

# 'It Was Like An Elephant Sitting On My Chest': Older Women's Experiences With Coronary Heart Disease

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## ABSTRACT

**Background:** Coronary heart disease (CHD) is the leading cause of death of women in the U.S. Older women are at a particular disadvantage for diagnosis and treatment of CHD due to the late onset of heart disease for women and the common misconception that heart disease is a man's condition. Guided by the integration of life-course theory and a trajectory model of chronic illness, this study explored older women's experiences with CHD.

**Method:** Qualitative interviews were conducted with 31 White women, 65 years of age and older, living in rural southwest Virginia.

**Results:** The ways in which the women reacted to signs of CHD differed depending on the severity of their symptoms, previous experiences, family history, and personal knowledge about the disease. While some women were immediately incapacitated by their heart problems, others ignored their symptoms and went about their day, putting themselves and others in harm's way. Upon recovery from the initial event, most women reported that having a heart condition resulted in few changes in their daily lives.

**Conclusions:** Living with CHD had the greatest impact on daily functioning for those women who had multiple health conditions, pain, complex treatment regimes, and limited coping strategies. Understanding behavioral and psychosocial issues surrounding the experiences of older women with CHD provides older women and their family members, as well as researchers and practitioners, with vital information to better recognize, respond to, and manage the signs and symptoms of heart disease in later life.

## METHODS

**Phase I:** Telephone interviews with 268 older adults living in southwest Virginia who had heart disease, diabetes, or osteoporosis.

**Phase II:** Follow-up face-to-face interviews with 58 older women

- Audio-taped, semi-structured interviews (~ 90 min.)
- Conducted in women's homes
- Interviews transcribed verbatim and verified by researchers
- Coded and analyzed data using iterative reflective process

**Study Sample:** 31 White older women diagnosed with a heart condition

Coronary artery/heart disease	9	Arrhythmia	9
Congestive heart failure	7	Angina	5
Stroke	2	Other	10

Average number of years diagnosed: 14 (SD = 11)

- Age Range: 69-91 (M = 78; SD = 6.2)
- 9 women were currently married
- 14 ≤ \$1,000/mo.; 9 between \$1,000-\$3000/mo.; 4 > \$3000/mo.
- 12 high school diplomas; 9 some or college degree; 1 graduate degree

## QUESTIONS

- How do older women describe their experiences with heart disease?
- What is the relationship between the symptoms the women experience and their reaction to their condition?
- How does living with heart disease effect the women's daily lives?

## EXPERIENCES

It was common for women to experience symptoms, without recognizing them as such, for months or years before seeking medical attention; most waited for symptoms to become debilitating before seeking care.

*[After 6 years] I got to the point where I couldn't even take 4-5 steps that I didn't feel faint. And when I had that spell in the grocery store with the elephant, I call it the elephant sitting on my chest, I had left my cart full of groceries, and I had to get to my car. I don't know why I felt everything and went to my car. And I waited and waited for the pain to end, and then I came home and called and said I have to see somebody about this. That is what drove me to it was that elephant. Zena, 82*

*I was shocked... I thought I had indigestion... I was in denial... I sat on the sofa for three days hoping my indigestion was going to go away. Hazel, 83*

The majority of women consulted a husband or close family member about their symptoms; sometimes it was a helpful strategy.

*I felt really choking in my chest and my arms were hurting. And I was really hot, and I felt like I was going to vomit. And I went on in the house and fooled around a few minutes and called my sister and told her how I felt. She said I should go the emergency room, so I went. Katie, 71*

## ATTRIBUTIONS

Only 3 women knew they were having heart attacks; past experience or the presence of pain often prompted them to seek medical care.

*It was the worst pain of my life... I went to the doctor and told him I was concerned, especially since heart disease runs in my family and I was just expecting it. Inga, 73*

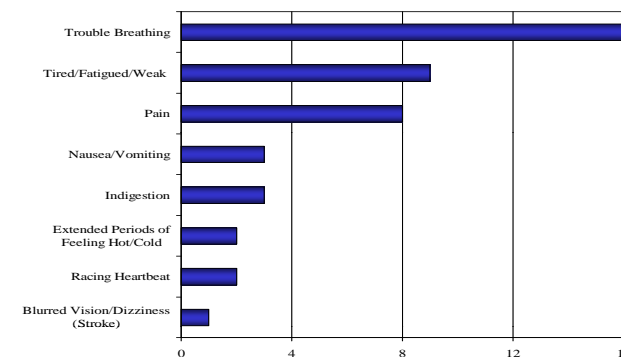
When women did not perceive themselves at risk, symptoms and a diagnosis were surprising.

*I didn't know what was wrong because I had no pain now. I didn't have pain. Vivienne, 91*

*They told me fatigue, muscle cramps, tightness in the chest, and I related it all to age... I would ride my bicycle with my granddaughter, and I would get real tired, but I just thought it was part of growing older because I was 60. Clarissa, 75*

The presence of multiple health conditions also interfered with the women's ability to quickly and accurately assess their symptoms.

## SYMPTOMS



## DAILY LIFE

After the initial diagnosis, most women followed the physician's advice and altered their diet, reduced activity levels or added exercise, but over time they became more relaxed about those changes and heart disease faded into the background of their daily lives.

*At first I really, really scared and careful and as time has gone on, I've realized that I've made it another day and must be doing pretty good, so I'll treat myself from time to time. Inga, 73*

Women who had cut-back on their exercise expressed a sense of dismay about their inability to exercise.

*The heart is the main factor in how I got this way [trouble walking due to leg pain] because it made me not be as active, and I have a feeling that had I been able to stay physically active I would probably not be in the shape I am at present. I could have exercised and kept my body young. Leanne, 87*

## CONCLUSIONS

- Older women's perceptions of the symptoms of CHD created a mismatch between their expectations and their experience, which delayed care seeking behavior and diagnosis.
- Attributing changes in physical ability to 'normal aging' (growing weak, tiring easily) increased the likelihood that the women's CHD went unrecognized for months or years.
- Disseminating accurate portrayals of the manifestation of CHD in older women is a priority for reducing mortality rates and ensuring timely diagnosis and treatment.