

## **Abstract:**

Patients who have suffered an acute myocardial infarction need a comprehensive team of doctors and health professionals in whose care they are in the follow-up. Many times, however, a nutritionist may be missing from this team. It is very important for patients to take small and effective steps to change their lifestyle and dietary choices after they leave the hospital. Nutrition plays a major role in the prevention and treatment of cardiovascular disease and is one of the non-negligible preventive factors for recurrence of acute myocardial infarction.

The thesis focuses on the issue of dietary change after AIM with a three-month interval. It compares the choice of certain foods in a nutritionally educated group that also received educational papers and a control group that did not receive education and did not receive papers.

The first conversation with patients took place at the hospital bedside. Respondents signed an informed consent form, were anthropometrically measured, asked several questions about diet and lifestyle, and were instructed on what they needed for a follow-up interview in three months. Laboratory values were taken from each patient's discharge report. Every other patient was educated and received education papers. Group B patients received only a paper with their name, phone number, and a request for anthropometric values and blood counts in three months. The second interview was conducted via mobile phone, the respondents knew the period they would be contacted and had the necessary materials ready.

Research has confirmed that patients generally lack nutritional knowledge, are unmotivated, and are mostly ignorant of healthy food choices. Nutrition education therefore has an important place in the subsequent treatment after acute myocardial infarction and a nutritionist should be part of the team in the cardiology clinic. Furthermore, the research confirmed that commonly reported risk factors for cardiovascular disease, typically exemplified by the male gender, apply to a smaller sample of 40 respondents.

In the 2nd interview, many things went well. After three months, Group A respondents had better average waist circumference reduction, lower stress levels, better sleep quantity and quality, more natural physical activity, and lower alcohol and tobacco use. In addition, Group A respondents chose higher quality meats, improved their drinking habits, ate more fish, reduced their consumption of cured meats, reduced sweetened dairy products, increased their intake of sour dairy products, included oatmeal in their diet, added more fruits and vegetables, and chose higher quality fats for the pan. Many of these things also improved in Group B, but Group A showed much stronger results after education.

In the context of education, there were no positive results regarding the consumption of eggs, legumes and baked goods.