RAISING AWARENESS OF HEART ATTACKS ON LANSIA IN THE WONOKROMO VILLAGE AREA

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ABSTRACT

Heart attack or acute myocardial infarction (IMA) is a state of heart muscle necrosis due to an imbalance between oxygen demand and supply that occurs suddenly. IMA or heart attack is the most common cause of death in developed countries. Community service activities are carried out to increase knowledge of the elderly about Acute Myocardial Infarction or heart attacks which are expected to directly improve the health and quality of life of the elderly in Wonokromo Village. The time of the activity is carried out in a period of 1 week. The method used is to use the lecture method then proceed with an examination of blood pressure in the elderly. The level of knowledge of respondents can be known by doing a pre-test in the form of a questionnaire that will be filled by respondents to determine the level of knowledge of respondents regarding heart attacks. Pretest is done before counseling is given. Meanwhile, to know the increase in respondents' knowledge about the material can be known by comparing it with the results of the post test that has been filled out by the respondent after counseling. The outputs from the community service activities are reports that have been published in journals and increased respondents' understanding.

Keywords: Level of knowledge, acute myocardial infarction, heart attack, health education.

INTRODUCTION

Heart attack or acute myocardial infarction (AMI) is a condition of necrosis of the heart muscle due to an imbalance between oxygen demand and supply that occurs suddenly. The most common cause

is a coronary blockage, resulting in impaired blood flow that begins with myocardial hypoxia (Setianto et al., 2003). Acute myocardial infarction is one of the most common inpatient diagnoses in developed countries. The baseline (30 days) mortality rate at AMI is 30% with more than half of the deaths occurring before the patient reaches hospital. Although the mortality rate has decreased by 30% in the last 2 decades, about 1 in 25 patients who survive initial treatment, die in the first year after AMI (Alwi, 2006). In 2005 in America, cardiovascular disease was responsible for 864,500 deaths, or 35.3% of all deaths that year. A total of 151,000 deaths due to myocardial infarction (Eoudi et al., 2010). The epidemiological data at the national level, including the report on mortality studies in 2001 by the National Health Survey, shows that the main cause of death in Indonesia is diseases of the circulatory system (heart and blood vessels) around 26.39% (Jamal, 2004). Myocardial infarction begins with the process of reduced oxygen supply (ischemia) of the heart which is caused by various things including atherosclerotic, arterial thrombi, spasm, coronary embolism, congenital anomalies, which are disorders of the coronary arteries. Causes of heart problems such as ventricular hypertrophy, and systemic diseases such as anemia will cause a decrease in oxygen-carrying capacity (O_2). All of the causes above can result in cardiac ischemia, if not helped, it will result in cardiac death called myocardial infarction (Braunwald and Pasternak, 2000).

According to the WHO (World Health Association) criteria, the diagnosis of AMI can be enforced if two of the following three disorders are found, namely (1) characteristic chest pain complaints, (2) specific electrocardiographic image abnormalities, (3) an increase in serum enzyme levels - cardiac enzymes (Rachmi, 2003). A number of nonspecific manifestations may be present in patients with AMI. Increased blood sugar levels are one of the non-specific characteristics accompanying AMI, which are often found, but the meaning is not completely known. The increase in blood sugar levels when the patient enters the coronary care unit is called stress due to AMI or as a neuroendocrine change with a marked increase in stress hormones in the early stages of AMI (Rachmi, 2003).

OBJECTIVES
General Purpose
After carrying out this health education, it is hoped that participants will gain insight and knowledge about heart attacks, as well as how to recognize the signs of a heart attack and how to prevent a heart attack.

Special Purpose
The targets in the implementation of this community service activity are:
1. Increase the understanding and insight of the elderly about heart attacks.
2. Increase awareness of the elderly against heart attacks.

PLAN OF ACTION
Strategy Plan
Strategic planning is done before the implementation of health education activities, among others:
1. Conducting meetings for the implementation of activities in the implementation team.
2. Conduct a location survey for the implementation of health education activities in accordance with the initial

targets that the implementation team wants to achieve.

3. Preparing the facilities and infrastructure for the implementation of this health education activity.

Implementation

In its implementation, there are several things done by the health counseling implementation team, including:

1. Implementation of health education activities through the lecture method on heart attack materials, namely: understanding of heart attacks, causes of heart attacks, signs and symptoms of heart attacks, and prevention of heart attacks.

2. Implementation of pretest and post-test to evaluate the success of health education activities. The pretest was carried out to determine the level of knowledge of the elderly about heart attacks before counseling was carried out. Post-test was conducted to determine the level of knowledge of the elderly about heart attacks after receiving counseling.

Setting

This activity was carried out at the Wonokromo Village, Wonokromo Sub-District, Surabaya City on July 21, 2019.

Target

Target in this activity is all of elderly in the Wonokromo Village, Wonokromo Sub-District, Surabaya City.

RESULTS AND DISCUSSION

The results achieved from the implementation of community service program activities, namely Health Education to Increase Alertness against heart attacks in the Elderly in the Wonokromo Village area are as follows:

Table 1. Pre-test and post-test results of knowledge about heart attacks in the Wonokromo Village, Wonokromo Sub-District, Surabaya City on July, 2019 (n = 46).

| | Knowledge about Heart Attack | | | | Total | |
| | Know | | Do Not Know | | | |
	f	%	f	%	f	%
Pre-Test	9	19.57	37	80.43	46	100.00
Post-Test	43	93.48	3	6.52	46	100.00

Sources: Primary Data, 2019.

Based on the results of the evaluation of the implementation of health education activities above, it was found that there was an increase in knowledge related to heart attacks from before health education was given to after health counseling was given. This can be seen from the number of respondents who knew about heart attacks before being given counseling as many as 9 respondents (19.57%) experienced an increase to 43 respondents (93.48%) after being given health education activities.

CONCLUSION

Heart attack health education can increase knowledge about heart attacks in the elderly in the Wonokromo Village area, so as to reduce the incidence of heart attacks in the elderly in the Wonokromo District area.

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