Country Heart Attack Prevention (CHAP)

Education Program: Session 2

The CHAP project is co-funded by NHMRC Partnership Grant (GNT 1169893)

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Acknowledgement of country

Country Heart Attack Prevention (CHAP) Project

Heart Health for Life

Education Program

- Second Wednesday of each month
- Recorded for viewing later
- Last session: Overview of CHAP Project
  - Today – Unpacking the Standardised Program Content
  - August 5th – Unpacking the National CR Quality Indicators

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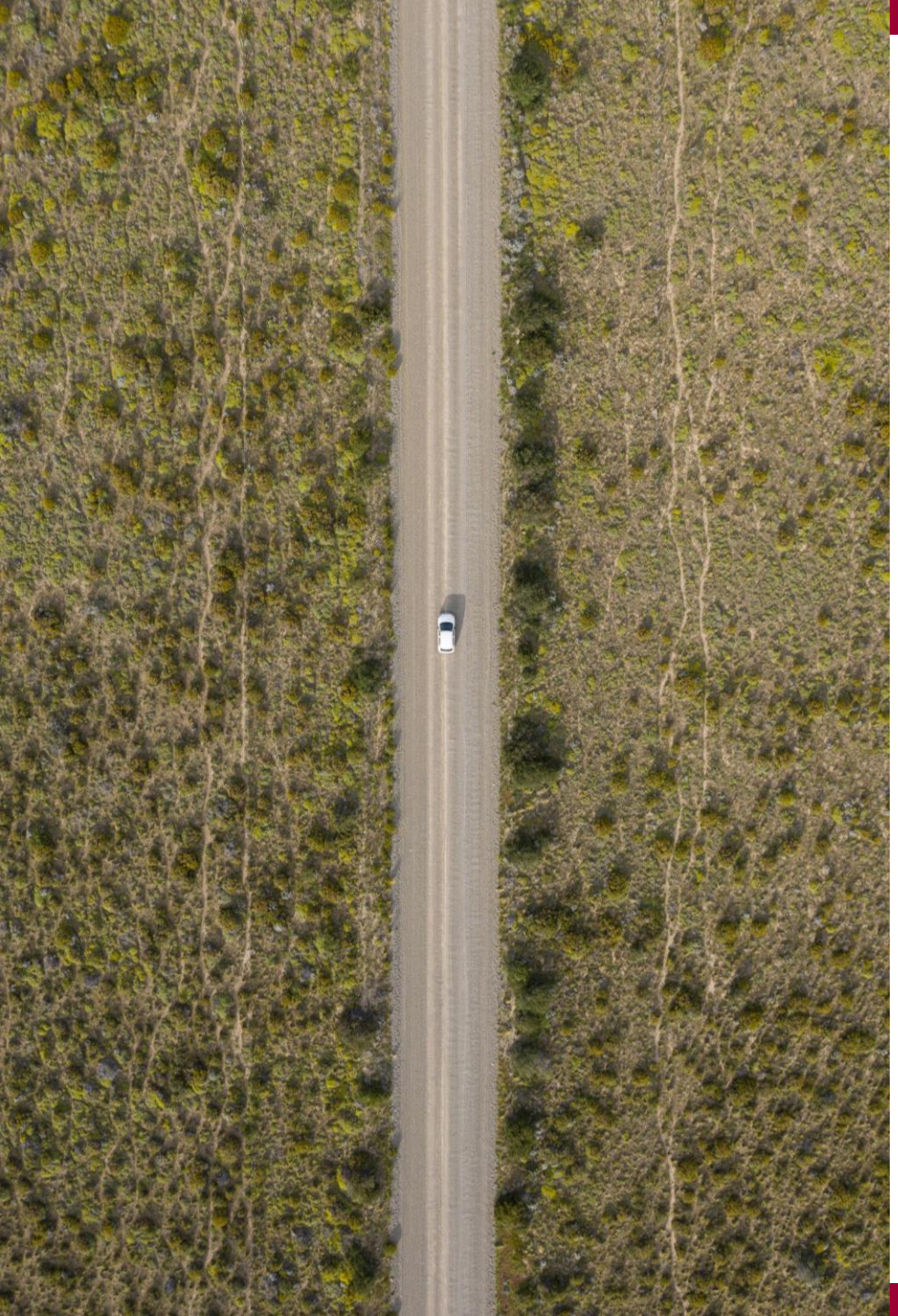

Overview

- What
- Why
- Aims
- How
- Results
- Features of the resource

What

- Evidence based (literature review 2018)
- Consensus led
  - Expert Advisory Group
  - Consumers
  - ACRA Vic members
- Up to date guidance for CR coordinators about <u>what</u> content should be included in Australian CR programs

What

Heart Foundation

A Pathway to Phase II Cardiac Recovery
A Quick Guide

- *This Quick Guide summarises the evidence based Best Practice Statements that are recommended for delivery in a cardiac rehabilitation program.*
- *The clinician is able to prioritise which content to provide in their service, as the Best Practice Statements have been assessed as 'essential' or 'desirable' by a cardiac rehabilitation expert advisory group.*
- **Essential** (Red shade) The content presented in this Best Practice Statement should be prioritised for delivery in all cardiac rehabilitation programs.
- **Desirable** (Blue Shade) The content presented in this Best Practice Statement should be considered for delivery in cardiac rehabilitation programs, based on capacity and resources.
- *For further information, example content and supporting resources, please refer to the full resource, A Pathway to Cardiac Recovery: Standardised Program Content for Phase II Cardiac Rehabilitation on the Heart Foundation website* www.heartfoundation.org.au

Initial assessment

Comprehensively assess the CR participant's needs and develop an individualised care plan. This initial assessment should include:

- ☐ • socio-demographic information
- ☐ • clinical history
- ☐ • exercise capacity
- ☐ • lifestyle risk factors (physical activity, diet, smoking, alcohol)
- ☐ • psychosocial health (depression, anxiety)
- ☐ • medications.

Desirable initial assessment features to consider:

- ☐ • adiposity (waist circumference)
- ☐ • medical risk factors (blood pressure, lipids, blood glucose)
- ☐ • ability to return to activities of daily living
- ☐ • quality of life.

☐ Following the initial assessment, encourage and support participants to set achievable goals.

A PATHWAY TO PHASE II CARDIAC RECOVERY

1

Heart education and self-management

- ☐ Educate CR participants about self-management strategies.

Give CR participants education (tailored to their condition, if possible) about:

- ☐ • the anatomy and physiology of the heart
- ☐ • how to return to activities of daily living
- ☐ • risk factors modification for secondary prevention in heart disease
- ☐ • chest pain management or a heart failure management plan.

Medication education and review

- ☐ Give CR participants medication education that includes basic indications and benefits of commonly prescribed medication therapy.
- ☐ Encourage and support participants to adopt strategies that lead to medication adherence.
- ☐ CR staff (including a pharmacist, if possible) should ensure CR participants are receiving optimal cardio-protective medications.

Managing medical risk factors

- ☐ Equip CR participants with the skills to self-manage or prevent hypertension.
- ☐ Equip participants with the skills to self-manage or prevent dyslipidaemia.
- ☐ Equip participants with the skills to self-manage or prevent diabetes.

Exercise and physical activity

- ☐ Give CR participants a tailored, progressive and supervised exercise training program.
- ☐ Educate participants about strategies to increase general physical activity and reduce sedentary behaviour.

Healthy eating & weight management

- ☐ Focus advice on making healthy dietary choices to reduce total cardiovascular risk.
- ☐ If resources allow, offer individualised consultation with a trained health professional to discuss diet. The goals are to understand the CR participant's current eating habits, and give personalised advice that is sensitive to culture, needs, socio-economic status, and capabilities.
- ☐ An Accredited Practising Dietitian should assess and manage CR participants with complex dietary requirements due to co-morbidities.
- ☐ Provide education and advice on the importance of maintaining a healthy weight for heart health. For participants who are overweight or obese, develop an individualised, achievable plan working towards an initial goal of losing 5–10% of body weight and a longer-term goal of achieving a body mass index (BMI) below 25.
- ☐ Consider referring participants requiring assistance with weight management to weight loss programs delivered by experts.

NEARLY 1 in 3 heart attacks ARE REPEAT EVENTS

Source: Aliprandi-Costa, B., Ranasinghe, I., Chow, V., Koplis, S., Juergens, C., Devlin, G., . . . Brieger, D. B. (2011). Management and outcomes of patients with acute coronary syndromes in Australia and New Zealand, 2000–2007. *Medical Journal of Australia, 195*(3), 116-121.

2

Tobacco cessation and alcohol reduction

- ☐ Give CR participants who smoke a brief intervention for smoking cessation, using the Ask, Advice and Help model.
- ☐ Encourage participants who continue to smoke to use a combination of nicotine replacement products (patch plus gum or spray or lozenge or inhalator) and/or to visit their doctor to discuss other 'stop smoking medications' to assist quitting.
- ☐ Offer participants who are excessive drinkers brief advice/counselling to encourage reduction of alcohol intake.
- ☐ Consider referring alcohol-dependent CR participants to specialised services and notify their general practitioner.

Psychosocial wellbeing

- ☐ Screen CR participants for depression and anxiety at the beginning and end of the CR program using a validated tool.
- ☐ Give participants an opportunity to discuss the typical emotional response to a heart event.
- ☐ Educate participants about the signs and symptoms of depression and other mood disorders.
- ☐ Assist participants to respond appropriately to ongoing psychological symptoms including when to seek help.
- ☐ Assess the social support available to CR participants and determine their social support needs.
- ☐ Discuss the importance of social support to heart health recovery, and encourage participants to reflect on how they can enhance or better utilise their social support networks.
- ☐ Consider how social networks can be enhanced for participants who report low levels of social support.
- ☐ Consider the contributions family members and carers can make to participants' recovery.
- ☐ Consider encouraging partners or carers to join specific carer support groups to help them to cope with their family member's cardiac condition.

Cardiac rehabilitation can reduce unplanned cardiac readmissions by up to **18%**

Source: Anderson, L., Thompson, D. R., Oldridge, N., Zwisler, A. D., Rees, K., Martin, N., & Taylor, R. S. (2016). Exercise-based cardiac rehabilitation for coronary heart disease. *Cochrane Database Syst Rev*(1), CD001800

Patients are **>2x** as likely to participate in **cardiac rehabilitation** if a health professional discusses it with them before they leave hospital

Source: Heart Foundation Heart Attack Survivor Survey, June 2018

A PATHWAY TO PHASE II CARDIAC RECOVERY

3

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Why

- No Australian CR guidelines
- Main guidance CR clinicians using from 2004
- ACRA core components 2014
  - Broad overarching guidance
- Lack of program standardisation

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Heart Health for Life

Aims

- Develop standardised program of content
- Ensuring
  - Evidence-based
  - Standardised, but with flexibility to provide individualised care
  - Culturally aware
  - Person-centred
  - Built on the existing ACRA core components

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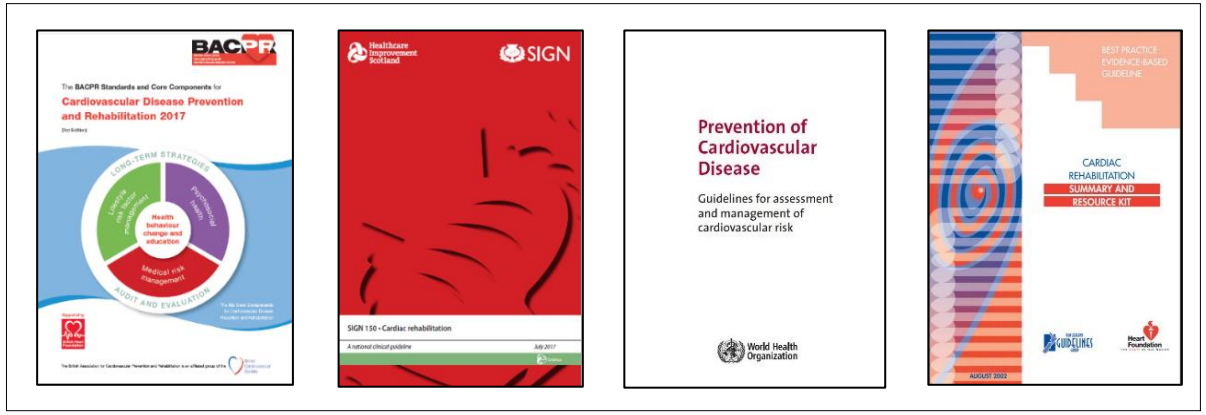
Heart Health for Life

How: Literature review



n = 11

Cochrane Library
Trusted evidence.
Informed decisions.
Better health.

n = 14

Systematic reviews & RCTs

References from key guidelines and systematic reviews

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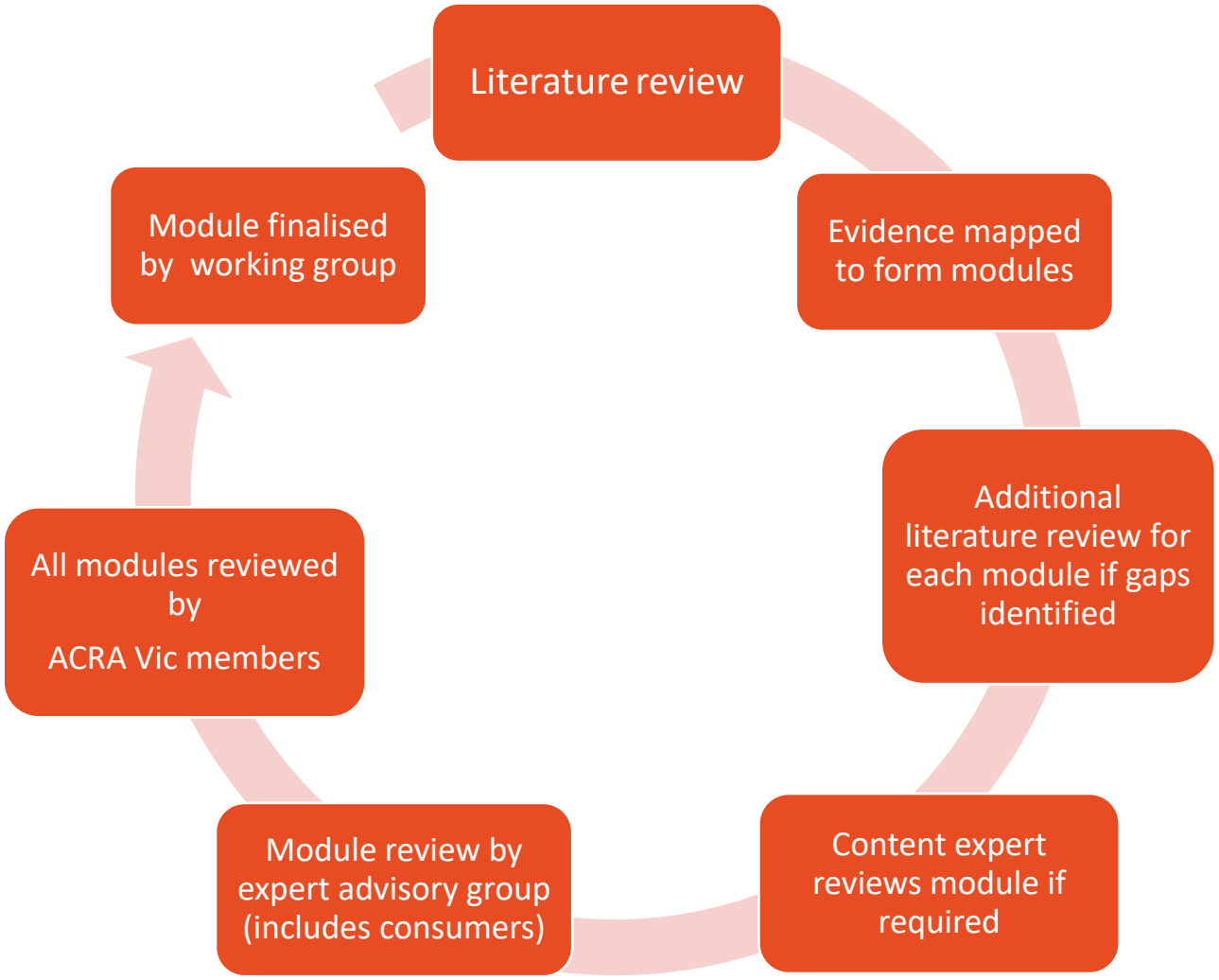
Heart Health for Life

How


Literature review
Evidence mapped to form modules
Additional literature review for each module if gaps identified
Content expert reviews module if required
Module review by expert advisory group (includes consumers)
All modules reviewed by
ACRA Vic members
Module finalised by working group

Expert Advisory Group (Consumers not pictured)















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Heart Health for Life

Delphi Process – Essential or desirable?

Q22

Following the initial assessment, CR participants should be encouraged to set achievable goals with support from CR staff.

Rationale: Goal setting has been identified as a critical component to CR by many international guidelines (e.g. British, Scottish). Goal setting has been shown to be an effective intervention to increase engagement for participants in CR (SIGN, 2017). The British and Scottish guidelines recommend assessment after completion of the CR program to determine achievement of goals during the program and to formulate plans for transition into long-term management (BACPR, 2017; SIGN, 2017).

NHMRC Level of Evidence: Expert Opinion

Essential — EAG median 8 – 9, without disagreement

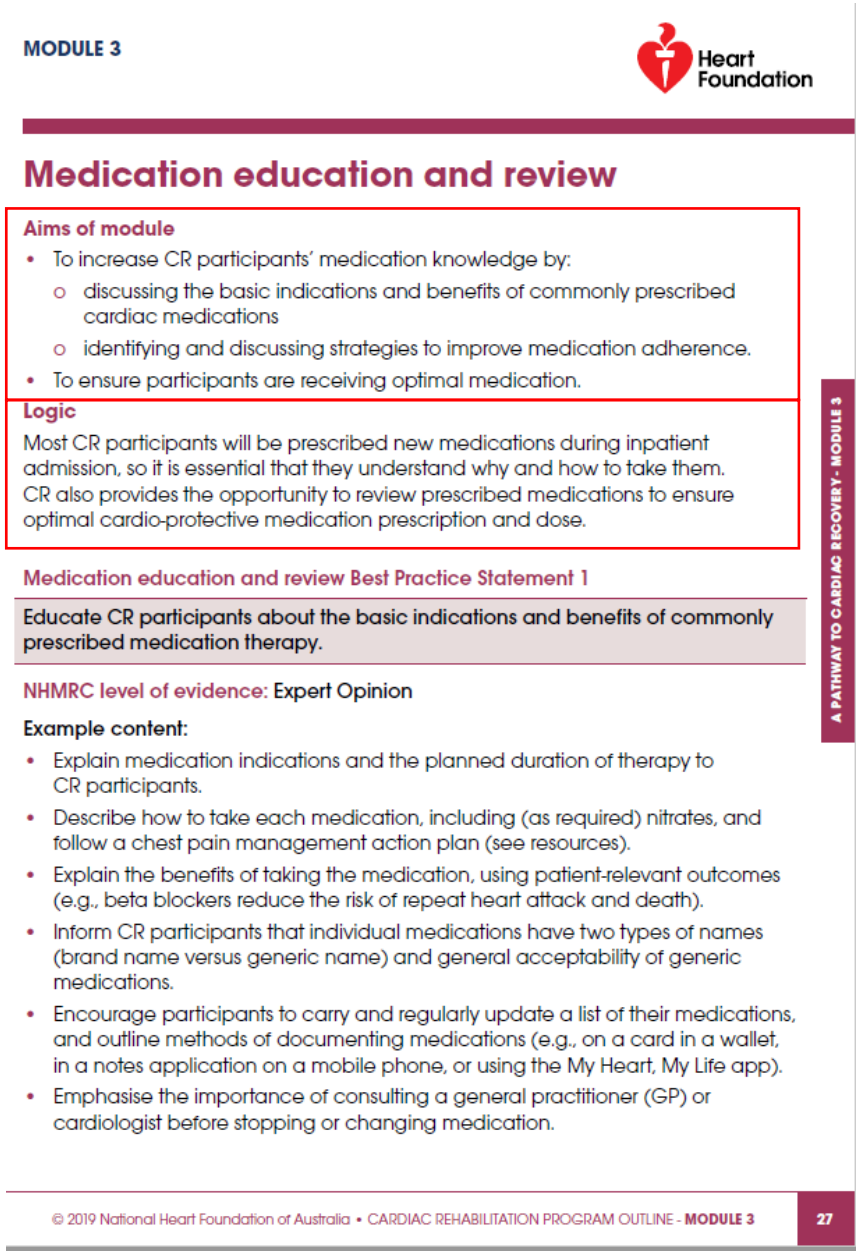
Desirable — Median 6 – 7, without disagreement

Modules

The content includes:

- Module 1: Initial assessment
- Module 2: Heart education and self-management
- Module 3: Exercise training and physical activity
- Module 4: Healthy eating and weight management
- Module 5: Tobacco cessation and alcohol reduction
- Module 6: Medication education and review
- Module 7: Managing medical risk factors
- Module 8: Psychosocial wellbeing
- Module 9: Activities of daily living
- Module 10: Reassessment

Features



MODULE 3

Heart Foundation

Medication education and review

Aims of module

- To increase CR participants' medication knowledge by:
  - discussing the basic indications and benefits of commonly prescribed cardiac medications
  - identifying and discussing strategies to improve medication adherence.
- To ensure participants are receiving optimal medication.

Logic

Most CR participants will be prescribed new medications during inpatient admission, so it is essential that they understand why and how to take them. CR also provides the opportunity to review prescribed medications to ensure optimal cardio-protective medication prescription and dose.

Medication education and review Best Practice Statement 1

Educate CR participants about the basic indications and benefits of commonly prescribed medication therapy.

NHMRC level of evidence: Expert Opinion

Example content:

- Explain medication indications and the planned duration of therapy to CR participants.
- Describe how to take each medication, including (as required) nitrates, and follow a chest pain management action plan (see resources).
- Explain the benefits of taking the medication, using patient-relevant outcomes (e.g., beta blockers reduce the risk of repeat heart attack and death).
- Inform CR participants that individual medications have two types of names (brand name versus generic name) and general acceptability of generic medications.
- Encourage participants to carry and regularly update a list of their medications, and outline methods of documenting medications (e.g., on a card in a wallet, in a notes application on a mobile phone, or using the My Heart, My Life app).
- Emphasise the importance of consulting a general practitioner (GP) or cardiologist before stopping or changing medication.

A PATHWAY TO CARDIAC RECOVERY - MODULE 3

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Features

Rationale: Poor patient education about medications is probably related to poor medication concordance.[1] While there is no robust evidence for the effect of consistent interventions, such as education, on increasing medication concordance and adherence, it is reasonable that patients should receive medication counselling to improve medication adherence.[2,3]

Medication education and review Best Practice Statement 2

Encourage and support CR participants to adopt strategies that lead to medication adherence.

NHMRC level of evidence: Expert Opinion

Example content:

- Encourage CR participants to incorporate taking medication into a routine.
- Discuss common barriers to taking medications and strategies to overcoming them.
- Discuss common side effects of medications.
- Encourage participants to plan script refills.

Rationale: Medication adherence is often suboptimal for many reasons, including affordability, treatment complexity and lack of consumer understanding. In Europe, it has been shown that up to 9% of cardiovascular events are attributed to poor adherence. Optimal medication adherence has been associated with a 20% reduction in cardiovascular disease risk and a 35% reduction in all-cause mortality.[4]

A Cochrane systematic review demonstrated that medication adherence for chronic health problems is complex, but all evidence agrees that patients should be educated about strategies to improve medication adherence.[2,3]

Medication education and review Best Practice Statement 3

CR staff (a pharmacist, if possible) should ensure CR participants receive optimal cardio-protective medications.

NHMRC level of evidence: Expert Opinion

Example content:

- Ensure optimal medication classes and doses are prescribed.
- If medications are found to be sub-optimal or the CR participant has concerns or is experiencing problems, options for management include:
  - liaison with the participant's cardiologist or GP
  - referral to a pharmacist within the program (if available) for review
  - referral to a community pharmacist for review (see the resources section below for more information)
- If participants have complex medication regimes (e.g., due to many comorbidities), refer them to a pharmacist for individualised consultations.

Rationale: Mortality from cardiovascular disease has decreased dramatically with the growing use of secondary preventive medical therapies such as antiplatelet therapy, beta-blockers, statins and angiotensin-converting enzyme (ACE) inhibitors.[5] CR is the ideal time to review and optimise cardio-protective therapies, as per the latest National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand (NHF/CSANZ) acute coronary syndromes (ACS)[6] and heart failure guidelines,[7] by working with a program pharmacist or through communication with the CR participant's cardiologist or GP

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Features

Resources

- National Heart Foundation chest pain management action plan https://www.heartfoundation.org.au/images/uploads/main/Your_heart/Heart_Attack_Action_Plan.JPG
- Improving adherence in cardiovascular care; A toolkit for health professionals https://www.adma.org.au/clearinghouse/doc_download/97-improving-adherence-in-cardiovascular-care-toolkit-pdf.html
- National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndrome. https://www.heartfoundation.org.au/images/uploads/publications/Clinical_Guidelines_for_the_Management_of_Acute_Coronary_Syndromes_2016.pdf
- National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and management of Heart Failure in Australia 2018 https://www.heartlungcirc.org/article/S1443-9506(18)31777-3/fulltext
- Community pharmacy resources via http://www.6cpa.com.au
  - Medication adherence programs
  - Medication management programs
  - Home medicines review http://6cpa.com.au/files/home-medicines-review-brochure/
  - Meds check http://6cpa.com.au/files/medscheck-a2-poster/
- National Prescribing Service (NPS) Medicines Line: 1300 633 424 https://www.nps.org.au/medicines-line
- Medicines – Heart Foundation https://www.heartfoundation.org.au/your-heart/living-with-heart-disease/medicines
- Heart Online http://www.heartonline.org.au/articles/medications/medication-adherence#barriers-to-medication-adherence

Is there an app for that?

Medication tracker apps

- My Heart, My Life App on android and iOS
- Medicinewise App on android and iOS

MODULE 3 Medication education and review

References

1. Albert NM. Improving medication adherence in chronic cardiovascular disease. Critical Care Nurse. 2008;28(5):54–64.
2. Nieuwlaat R, Wilczynski N, Navarro T, Hobson N, Jeffery R, Keepanasseril A, et al. Interventions for enhancing medication adherence. The Cochrane Library (Internet). 2014 Nov 20 (cited 2018 May 4); Available from: http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD000011.pub4/full
3. Van Wijk BL, Klungel OH, Heerdink ER, de Boer A. Effectiveness of interventions by community pharmacists to improve patient adherence to chronic medication: a systematic review. Annals of Pharmacotherapy. 2005;39(2):319–328.
4. Chowdhury R, Khan H, Heydon E, Shroufi A, Fahimi S, Moore C, et al. Adherence to cardiovascular therapy: a meta-analysis of prevalence and clinical consequences. Eur Heart J. 2013 Oct;34(38):2940–8.
5. Gaziano TA, Bitton A, Anand S, Abrahams-Gessel S, Murphy A. Growing epidemic of coronary heart disease in low-and middle-income countries. Current Problems in Cardiology. 2010;35(2):72–115.
6. Chew DP, Scott IA, Cullen L, French JK, Briffa TG, Tideman PA, et al. National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndromes 2016. Heart, Lung and Circulation. 2016 Sep;25(9):895–951.
7. Atherton JJ, Sindone A, De Pasquale CG, Driscoll A, MacDonald PS, Hopper I, et al. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018. Heart, Lung & Circulation. 2018 Oct;27(10):1123–208.

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Questions?

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Looking back, looking forward:

CELEBRATING 30 YEARS

Australian Cardiovascular Health and Rehabilitation Association

30th Annual Scientific Meeting

10-12 August 2020

Online event: A new digital experience

We've gone virtual, not viral!