**Ischemic Heart Disease – Post-Acute Coronary Syndrome (ACS) Functional Decline**

**EQ-5D Scores**

* **On Admission:** (Mobility: 3, Self-Care: 3, Usual Activities: 4, Pain/Discomfort: 4, Anxiety/Depression: 2)
* **Before Discharge:** (Mobility: 4, Self-Care: 3, Usual Activities: 4, Pain/Discomfort: 3, Anxiety/Depression: 3)

**Issues & Progress**

1. **Acute Coronary Syndrome with Impaired Functional Recovery**
   * Admitted for **NSTEMI/STEMI** with ongoing exertional chest discomfort and reduced exercise tolerance.
   * Underwent **coronary angiography with stenting**; no immediate post-procedure complications.
   * Persistent fatigue and dyspnea on exertion limiting mobility and daily activities.
2. **Reduced Mobility Due to Post-ACS Deconditioning**
   * Prior to admission, able to ambulate without difficulty.
   * On admission, experienced exertional dyspnea and chest discomfort, requiring assistance for prolonged walking.
   * Before discharge, mobility further reduced, now requiring frequent rest periods even for short distances.
   * Cardiac rehabilitation referral made for structured exercise and endurance training.
3. **Increased Dependence in Self-Care & Daily Activities**
   * On admission, needed assistance with personal care tasks due to fatigue and dyspnea.
   * Some improvement before discharge but still requiring help with dressing and prolonged standing activities.
   * Advised on energy conservation techniques to reduce strain during ADLs.
4. **Post-Myocardial Infarction Psychological Stress with Symptom Preoccupation**
   * Expressed persistent fear of recurrent cardiac events, frequently monitoring heart rate and experiencing heightened awareness of minor symptoms (e.g., palpitations, chest tightness).
   * Avoidance of physical exertion due to concern about triggering another cardiac event, despite reassurance from medical team.
   * Reported difficulty sleeping and feeling tense since admission, impacting overall recovery motivation.
   * Moderate low mood and emotional withdrawal noted, particularly regarding concerns about work resumption and long-term functional capacity.
   * Referred for cardiac rehabilitation with psychological counseling to address illness perception and recondition physical activity tolerance.