



Perceptions and experiences of returning to sport following a myocardial infarction

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Physical Activity after Myocardial Infarction

- Physical activity barriers post-MI include:
 - dyspnoea, fatigue, fear, and loss of confidence.¹
 - Tailored advice should be provided for engaging in ADLs and exercise post-MI (including cardiac warning signs).²
 - Physical activity is a potential risk factor for triggering MI (especially high-intensity or prolonged exercise).³
- People who engaged in sport prior to their MI may need additional support.

Sport Cardiology Guidelines

E.g. European Assoc Preventive Cardiology⁴, American College of Cardiology⁵

- Recommend various physical signs and symptoms to guide health professional decision making for return to sport (RTS):
 - e.g. Degree of coronary artery stenosis, LVEF, arrhythmias, dizziness, angina, dyspnoea
- Generally lack psychosocial considerations, other than promoting shared-decision making^{4,5}.

Comparison:

Return to Sport after Musculoskeletal Injury Guidelines

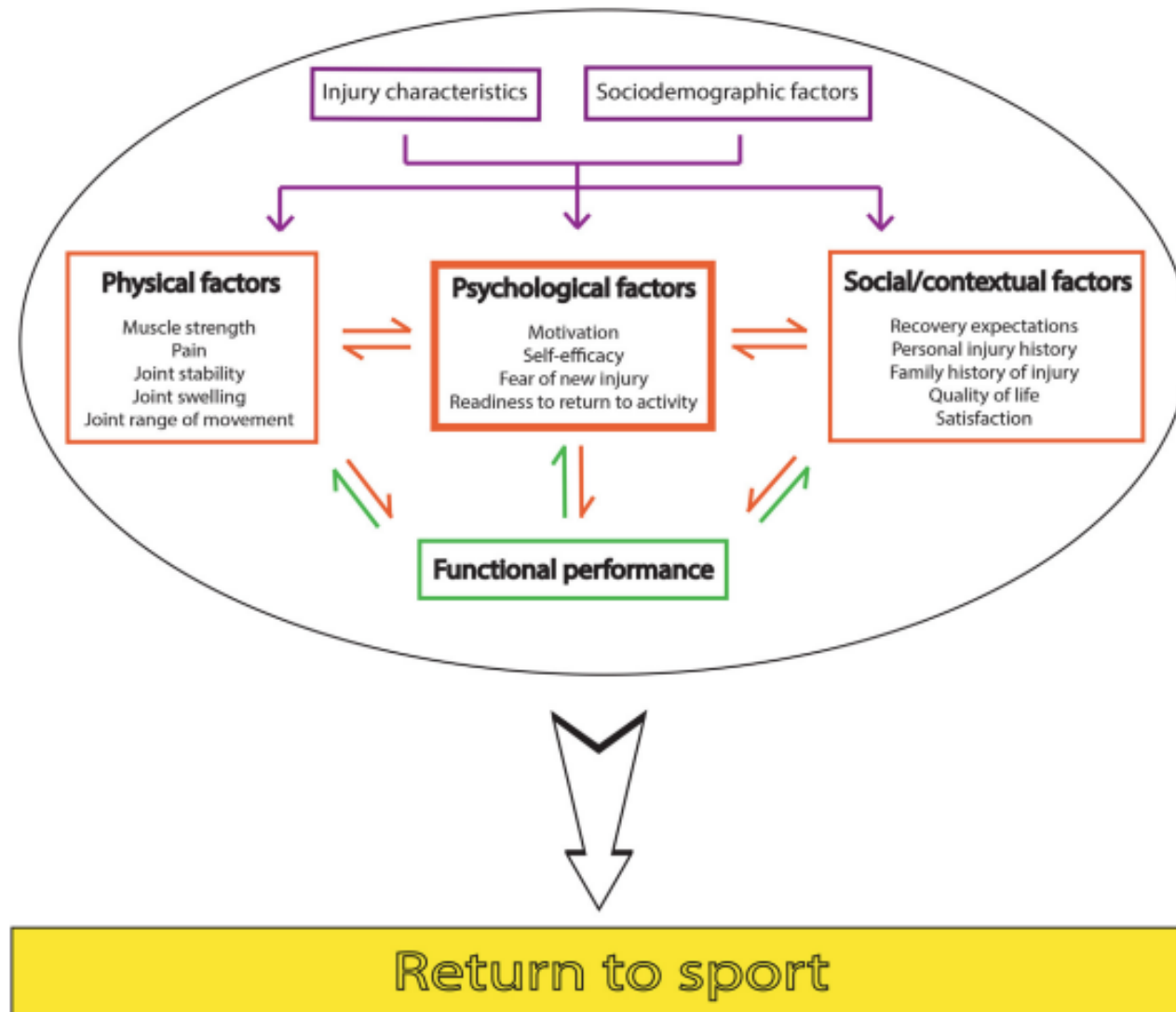


Figure: Adapted biopsychosocial model of return to sport after injury. From Arden et al. *Operative Techniques in Sports Medicine*. 24(1):77-83.

Aim

To explore people's perceptions and experiences of returning to sport following myocardial infarction.

Definition of sport:

Any leisure-time or competitive sport or exercise that requires endurance or resistance exercise at a medium or high-intensity or prolonged duration, such as: mid/long distance running or swimming, road cycling, hockey, weight lifting, tennis or soccer.⁴

Methods

- Qualitative Descriptive methodology⁶.
- Participants: ≥ 18 years of age
Any type of MI (e.g. NSTEMI, STEMI, SCAD) within past 2 yrs
No restrictions on post-MI medical or surgical interventions
- Semi-structured interviews.
- Transcripts analysed using Thomas' General Inductive Approach⁷.
- Trustworthiness enhanced by: reflexive statements, reflective journaling, member checking.

Results:

Participant Demographics (n=15)

Variable	Number or Mean
Gender	12 male, 3 female
Age	Mean 54.9 yrs (SD 11.7), range 40.7-82.1
Ethnicity	NZ European (n=13) NZ European & NZ Māori (n=1) Taiwanese (n=1)
Time since MI	Mean 18.5 months (range 3-30)
Type of MI	NSTEMI n=6 STEMI n=3 SCAD n=4 Unspecified/unknown n=2

Themes

1. Reconciling active identity with a new reality

2. Feeling vulnerable

3. Need for relevant and person-centered support

4. Navigating my own path

Sport central to self-concept
and life satisfaction.

"It's how I fill my bucket" P3

Having an MI challenged
their identity.

"Disbelief" P1

Concerned about
consequences for
future sport participation.

Highly motivated
"It's what I love" P14

Theme 1.
**Reconciling an active identity
with a new reality**

Contending with a
sudden change in
physical capacity

Weighing up desire to RTS vs risks

*"I was quite happy with, if I was
going to have another heart
attack and die I was ok with that."*

P4

*"So I've sort of reassessed [post-MI]
oh, actually, I should just do these
things for fun."*

P12

Diminished confidence
initially.

Fearful of something
going wrong.
*“Not a day goes past without
Thinking “is this going to be
A safe thing to do?” P13*

Anxiety often exacerbated
by lack of knowledge.
*“I was quite scared to exercise.
Because I didn’t really know what
I could or couldn’t do.” P12*

Theme 2: Feeling vulnerable

Hypervigilant of symptoms
during exercise.

Security from exercising
around others.

Confidence grew with
gradual, successful
engagement in exercise.

Valued support from HCPs, whānau, friends and peers.

Lack of clear pathway for active people to RTS after MI.

- Guidance vague and often irrelevant.
- Cardiac rehab not challenging enough for some.
- Advice too conservative.

Theme 3: The need for relevant and person-centered support

Frustrated by lack of data to guide HCP advice.

"I was left with a lot of questions... how easy is easy? What should I be doing? ...there was real no answers, you know, asking the cardiologist like "well, you know, there's really no data on it"...." P11

Appreciated relevant, clear, positively-framed guidance from HCPs that understand their goals and concerns.

*“We all had a bit of a laugh about it [rehab recommendations] ... at the 2-week point you're supposed to be able to play non-competitive bowls – “you can do some knitting, and some crochet.” ... I just thought, “Come on. I’m 58 years old, I’m fit, what are you doing? You’ve just basically opened the drawer, pulled out these pieces of paper that have rehab stuff on it, that actually **have no relevance to me**, and you're saying, ‘this is what you must do.’” ...It didn’t really feel like there was something that was easily accessible for otherwise young, fit, sportspeople... You don’t necessarily have to set up a programme for these people, but you just have to recognise that, actually, if you put people into a **cookie cutter approach** for rehabilitation, post-infarct, then **there's quite a few people it's not going to work well for.**”*

Participant 13

*“Having a cardiologist who **understood what I was trying to do and didn’t put too many barriers in...** it’s this whole question of **shared decision-making**...if someone had told me, “You can't do this, and you can't do that,” I would’ve abreacted. So, it was good... cardiology and general practice were both very clear on the **shared decision-making processes**.... And that shared supportive process allowed me to do what I think is right. It still doesn’t stop me worrying about it. But it at least gives me permission.”*

Participant 13

Lack of guidance meant
had to create own
pathway to RTS.

*“I’ve just got to create my
path and where I want
to be.” P3*

Actively sought out
additional specialist input.

Rediscovered limits by
listening to their body and
through trial and error.

Theme 4: Navigating my own path

Initiated/requested
changes to their
medications.

Progressed faster than the
guidelines suggested.

*“Gradually, you find the path
that navigates what you think
you should be doing, what you’d
like to do, versus what the
system or your friendly
cardiologist says that you can
do.” P13*

*“I told her [GP] and she's changed one of them - **she changed the beta blocker to a real mild one.** This is 3 weeks ago. **And I can't believe the difference it's made.** Holy s***, all of a sudden I'm starting to, the legs aren't so sore, I can just go and go and go. My recovery is not, you know, having to sit there and really breathe like hell, **so that has made a difference that I've found some better drugs for me.**”*

Participant 15

Conclusions

- The findings provide insights into the broader psychosocial needs of people wanting to return to sport after MI.
- Current care pathways and resources not necessarily relevant for highly active individuals.
- Identified areas where health care professionals can tailor support to help people reach their return to sport aspirations.

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Pātai/Questions?



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