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LETTER TO THE EDITOR

SOME FACTORS RELATED TO WORK STATUS 2 1/2 YEARS AFTER MYOCARDIAL INFARCTION

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Sir,

Several studies have covered job prognosis after an acute myocardial infarction (AMI). Most of them have related this prognosis to the clinical course during hospitalization, and to social and demographic factors (1). Less emphasis has been laid on the type of postinfarct complication that might influence job prognosis (2).

In 1987 we undertook a historical cohort study in general practice on 112 consecutive patients 30 months after their discharge from our department of cardiology. The patients had all been discharged during a six month period with a diagnosis of first AMI.

Questionnaires were sent to the patients' general practitioners in order to obtain information on cardiac complications requiring treatment as well as on the job situation of the patients. The firm doctor-patient relationship in Denmark makes such a procedure possible in follow-up studies (3).

Table 1. *The relationship between age, maximum activity of lactic-dehydrogenase (LD) (indicating the size of the infarct), site of infarct, and job prognosis 2 1/2 years after the infarction*

	Not working	Working	*p*
n	15	34	
Age (years), median	56	60	NS
Max LD (U/l), median	1 166	1 186	NS
1–3 quartile	384–4 245	339–4 220	
Site of infarct			
Anterior	7	12	NS
Other sites	8	22	

Information was obtained on 108 patients, of whom 26 had died. Of the remaining 82, 49 had a job when admitted to hospital. Fifteen of these (31%, 95% confidence limits 18.3–45.4%) had changed their job or job situation during the follow-up period because of their cardiac complication.

Fisher's exact test and the Mann-Whitney rank sum test were used in the statistical analysis. The odds ratio was calculated to measure the strength of the association between the clinical condition and the work situation (4).

The job prognosis was unaffected by the patient's age and the size and site of the infarct (Table 1), and patients who developed heart failure, arrhythmias or angina pectoris during admission did not have a poorer job prognosis (Table 2).

Table 2. *The relationship between the clinical course in hospital and the job prognosis 2 1/2 years after the infarction*

VT = ventricular tachycardia, VF = ventricular fibrillation, AF = Atrial fibrillation, AG = Atrial flutter

	Not working	Working	OR
+Angina pectoris	1	2	1 (0.1–13.6)
−Angina pectoris	14	32	
+Heart failure	2	9	1.0 (0.1–22)
−Heart failure	13	25	
+VT/VF	5	4	3.7 (0.9–15.9)
−VT/VF	10	30	
+AF/AG	1	1	2.4 (0.2–37.5)
−AF/AG	14	33	
+Bradycardia	1	2	1.1 (0.1–13.7)
−Bradycardia	14	32	

Table 3. *The relationship between job prognosis and treatment-requiring cardiac complications and functional status during the follow-up period*

	Not working	Working	OR
+Angina pectoris	10	19	1.6 (0.4–5.6)
−Angina pectoris	5	15	
+Heart failure	11	9	7.6 (2.0–27.9)
−Heart failure	4	25	
+Arrhythmias	5	3	5.2 (1.2–23.3)
−Arrhythmias	10	31	
+Psychotropic drugs	8	6	5.3 (1.5–19.3)
−Psychotropic drugs	7	28	
Functional status			
I–II	5	29	0.09 (0.02–0.3)
III–IV	10	5	

The following three conditions requiring treatment may follow an AMI: 1) angina pectoris, 2) heart failure, and 3) cardiac arrhythmias. They are related to the job prognosis in Table 3, which also gives information on the patients' functional status and treatment with psychotropic drugs during the follow-up period.

Heart failure and arrhythmias were significantly more prevalent in the group with a poor job prognosis, whereas angina pectoris was equally common in both groups. It could be said that angina pectoris and heart failure represent opposite ends of the clinical spectrum of ischaemic heart disease.

We conclude that the job prognosis is not decided by the patient's age, nor by the size and site of the infarct, or the complications during admission. During the follow-up period heart failure gives a poorer job prognosis than angina pectoris and a greater need for psychotropic drug treatment. Many of the patients were still able to work normally, despite the fact that they had a poor functional status.

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