The Heart Manual Quarterly Summer Edit

SUMMERTIME AT THE HEART MANUAL

Summer Quarterly at a glance...

- Launching **QR Code Cards** to access the Digital Heart Manual
- New Additions to the Heart Manual Team!
- Updates to the **Diet & Being Overweight** risk factors in the Heart Manual
- Diet: what should we be recommending? And how to make dietary changes stick?

Introducing HM Digital Access Cards

We are delighted to introduce the HM Digital Access Card. This card can be given to patients who choose to use the digital version of the HM. Patients can scan the QR code or enter the link into their web browser to access the Digital HM Patient. Resources. Following feedback from facilitators and our patient involvement group this card will provide a one stop shop for easy access to all the HM digital patient resources.

Please email us at heart.manual@nhslothian.scot.nhs.uk if you would like your hospital to be among those trialing the cards.

Patient Feedback Questionnaires

Please continue to encourage/remind your patients to return their feedback questionnaires. Note questionnaires:

 Can be returned to you and then sent to us (allows you to retain a copy for audit and evaluation purposes). Please remember these should be anonymous and contain no patient identifiers

• Should be completed independently by the patient Patient feedback is essential to assess the Heart Manual resources and helps inform our future developments.

DIGITAL HEART MANUAL ACCESS CARD

Use this card to access your Digital Heart Manual pack by either scanning the OR code or following the link below.

https://bit.ly/3abYfNO

V2

A warm welcome

We are delighted to welcome Anna Talty, our new Assistant Psychologist, to the team. Some of you may have had the pleasure of meeting Anna on our Training day in May. We are delighted to have her on board.

Welcome Anna!

Updates to the Heart Manual: Diet & Weight

We are currently updating and expanding the information on **Diet (Wk3)** and **Being Overweight (Wk 4).** These changes **will be available in the next edition of the Post MI and Revascularisation editions** soon. So, in this Quarterly edition we are focusing on diet and how to implement dietary changes.

The Mediterranean Diet - MUFAs and PUFAs!

- Mediterranean-style diets are high in 'heart healthy' fats, known as MUFAs (Monounsaturated fatty acids) and PUFAs (Polyunsaturated fatty acids)
- Replacing saturated fats with MUFAs and PUFAs is thought to reduce both Total and Low Density Lipoprotein Cholesterol
- Foods high in MUFAs/PUFAs include: olive oil, sunflower oil, avocados, tree nuts, oily fish (including mackerel, herring and even tinned sardines), whole grain wheat and many more...
- Cheese Lovers: Although cheese can be high in saturated fats, did you know that (low fat) cottage cheese is a great alternative!

How do we make lifestyle change stick?

How can we make a lifestyle change stick? For patients, it's possible that following their cardiac event, they may need to make multiple health behaviour changes, such as smoking cessation, lowering alcohol intake, increasing exercise, and implementing more fibre, fruits and vegetables into their diets.

Asking patients to tackle all of this at once could feel like a mountainous task. It's important to break down these big lifestyle changes into **smaller, more manageable tasks**. It's crucial for the patient to be able to implement this lifestyle change, rather than focus on making a short-term fix, only to return to old lifestyle habits. The patient will need to **prioritise what changes are most important** to them, as everyone's circumstances will be different

There are also some nifty ways of increasing vegetable and fruit intake without being faced with a big plate of vegetables. Smoothies and soups are a great way of getting in your five a day without feeling as though you've eaten everything in the fruit and veg aisle at Tesco! Finding a smoothie bar or café that your patient likes might be a good way to increase their 5 a day - and also their daily step count.

Scientific literature and articles of interest:

- **Emotional eating** is a common way for people to deal with heightened emotions. Figuring out your patient's emotional support strategies can be a big help in managing their lifestyle habits, and finding ways for them to feel better without using food. <u>This article</u> goes into emotional eating in more detail.
- <u>This editorial</u> discusses the results of the recent EUROASPIRE survey that identified the following factors (to name a few) as being crucial to patient adherence to lifestyle recommendations: small steps, flexibility, repeated practice, social support, support of self-efficacy, feedback and relapse prevention
- <u>Socio-economic status can have a big impact on multiple factors</u>. Food insecurity can play a key role in many people having a cardiac event, as they can experience periods of intermittent fasting followed by binging when food is available. This may also be associated with poorer mental health, due to regular exposure to the fight or flight response.
- Prioritise enjoyment! <u>This study</u> found that interventions that bring **enjoyment may help with the long-term maintenance of behavioural changes**. Finding out what your patient enjoys and aiming to include that in your intervention process is likely to help them to stick to their goals!
- <u>This paper</u> highlights that **ethnic minorities are less likely to utilise cardiac rehabilitation resources**. It identifies 12 multi-level barriers, including language proficiency, religion, culture and lack of family support. Although the report doesn't include recommendations, it effectively draws attention to this important issue.
- **This study** found that **patients sensitive to weather changes** are particularly at risk for cardiac and psychological symptoms during August, December and March months of seasonal transitions.
- This editorial provides an insightful account of a **seemingly increasing issue** : myocardial Infarction in patients with no traditional standard modifiable cardiovascular risk factors (SMuRFs) (rising from 1% in 2006 to 27% in 2014).

Keep in touch with The Heart Manual!

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

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! 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.