

Establishing a correct dose of beta-blocker medication for older women after myoc...

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The paper “ Fatigue and Physical Activity in Older Women after Myocardial Infarction” is a cogent example of a research paper on health sciences & medicine. The essay aims to study the article and describe two risks the nurse might encounter when using this article as a basis for his practice and to give a rationale for each risk and propose a solution for those risks.

Appraisal Activity The article of Patricia B. Crane in 2005 entitled “ Fatigue and physical activity in older women after myocardial infarction” may expose the nurses to certain risks it will be applied as a basis for practice. Two of the probable risks may lead to under dosage of medications and increase of cardiac risk factors.

In the article of Crane (2005), literature support fatigue and depression as side effects of beta-blocker medication in older women after myocardial infarction (p. 35). Following the literature review of the article, a nurse might decrease the dosage (under dosage) or not give the beta-blocker medications at all due to the supporting literature of the article that beta-blocker medication can cause fatigue and depression; thereby, reducing the incidences that older women must engage in physical activity. With these, older women after myocardial infarction might be at risk to develop cardiac risk factors and aggravating of symptoms as patients with myocardial infarction should receive the appropriate dose of beta-blocker medications initially, throughout hospitalization, after discharge, and for long-term therapy to decrease the incidence of future cardiac events such as heart failure (Day, Paul & Williams, 2009, 821).

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A number of studies found a correlation between age and unpleasant symptom of fatigue to the participation of older women in exercise regimen after myocardial infarction; however, the study of Crane (2005) found no association between fatigue and physical activity (p. 37). If nurses would apply the findings in practice, they would either decrease or increase physical regardless of the effect of the degree of exercise to the health status of the individual. In this case, patient with decrease physical activity may be more exposed to cardiac risk factors as active lifestyle decreases cardiac risk factors. On the other hand, patients with increase physical activity might be at risk to suffer from fatigue, leading to aggravating symptoms of myocardial infarction, or worst, heart failure.

To prevent the risks of under dosage and increasing risk of cardiac risk factors, further studies focusing on the dose of beta-blockers and an in-depth analysis of the correlation between physical activity and cardiac risk factors in a larger sample must be conducted. This is to establish a standard dose of beta-blocker medication for older women after myocardial infarction and to rule out the relationship between physical activity and cardiac risk factors.

Follow-up Study

After critical appraisal of Crane's article, the author would like to conduct a follow up experimental study. Stated below is the recreation of Crane's article based on the target follow-up study: Beta-blocker usage, increase physical activity and cardiac disparities in older women.

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The Background and the Rationale

The background clearly states that there are cardiac disparities between gender thus, the paper emphasized in the background that the study would focus on cardiac disparities among older women. Based upon analysis of the article of crane, the effect of MI or any cardiac disease can be observed at a standard rate of six years and it is also in the analysis of Crane's article that there are some perceptions that taking beta-blockers medication and increasing physical activity play a role in cardiac disparities among older women. The objective aims to identify and examine the relationship of cardiac disparities to beta-blocker usage and increase physical activity in older women because it will guide the study towards three variables: cardiac disparities, beta-blocker usage, and increase physical activity. The methodology of the study will involve the demographic variables to determine whether one's demographic data might affect cardiac disparities among older women. The sample size is increased because one of the limitations of Crane's article is the small sample size. In addition, the author would like to include racial diversity to rule out also Crane's study limitations. The results and conclusion stated are just preconceived idea of the author or assumptions noting that there would be a moderately strong correlation among age, body mass index, comorbidities, race, and cardiac disparities and a non-significant association between usage of beta-blocker medication and increase in physical activity to cardiac disparities in older women. Thus, the results of the study will lead to the conclusion that demographic variables have a correlation with cardiac disparities in older

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women while beta-blocker medication and increase physical activity have no significant correlation.