

# The Heart Manual Quarterly

## Autumn Edition 2022

### Autumn Quarterly at a glance...

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### Free Digital Reboots

With Dr Carolyn Deighan on hand for questions, our Assistant Psychologists, Anna and Roseanne, have been delivering **free 'Digital Reboot'** sessions over August and September. The sessions take place over the phone for approximately 30-40 minutes.

If you would like to refresh your knowledge of the **Digital Heart Manual** and attend one of our reboot sessions, please email us at [heart.manual@nhslothian.scot.nhs.uk](mailto:heart.manual@nhslothian.scot.nhs.uk).

### Job Opportunity

Join our passionate and kind team as a **Specialist Education and Research Practitioner** at 22.5 hours per week. If you're a RGN or an AHP we would love to hear from you! **Closing date is Oct 28th.** You can find [more information by clicking here.](#)

### Women-Focused Cardiovascular Rehabilitation

The International Council for Cardiovascular Prevention and Rehabilitation (ICCP) recently released new guidelines for 'Women-Focused Cardiovascular Rehabilitation'. The guidelines (see [here](#)) offer recommendations relating to the following aspects of cardiac rehabilitation (CR):

**Referral:** Encourage women's attendance in CR programmes by highlighting to female patients the importance of CR for women and tailoring the conversation to the woman's own **personal barriers and preferences**.

**Setting:** The CR environment should be optimised to meet women's needs, values and goals. This includes catering for their **cultural and religious preferences**. For example, group-based exercise classes may be inappropriate for some women as they tend to involve mixed gender groups. Highlighting that the Heart Manual involves independent exercises may help!

**Delivery:** Women's context, medical history, and comorbidities should be taken into consideration, particularly in relation to **menopausal status, mental health** and **psychosocial issues** and concerns about urinary incontinence or osteoporosis.

### Barriers for Women in Cardiac Rehabilitation

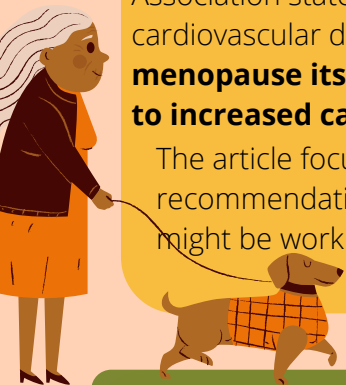
Studies show that women typically underuse the cardiac rehabilitation (CR) services available to them. [A systematic review on the barriers faced by women when accessing CR](#) include lower education level, poor English, and little support from family members. This review also revealed that home-based rehabilitation, like that of the Heart Manual, can be used as a means of overcoming some of these barriers. Understanding the potential barriers a patient may face can better enable their healthcare practitioner to provide them with the support and tools to best aid their recovery.



## Menopause & Cardiovascular Risk

[This recent article](#) reviews the 2020 American Heart Association statement on menopause and cardiovascular disease risk. It highlights that **menopause itself, independent of aging, can lead to increased cardiovascular risk and mortality.**

The article focuses particularly on advice and recommendations for healthcare providers who might be working with female patients in midlife.



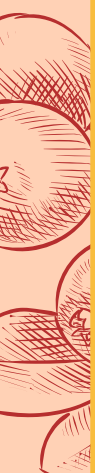
## Impact of Hormonal Changes

Similarly, [this consensus document](#) from European cardiologists, gynaecologists, and endocrinologists highlights how the changes in **sex hormones** that women experience **throughout their lifetime** can impact cardiovascular disease risk.



## Physical Activity & Covid-19

[A study](#) investigating changes in physical activity in patients with cardiovascular disease during the COVID-19 Lockdown identified **female sex**, heart failure, fear of a COVID-19 infection and limited possibilities for physical activity as factors that **limited engagement in physical activity.** Bearing this in mind when working with female patients post-lockdown may help in understanding their exercise habits and beliefs.



## Sex differences: biomarkers

[This paper](#) observed that there are sex-specific differences in **trimethylamine N-oxide (TMAO)** concentrations for male and female myocardial infarction (MI) patients. Female patients had significantly higher levels of TMAO concentrations both **before and after cardiac rehabilitation.** The authors suggested that post-MI, women might be at higher cardiovascular risk due to these greater levels of TMAO concentrations.



## Health-Related Quality of Life

[This systematic review and meta-analysis](#) showed that Health-Related Quality of Life improves significantly for women following exercise-based cardiac rehabilitation (EBCR). Importantly, the review found that when psychosocial components are added to EBCR, women experience even great benefits. This is particularly relevant given that women experience more psychosocial distress during recovery.



## Motivation for Exercise in Chillier Months

With colder months on the horizon, it may become challenging to encourage patients to exercise. We've been doing some digging to find some articles that might make this task a bit easier.

[This review](#) found that women often are less likely to engage with their CR and exercise. However in a group setting, like a class, that's near home or in a community/faith centre, participation rates went up. Exercising as part of a group or classes may be a good recommendation, like Tai Chi, or types of dance classes, or a walking group.



## Keep in Touch with the Heart Manual!

See all updates in the Facilitator Login Area of our website: <https://services.nhslothian.scot/TheHeartManual/> and on Twitter (@TheHeartManual)



**Contribute to the Heart Manual Quarterly!** Is there a Heart Manual story or memory you would like to share via the newsletter? Please submit to [heart.manual@nhslothian.scot.nhs.uk](mailto:heart.manual@nhslothian.scot.nhs.uk).

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