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## **STRES KAO FAKTOR RIZIKA U RAZVOJU KORONARNE BOLESTI SRCA**

U zapadnoevropskim zemljama i SAD morbiditet i mortalitet od koronarne bolesti srca (KBS) smanjen je zahvaljujući modifikaciji faktora rizika, prvenstveno arterijske hipertenzije, dislipidemije i pušenja. U mnogim evropskim zemljama i zemljama u tranziciji uočen je porast obolevanja od KBS-a. Razlog su socijalne i ekonomske prilike, veća izloženost stresu, kao i psihološka reakcija na stres u tim zemljama. Iz tog razloga izvršili smo ispitivanje 85 bolesnika posle akutnog infarkta miokarda, 85 bolesnika posle by pass operacije i 170 zdravih ispitanika. Ispitivane grupe su ujednačene prema polu i životnom dobu. Metodom polustandardizovanog intervjua ispitana je učestalost hroničnih stresnih situacija na poslu i u kući, kao i postojanje akutnih stresnih situacija 24 časa pre pojave akutnog infarkta miokarda. Izvršeno je upoređivanje između grupa a statistička značajnost razlika dobijena je primenom  $X^2$  testa.

**Ključne reči:** akutni stres, hronični stres, akutni infarkt miokarda, aorto-koronarni by pass, faktori rizika

## **STRESS AS A FACTOR OF RISK IN DEVELOPMENT OF CORONARY DISEASE**

Background/Aim: The rate of coronary heart disease (CHD) is decreasing in developed countries of the world owing to a modification of risk factors. However, in countries in transition including Serbia and Montenegro the situation is quite the opposite. The aim of this study was to explore the role of acute and chronic stress in development of CHD.

Methods: Two groups of examinees were studied: a control group of 170 healthy persons and experimental group of 170 patients with CHD. The group of patients with CHD consisted of 75 patients after acute myocardial infarction and 75 patients after aorto coronary by pass surgery. A semi-standardised interview was used to assess the existence of acute or chronic stress in the studied examinees. Acute stressors were classified in the following categories: (a) death of a close person, (b)

threat of loss of a close person, (c) forced change of living place, (d) divorce, (e) loss of job and (f) others. Chronic stress was evaluated by establishing exposition to conflict situations at home or at job. There were three possibilities to answer: never, sometimes, or every day exposure to stressful situations.

Results: Considerable difference was not found with regard to exposition to acute stressors in control and experimental group of examinees. However, chronic exposure to stressful situations at job was more frequent in patents with CHD. There was not a difference between patients after acute myocardial infarction and after aorto coronary by pass surgery.

Conclusion: Our data showed that chronic stress at job, not at home, is an important psychological risk factor in development of CHD.

**Keywords:** Acute stress, chronic stress, acute myocardial infarction, aorto coronary by pass, risk factor