

# Behavioural Changes after an Acute Coronary Syndrome: Developing an Educational Intervention

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## BACKGROUND:

Acute coronary syndrome (ACS) is a leading cause of mortality and morbidity worldwide, as well as in Portugal (Coordenação Nacional para as Doenças Cardiovasculares, 2011; Perk et al., 2012). Although cardiac rehabilitation (CR) programs can improve patients outcomes, such as quality of life, physical and psychological status, and facilitate home transition, in Portugal only 4% of the eligible patients engage in CR after a cardiac event (Mendes, 2013). Therefore, within the short time frame between the coronary event and the hospital discharge, initiating the education of patients about ACS symptoms, risk factors and behaviour change presents a new challenge for nurses.

**Goals:** The purpose of this presentation is to describe the development of a tailored nurse-led educational intervention which addresses behaviour change in ACS patients. The intervention aims are to promote changes in patients hospitalized due to ACS and their spouses related to 1) body weight, blood pressure and lipid profile management; 2) lifestyle, nutrition, smoking and physical activity changes; and 3) improve adherence therapy.

**Methods:** The complex intervention which development is described in this presentation follows the Medical Research Council (MRC) framework (Craig et al., 2013). The development process comprises a systematic literature review (SLR); the analysis of existing epidemiological data, guidelines, other SLRs, and RCTs; the analysis of usual care provided to ACS patients in the chosen coronary care unit (CCU); and the results of an exploratory study assessing the learning needs of coronary patients before discharge using the Cardiac Patient Needs Inventory (CPLNI) (Galdeano, Furuya, Rodrigues, Dantas, & Rossi, 2012). After being evaluated by experts in a focus group, the developed intervention will be pilot tested with ACS patients in the same CCU.

**Results:** The projected tailored intervention is expected to improve quality of life, physical, and psychological status, and facilitate home transition in ACS patients. To strengthen its effectiveness, the intervention design was theory and evidence-based. The behaviour theory chosen was Bandura's social-cognitive theory, as self-efficacy, one of the central concepts of this theory (Bandura, 1977), has been shown to be an important mediator of health behavior (Everett, Salamonson, & Davidson, 2009), namely in coronary patients (Pfaeffli et al., 2012). The intervention components and educational materials are described. A pilot study including feasibility and process evaluation will offer a first opportunity to indicate the size of the intervention's effect and prepare further studies.

Abstract of the research project presented at International Meeting of Doctoral Students in Nursing of Universidade de Lisboa, May 2016.

Conclusions: The MRC framework provides an innovative and useful methodology for the development of complex educational interventions to address behaviour change in ACS patients. Similar studies, developed and evaluated in other countries, have showed to have effectiveness.

**Keywords:** ACS patients; home transition; educational intervention; behaviour change; MRC framework

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