

MODIFYING INADEQUATE ILLNESS PERCEPTIONS OF CARDIAC PATIENTS: POSSIBLE WAYS TO IMPROVE HEALTH STATUS THROUGH EDUCATION

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Background. Since Leventhal and his colleagues' (1980) pioneer study it has been well-known that every person develops his/her own lay definitions about illnesses: what it is, what it causes, how long it will last, what consequences it has and whether it is curable or not. In influencing the beliefs, attitudes and expectations of the person, illness perception has been shown to be associated with the health behaviour of heart patients. Therefore, these representations are a possible significant factor in the illness management process. The illness representation defining the health behaviour of the patients has an indirect as well as a direct influence on health status. We aimed at examining the effect of illness perception on the health behaviour of patients with cardiovascular disease, as described in the Health Action Process Approach (HAPA). **Methods and measures.** Eighty patients with coronary heart disease (CHD; 62,5% male, mean age = 62,4) filled out the questionnaires of health behaviours (dietary behaviour and physical activity), illness perception (Brief IPQ-R), health-related quality of life/well-being (SF-12), symptoms of anxiety and depression (HADS). All patients underwent a coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI). They completed the questionnaires three times: in the hospital one week before the CABG/right after the PCI, two months and six months later. **Findings.** Linear regression analysis revealed that consequences, identity, timeline, concern and emotions dimensions of illness representation predict the subjective well-being, anxiety and depression of CHD patients: more serious consequences, more symptoms, chronicity, larger concerns and emotional response result in lower subjective well-being and higher level of anxiety and depression. In addition to this, in respect of the after-surgery health behaviour, the personal control dimension has significant effect on predicting outcome expectancies, action self-efficacy, anticipated regret and action planning related to dietary behaviour as well as physical activity. **Conclusions.** The main conclusion of the study is that many dimensions of cardiac patients' illness representation affect significantly the subjective well-being, anxiety and depression of patients. The perceived level of personal control over the illness has an influence on many factors of the health behaviour change. Therefore, assessing and modifying the illness perceptions of cardiac patients are important key factors during cardiac rehabilitation. The application of these findings in the proper and necessary health education will be discussed.