

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province. The Bulletin is published quarterly.

CHEP 2006: Substantial, Important Changes for Practitioners!

Earlier this year, The Canadian Hypertension Education Program (CHEP) released its 2006 recommendations. The focus of this year's messages is on improving patient adherence to anti-hypertensive therapies. CHEP suggests the control of hypertension in Canada is sub-optimal due in part to the fact that patients stop taking anti-hypertensive medications after one year. The following multi-pronged approach has been suggested to improve patient adherence.

- **Assist your patients to adhere**
 - ✓ Teach patients to take pills on a regular schedule associated with a routine daily activity
 - ✓ Simplify regimens using long acting once daily medications
 - ✓ Utilize fixed-dose combination medications
 - ✓ Utilize blister packaging
- **Assist your patient to get more involved in his/her treatment**
 - ✓ Encourage your patient to regularly monitor their blood pressure
 - ✓ Educate patients and families about their disease verbally and in writing
- **Improve your management in the office and beyond**
 - ✓ Assess adherence to non-pharmacological and pharmacological therapy at every visit
 - ✓ Encourage adherence by utilizing health care practitioner based telephone contact/support at least during the first 3 months of therapy
 - ✓ Coordinate with work-site health care givers if available, to improve monitoring of hypertension management

The goals of therapy remain unchanged with a target of <140/90 mm Hg for uncomplicated hypertension and <130/80 mm Hg for patients with diabetes or chronic renal disease. Most patients

will require more than one anti-hypertensive agent to reach their target blood pressure. Although beta blocker therapy is strongly recommended in hypertensive patients of all ages who have specific indications such as post myocardial infarction, angina or congestive heart failure, it is no longer indicated as first line therapy for those **60 years of age or older**. The guidelines suggest that in older patients with uncomplicated hypertension, beta blockers are inferior to diuretics, angiotensin receptor blockers (ARBs) and calcium channel blockers at reducing cardiovascular events.

OTHER HYPERTENSION RESOURCES

- ❖ Encourage your patients to visit www.heartandstroke.ca : to see the healthy blood pressure section that includes tips to keep blood pressure under control, weekly medication charts and blood pressure risk assessment and action plan sections to name a few.
- ❖ For an updated review of the DASH diet visit www.nhlbi.nih.gov for a copy of their 2006 publication *Your Guide to Lowering Blood Pressure with DASH*. This publication is available in the Health Information and Publications section under Heart and Vascular diseases (NIH publication No. 06-4082).

Also new is the recommendation that ARBs be used in patients post myocardial infarction when angiotensin converting enzyme inhibitors (ACE) are not tolerated. Also, in patients with hypertension prescribed ACE inhibitors and ARBs, monitoring for hypotension, hyperkalemia and worsening renal failure is required. Lastly, for patients with diabetes, normal urinary albumin excretion and hypertension, one of the following is recommended: ACE inhibitor, ARB, dihydropyridine calcium channel blocker or thiazide diuretic. Specific consideration should be given to ACE and ARBs because of potential renal benefits.

The CHEP booklet, *2006 Canadian Recommendations for the Management of Hypertension*, and more detailed information is available at www.hypertension.ca. Patients can be directed to www.hypertension.ca (public site) or www.heartandstroke.ca to review the 2006 CHEP public recommendations in pamphlet form.

Learning Opportunities

Upcoming Events

International Stroke Conference,

February 7-9, 2007, San Francisco, CA.
www.strokeconference.org.

12th Annual Atlantic Canada Cardiovascular Conference, April 20-21, 2007, Halifax, N.S .

For information, contact Renee Downs (902) 494-1560 or renee.downs@dal.ca.

Professional Education Partnership

CVHNS, the Heart and Stroke Foundation of Nova Scotia and the Atlantic Health Promotion

Research Centre have formed a stroke professional education partnership. The project is funded by the Canadian Stroke Network, Heart and Stroke Foundation, and CVHNS. The goal is to identify the learning needs of health care professionals and to develop a multi-year strategy to address needs in the context of the stroke strategy. Tina Tucker is the Project Manager, based out of the Heart and Stroke Foundation of Nova Scotia. She will work closely with CVHNS to implement the needs assessment and one major intervention within the 1 year timeframe of the project. For more information, contact Tina at tucker@heartandstroke.ns.ca or 902-423-7682 Ext 338.

CVHNS Working Groups

Update on Acute Stroke and Stroke Rehabilitation Working Groups

At a joint meeting on October 27th the two current stroke guidelines development working groups outlined a plan to begin the integration process for the provincial stroke guidelines.

The acute group will meet in December to review the feedback received on the draft acute care guidelines distributed for review over the summer.

The Rehabilitation Working Group will begin to review and adapt the Canadian Stroke Strategy guidelines focusing on the post acute phase and including community re-integration. The plan is to combine the guidelines into one document, which will again be sent to stakeholders for final feedback. The goal to complete this work is March 31, 2007. The Canadian Stroke Strategy Guidelines, which have been developed simultaneously with the Nova Scotia guidelines, are available at www.canadianstrokestrategy.ca.

Cardiac Rehabilitation Program Partners with YMCA

In September 2005, after a successful pilot project, South Shore Health's Cardiac Rehabilitation Program moved from South Shore Regional Hospital to YMCA Lunenburg County. The new location offers more space, a broader range of equipment and more opportunities for participants to make fitness a regular part of their daily routine. Relocating

to the YMCA has greatly enhanced the delivery of the program. The move has addressed space and equipment limitations, but more importantly, participants are making better progress on their individual goals.

Overall, staff is seeing greater improvements in participant's ability to return to normal activities with far fewer symptoms. Being in the community setting empowers the participants to take or regain control of their lives and assists them in accessing resources that can help them maintain and promote health.

The partnership between South Shore Health and the YMCA is unique. A legal agreement was negotiated. The partnership also is in line with strategic directions and missions of both organizations. Under the agreement, South Shore Health provides expertise to the YMCA by assisting them to offer Heart Health lectures to their members and the public in general. The YMCA provides each participant a 12 week membership at no cost. Classes are also held on site.

Being at the YMCA allows the participants to overcome the anxiety that many people feel when entering an exercise facility and lowers a barrier which might prevent them from continuing to be physically active when the program ends. As well, it brings them to a place of health where they see people of all ages and abilities enjoying being active rather than returning to the hospital setting where people traditionally go when unwell. For more information, contact Marlene Wheatley at mawheatley@ssdha.nshealth.ca.

Helpful Resources

Heart Failure Support Sessions

Capital Health hosts a series of monthly educational sessions for patients on topics related to heart failure. These sessions are available through Tele-health at various sites in the province. If you are interested in receiving a schedule of sessions, contact Anna Svendsen at anna.svendsen@cdha.nshealth.ca.

Canadian Stroke Network

Visit <http://www.canadianstrokenetwork.ca> for news and events related to the Canadian Stroke Strategy.

Heart and Stroke Foundation of Ontario (HSFO) Professional Education

Visit <http://profed.heartandstroke.ca> to learn more about the stroke nursing network and other HSFO activities.

2006 Dyslipidemia Guidelines

R. McPherson, J. Frohlich, G. Fodor, J. Genest. Canadian Cardiovascular Society Position Statement: Recommendations for the Diagnosis and Treatment of Dyslipidemia and Prevention of Cardiovascular Disease. *Canadian Journal of Cardiology* 2006;22(11):913-927.

2006 Atrial Fibrillation Guidelines

ACC/AHA/ESC 2006 guidelines for the management of patients with atrial fibrillation: full text: A report of the American College of Cardiology/American Heart Association Task Force on practice guidelines and the European Society of Cardiology Committee for Practice Guidelines developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society. *Europace*. 2006;8(9): 651-745.

2006 Dyslipidemia & Diabetes Guidelines

Canadian Diabetes Association. Dyslipidemia in Adults with Diabetes. Developed by the Clinical practice guidelines expert committee and published in the *Canadian Journal of Diabetes* 2006;30(3):30-240.

Innovative Ideas

One Centre for Diabetes, Heart and Renal Conditions: Penticton's Experience with Integration

In 2003, three established chronic disease care clinics in Penticton were approached to consider integration of their programs. The vision was to develop a multidisciplinary, horizontally integrated, single site clinic for the prevention and management of a cluster of cardiovascular chronic diseases (diabetes, cardiovascular and renal). The existing clinics were reviewed to ascertain areas of duplication. Decisions were made to centralize booking and triage, standardize data collection mechanisms, cross train health professionals, share health professional resources and streamline available patient information classes (e.g., smoking cessation, healthy eating, managing blood pressure, etc.). The combined clinics have been functioning successfully for one year. Evaluation to date suggests that the combined clinics have been able to meet their goals and objectives of satisfying both the people that work there and the clients they service. For more information contact:

joanerikson@interiorhealth.ca.

Live & Learn Series

An educational learning series is being offered to cardiovascular patients in South West Health (SWH) specifically for those living with the effects of stroke, TIA, heart attack and angina. The program is designed to assist

patients and their families to manage their risk factors and learn about their conditions. Two-hour sessions are held weekly for 6 weeks with a multi-disciplinary team covering a wide variety of topics. The Live & Learn Series was developed through the SWH Stroke Program in collaboration with the Cardiovascular Interdisciplinary Working Group. For information, contact the Stroke Program at 742-3542 ext 460.

Pan-Canadian Heart Health Strategy

On October 22, 2006, the federal Minister of Health announced funding for the development of a Heart Health strategy to improve our response to cardiovascular disease in Canada. The government, working with the Heart and Stroke Foundation of Canada, will invest 3.2 million dollars this fiscal year to support initial work on hypertension and cardiovascular disease surveillance. It is expected that the financial support will increase to 5.2 million annually in

future years. The committee responsible for developing the strategy will be chaired by Dr. Eldon Smith, the Head of the Division of Cardiology at the University of Calgary and Foothills Hospital. Federal, provincial and territorial governments as well as leading heart health representatives will be asked to participate in the development of this strategy. Proposals for a new strategy will be developed by November 2008.

Small Changes to Improve Patient Care

As part of the AMI Bundle for Safer Healthcare Now!, Annapolis Valley Health has made small changes to cardiac patient forms to improve care and access to information. The outpatient teaching form has been modified to capture smoking cessation services provided by pharmacists and psychologists. A discharge medication record has also been improved by adding a discharge date and placing the form closer to the physician discharge summary. For more information, contact Deb Mander at dmander@avdha.nshealth.ca.

WAIST MEASUREMENT: AN IMPORTANT CARDIOMETABOLIC RISK FACTOR

The National Cholesterol Education Program recommends the following procedure for measuring waist circumference.

- Locate the upper hip bone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Before reading the measure, ensure that the tape is snug but not too tight and is parallel to the floor. The measurement should be made as the patient breathes out gently.
- Waist circumference assessments are currently being based on ethnicity. The table to the right provides the standard cut-off points.

Waist circumference cut-off point (cm) Based on gender and ethnic group (not country of residence).		
Continent	Female	Male
Africa	80	94
Asia (excluding Japan)	80	90
Australia	80	94
Europe	80 (88*)	94 (102*)
North America	88	102
South America	80	90
Japan	90	85

Based on the International Diabetes Federation ethnic specific values for waist circumference and the ATP III values for North America only.
*European Society of Cardiology recommendations.

Taken from: *Measure Your Risk, Stay Young at Heart*, September, 2006.
Available at: <http://obesitynetwork.ca>.

How to Contact Us

Room 2144 – 1796 Summer Street
Halifax, NS B3H 3A7
Tel: 902.473.7834
Fax: 902.473.8616
theresa.babb@cdha.nshealth.ca