# THE HEART MANUAL QUARTERLY AUTUMN EDITION 2021

# HEART MANUAL 2020 SUMMARY

The year 2020 has been a year like no other across the globe. The impact of the pandemic has changed our approach to many aspects of our lives that will not return to the 'old ways' post pandemic. Cardiac rehabilitation is no exception and the changes many clinical services have made in the past year will foster a new way of working for the future. The HM Department quickly moved to an online delivery and provided free HM training to all NHS sites across the UK between March and August 2020, along with access to the digital version of the Heart Manual.

Throughout 2020, we ran 18 HM training sessions, trained 159 participants across 37 sites, as well as training 14 healthcare professionals to deliver the REACH Heart Failure Programme. We secured funding from Edinburgh and Lothian Health Foundation to digitise the Cancer Manual, as well as launching the Heart Manual Relaxation App in July 2020. Dr Carolyn Deighan presented virtually at the American Association of Cardiovascular and Pulmonary Rehabilitation conference hosted in Palm Springs, Florida. In total, over 10,000 orders were placed for HM programmes across 304 NHS sites!



#### **BACPR 2021 CONFERENCE**

The British Association for Cardiovascular Prevention and Rehabilitation's (BACPR) Annual Conference entitled 'New World of Cardiovascular Prevention and Rehabilitation' was held on the 7th and 8th October 2021. Here, the Heart Manual team presented two presentations highlighting recent audits of patientreported outcomes of the programme and healthcare professionals experiences' of Heart Manual training.



#### **E-CIGARETTE UPDATE**

The World Heart Federation have published a new policy brief regarding the use of e-cigarettes, otherwise known as Electronic Nicotine Delivery Systems, in relation to cardiovascular health.

Read more here: https://world-heart-federation.org/wpcontent/uploads/2021/10/E-cigarettes-Policy-Brief.pdf

## FACILITATION TOP TIPS: RISK FACTORS IN CONTEXT - WOMEN

Consider sex specific issues when assessing patients' individual risk factors. Research tells us that women have specific risk factors which can influence their long term outcomes- but some can be improved through lifestyle change.

- Hypertension is more likely to result in MI in women than in men and can lead to cardiac remodelling and heart failure with preserved ejection fraction (HFpEF)- which is often less responsive to antihypertensive medication.
- PMH of the pregnancy related disorders such as preeclampsia, gestational diabetes and even pre-term delivery can increase cardiovascular risk for women later in life
- Auto-immune conditions such as systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) can increase cardiovascular risk due to the inflammatory process. There is a significantly higher incidence of these autoimmune conditions in women than men. Furthermore, women of colour in particular are more likely to suffer from conditions such as SLE.

Identifying the existence of these risk factors can prove useful in targeting areas for improving long term outcomes and wellbeing.

# **PATIENT FEEDBACK**

"I found it reassuring and extremely informative about my condition and I will definitely refer back to it in the future"

"All! It has been so useful to me and my partner. I would have felt alone during COVID restrictions without it"

"The exercises have helped a great deal with my arthritis in particular and health and strength generally"

### **TEAM NEWS**





# LITERATURE UPDATE

Here are a selection of recent articles selected by Carolyn (Health Psychologist) and Sharon (Specialist Nurse Practitioner) which may be of interest to you.

#### Psychology

- Meyer M. R. (2021). Chronic Coronary Syndromes in Women: Challenges in Diagnosis and Management. Mayo Clinic proceedings, 96(4), 1058–1070. <u>https://doi.org/10.1016/j.mayocp.2020.09.023</u>
- O'Neil, A., Russell, J. D., & Murphy, B. (2021). How Does Mental Health Impact Women's Heart Health?. Heart, lung & circulation, 30(1), 59–68. <u>https://doi.org/10.1016/j.hlc.2020.05.111</u>
- Parkin, L., Balkwill, A., Green, J., Reeves, G. K., Beral, V., Floud, S., & Million Women Study Collaborators (2021). Depression, anxiety, psychotropic drugs, and acute myocardial infarction: large prospective study of United Kingdom women. Psychological medicine, 1–7. Advance online publication. <u>https://doi.org/10.1017/S0033291721003159</u>
- Scottish Government. (2021). Women's Health Plan. A plan for 2021-2024. Available at: <u>https://www.gov.scot/publications/womens-health-plan/</u>
- Vanzella, L. M., Rouse, V., Ajwani, F., Deilami, N., Pokosh, M., Oh, P., & Ghisi, G. (2021). Barriers and facilitators to participant adherence of dietary recommendations within comprehensive cardiac rehabilitation programmes: a systematic review. Public health nutrition, 1–17. Advance online publication. <u>https://doi.org/10.1017/S1368980021002962</u>

#### Nurse/AHP

- Astley, C.M., Clarke, R. A., Cartledge, S., Beleigoli, A., Huiyun, D., Gallagher, C., Millington, S., & Hendriks, J.M. (2021). Remote cardiac rehabilitation services and the digital divide: implications for elderly populations during the COVID19 pandemic. European Journal of Cardiovascular Nursing, 20(6), 521–523. <u>https://doi.org/10.1093/eurjcn/zvab034</u>
- Birtwistle, S. B., Jones, I., Murphy, R., Gee, I., & Watson, P. M. (2021). Family support for physical activity post-myocardial infarction: A qualitative study exploring the perceptions of cardiac rehabilitation practitioners. Nursing & health sciences, 23(1), 227–236. <u>https://doi.org/10.1111/nhs.12806</u>
- Coull, A., & Pugh, G. (2021). Maintaining physical activity following myocardial infarction: a qualitative study. BMC cardiovascular disorders, 21(1), 105. <u>https://doi.org/10.1186/s12872-021-01898-7</u>
- Dilla, D., Ian, J., Martin, J., Michelle, H., & Felicity, A. (2020). "I don't do it for myself, I do it for them": A grounded theory study of South Asians' experiences of making lifestyle change after myocardial infarction. Journal of clinical nursing, 29(19-20), 3687–3700. <u>https://doi.org/10.1111/jocn.15395</u>
- Ghisi, G., Xu, Z., Liu, X., Mola, A., Gallagher, R., Babu, A. S., Yeung, C., Marzolini, S., Buckley, J., Oh, P., Contractor, A., & Grace, S. L. (2021). Impacts of the COVID-19 Pandemic on Cardiac Rehabilitation Delivery around the World. Global heart, 16(1), 43. https://doi.org/10.5334/gh.939
- Rashid, M., Timmis, A., Kinnaird, T., Curzen, N., Zaman, A., Shoaib, A., Mohamed, M. O., de Belder, M. A., Deanfield, J., Martin, G. P., Wu, J., Gale, C. P., & Mamas, M. (2021). Racial differences in management and outcomes of acute myocardial infarction during COVID-19 pandemic. Heart (British Cardiac Society), 107(9), 734–740. <u>https://doi.org/10.1136/heartjnl-2020-318356</u>
- Sun, W., Gholizadeh, L., Perry, L., Kang, K., & Heydari, M. (2021). Factors associated with return to work following myocardial infarction: A systematic review of observational studies. Journal of clinical nursing, 30(3-4), 323–340. <u>https://doi.org/10.1111/jocn.15562</u>

# STAY UP TO DATE WITH THE HEART MANUAL DEPARTMENT

You can find updated information and resources to support you in your role as HM Facilitator are in the Facilitator Login Area of our website: <u>https://services.nhslothian.scot/TheHeartManual/</u> and on Twitter (<u>@TheHeartManual</u>)

**Forgotten Your Login Details?** If you have forgotten your password, you can reset it here: <u>https://services.nhslothian.scot/Login/Pages/ForgotPassword.aspx</u>

**Contribute to the Heart Manual Quarterly!** Should there be a Heart Manual story or memory you'd like to share with the HM facilitator network via this regular newsletter please submit to heart.manual@nhslothian.scot.nhs.uk. Previous examples can be seen <u>here</u>.

