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Affective and social-cognitive predictors of behavioural change following first myocardial infarction.

Applies social-cognitive theory as defined by A. Bandura in a longitudinal assessment of the ability of affective and social-cognitive variables to predict risk behaviors for coronary heart disease in 37 postmyocardial infarction (MI) patients (aged 35-75 yrs). Ss answered questionnaires measuring food frequency, exercise frequency, smoking, and alcohol use; completed the Hospital Anxiety and Depression Scale (HADS) and Global Mood Scale (GMS); and rated their outcome expectancies, efficacy expectations, and behavioral intentions regarding health-related risk behavior while in the hospital and 3 mo postdischarge. Social cognition measures were predictive of later behavior, particularly light exercise. Intentions accounted for 51% of the variance in behavior explained after partialling out pre-MI levels of exercise. Affect was less predictive, explaining only 7% of the variance in light exercise. Beliefs and intentions about future risk behavior are formulated in the immediate post-MI period. Future rehabilitation programs would benefit from some intervention, probably educational, at this early stage.