Myocardial infarction (MI) is defined in pathology as myocardial cell death due to prolonged ischemia. After the onset of myocardial ischemia, histological cell death is not immediate, but takes a finite period of time to develop as little as 20 min, or less in some animal models. One of the goals of treatment is to improve the patient's quality of life in addition to the prevention of heart morbidity and mortality. Patients who survived a heart attack may live for many years, while limited in function. An assessment of quality of life through the perception of the disease in those patients may help to identify changes in their health status and their response to treatment.

This study shows an association between the IP of MI patients and their perceived quality of life. Namely, a patient who perceives his disease in a more positive light sees himself as having a better quality of life ($r=0.73$, $p=0.003$). Perceived quality of life will be more lower in patients who thinks his disease is chronic (long duration) and not acute ($r=-0.36$, $p≤0.0001$), and the negative feelings attributes to his problem ($r=-0.42$, $p=0.02$), as long as less sense of control on the disease and the treatment ($r=0.039$, $p=0.003$).

There are interrelationships between the IP of acute MI patients and their QOL. Identifying the components of their IP in the early stages of the disease may improve the QOL of these patients.

The components of IP have an effect on the quality of life of acute MI patients. This indicates a need to evaluate and identify the components of the IP among those patients, in order to promote their response to the treatment and their rehabilitation process.