OPTIMISM as a predictor of SELF-RATED HEALTH in MI patients: a one year observation

**Introduction – the aim of the study**

OPTIMISM plays a beneficial role in the majority of life domains. It also refers to the way people appraise and evaluate their health. As a tendency maintained over time and across different situations it may be helpful in identifying outcomes both in the short and the long run. The aim of the study was to verify the role of OPTIMISM in predicting self-rated health (SRH) after MI measured at three different time-points.

**Participants**

The group included 140 MI patients (70% male), aged 33-65 years (M=54.31; SD=6.39), referred to in-patient cardiac rehabilitation, who participated in all three waves of the study. The majority of them underwent their first MI (82%) without complications (91%), treated by PTCA (91%). The mean hospital stay was 7.52 days (SD=3.23, ranged from 3 to 23). Approx. half (53%) of the sample endorsed no history of ischemia whereas 28% - no longer than 1 year. A presence of co-morbidity was confirmed by 64% of patients. The majority of them was married (84%), professionally active (61%) with vocational (38%) and secondary (40%) education. They lived in small (46%) and bigger (29%) cities. During the stay in a rehab centre 10% took tranquilizers, 70% beta-blockers and 26% had ischemic pain.

**Statistical analyses**

Hierarchical regression analyses were performed to evaluate the predictive effect of OPTIMISM on SRH, after controlling for socio-demographic and medical variables. Variables significantly connected with SRH were entered in the following way: in Step 1: socio-demographic variables; in Step 2: medical variables; in Step 3: OPTIMISM. A separate analysis was performed for SRH at each wave.

**The follow-up study:**

> wave 1 (the baseline) – at the beginning of cardiac rehabilitation (in 81% of patients no longer than 3 months after MI)
> wave 2 - two days before patient's discharge from the rehab centre
> wave 3 – one year after baseline measurement

**Measures**

- OPTIMISM - the Polish adaptation of the Life Orientation Test (LOT-R) by Scheier, Carver & Bridges (wave 1)
- SELF-RATED HEALTH – the Polish adaptation of the Nottingham Health Profile (NHP, part one) by McEwen, Hunt & McKenna measured at all three waves. Only the total score was used, calculated by adding YES responses coded as 1 (the higher the score the worse Self-rated Health).

<table>
<thead>
<tr>
<th>Self-rated Health – wave 1</th>
<th>Self-rated Health – wave 2</th>
<th>Self-rated Health – wave 3</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Step 2</td>
<td>Step 3</td>
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<tr>
<td>F=7.79***</td>
<td>F=6.24***</td>
<td>F=6.01***</td>
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<tr>
<td>ΔR²=.15***</td>
<td>ΔR²=.16***</td>
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**Conclusions**

1. After controlling for socio-demographic and medical variables OPTIMISM was a significant predictor of SRH at wave 1 and wave 2 yielding significant increase in explained variance.
2. Better educated patients reported better SRH regardless of the stage of the study.
3. Moreover, shortly after MI gender and history of ischemia were significant predictors, whereas one year later predictors were ischemic pain and perception of health status changes.
4. Taking tranquilizers at cardiac rehab centre was a significant predictor of worse SRH even one year later.

E-mail address: dorota@wde.com.pl