in 1995. The main aim of this program is to provide low income women, under or uninsured. The program focuses on 40 -64 years old women. This program was designed to provide health education, knowledge and opportunities to modify lifestyle behaviors such as diet and physical activity in order to prevent and delay cardiovascular disease. The WISEWOMEN program is an example of the first successful intervention program, which is focusing on lifestyle risk factors modification (Khare, Huber, Carpenter, Balmer, Bates, Nolen et al, 2009).

Lifestyle recommendations are important to enhance lone mothers’ health and well being. It is important to develop such programs that help them to modify their lifestyle.
Health education should be provided to lone mothers about the importance of healthy diet, regular exercise patterns and smoking cessation. However, this cannot be achieved without collaboration among policy makers and health care providers. Policy makers should develop policies that enhance lone mothers’ easy access to health care services and develop special programs that enhance healthy diet and exercise. Also, the government should encourage and fund more research in this topic in order to support evidence based practice among health care providers and promote lone mothers’ health. Also, it is important to develop workshops and courses to educate health care providers in how to help and support lone mothers.

Qatar is considered an economically developing country; our health care services’ vision is to promote health and wellbeing and prevent illness. As the standard of life rises, the people’s desire for health and wellbeing increases; and because of the fast paced environment the people cannot reach sufficiently healthy lifestyle behaviors without support from policy makers. Qatar is an active member in Gulf Heart Association however, there is a major gap in intervention programs that can identify lone mothers’ lifestyle risk factors, and modify lifestyle behaviors and prevent heart diseases. In Qatar there is an important need for intervention programs to identify women who are at risk for heart attack. These women should be assessed by health care providers for lifestyle and clinical risk factors. We must then develop specific lifestyle intervention strategies that focus on diet, exercise and smoking cessation. It is important for any lifestyle intervention program’s success to identify barriers that prevent healthy lifestyle behaviors. We can then develop specific programs that are designed to meet healthy lifestyle needs. For example, if women are assessed for lack of knowledge about ways of cooking a healthy diet, it will be important to develop certain programs and workshops that provide health education and teach
women how to cook healthily.

In conclusion, acute myocardial infarction is a leading cause of death in the United States and other developed nations (Buckley & Schub, 2010). It is caused by rapid development of myocardial infarction. Even though there are different types of heart attack, there are similarities in the management process. Lone mothers are at high risk of heart attack due to lifestyle and clinical risk factors. Indeed, low income, low education levels, lack of social support, and smoking are the life style risk factors. Hypertension and C-reactive protein are the clinical risk factors. Prevention measurements should focus on life style modification such as healthy diet, regular exercise and stress coping strategies which will lower risk of heart attack. However, further studies are needed to help and support lone mothers and to modify their life styles behaviors. Also, there should be policies put in place that facilitate lone mothers’ access to health care services.

References


