**Living with a mended heart – an integrative literature review of the lived experiences of women following first acute coronary syndrome**

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**Table 1: Medical Subject Headings and keywords**

('myocardial infarction' OR 'heart attack' OR 'acute coronary syndrome' OR 'acute myocardial infarction') AND ('live experience' OR 'life experience') AND (women* OR woman*) AND (post discharge OR recovery OR outcome) AND ('psychological' OR 'psychosocial' OR 'physical' OR 'quality of life' OR 'well-being')

**Methods**

**Review method:** Whittemore and Knafl’s integrative review method

**Search terms:** Medical Subject Headings and keywords using Boolean “OR” and “AND” (Table 1)

**Data sources:** Studies in MEDLINE, PubMed, EMBASE, CINAHL and Scopus

**Inclusion and exclusion criteria:** We included English language peer reviewed studies focusing on women’s experiences following ACS published between 2008 – 2018 and excluded grey literature, case reports, protocols, reviews, and abstracts

**Quality appraisal:** Joanna Briggs Institute quality assessment tool

**Data extraction:** Data reporting table included author’s name, publication date, place of study, aims, number of participants, age, methods, findings, recommendations, and limitations.

**Data analysis:** We used Braun and Clarke thematic analysis

**Conflict of interest**

Authors declare no conflict of interest

**Table 1: Review selection diagram**

**Results**

We found 18 eligible studies (Figure 1). Key themes identified were:

- Knowledge of the body – physical symptoms,
- Managing with a mended heart – complications during and after first ACS event,
- Temporary becomes permanent – self-discovery and impact of ACS on psychological well-being,
- Seeking other options – disruptions and dissatisfaction in relationships,
- Deep connection with oneself and others – the good, the bad and the ugly.

Significant impacts on women’s lives include:

- physical limitations
- fear and uncertainties about the future,
- sexual dissatisfaction,
- social isolation.

Comparison between men and women include:

- women had higher mortality rates, stroke and hospital readmissions

**Conclusion**

There are gaps in the current knowledge on the lived experiences in the physical, psychological, sexual and social wellbeing of women following their first ACS. Further research addressing these gaps will improve the care women receive following first ACS and enhance their recovery and QOL.

**Impact**

Women’s lived experiences following first ACS in physical, psychological, sexual, and social state are under researched. We need further research to address the gaps and promote their wellbeing and QOL following first ACS.

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**Figure 1. Review selection diagram**

MEDLINE, PubMed, EMBASE, CINAHL, and Scopus
(N = 1,675)

Duplicates removed (N = 106)

Articles excluded as per inclusion/exclusion criteria (N = 1,569)

Reference list of final studies (N = 0)

Final articles included in review (N = 18)