

# THE HEART MANUAL

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## TRAINING WORKBOOK



The information contained in this workbook is based on evidenced-based practice and knowledge at the date of publication. However, no guarantee can be given that Heart Manual training will not be contradicted by subsequent findings or knowledge.

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Examples of resources and charts that may be of use during the programme can be found on the facilitators site of the HM website.

## The Heart Manual Training: Aims and Outcomes

This is a two day course with the first day focused on psychological and behavioural principles at the core of the Heart Manual. The second day focuses on facilitation of the Heart Manual and current practices in cardiac rehabilitation. Listed below are the aims and outcomes for both days.

### **AIMS**

- To teach facilitators the importance of the clinical and psychological factors in the long-term management of patients with Coronary Artery Disease and to elicit and promote these in clinical practice.
- To promote effective clinical practice by providing the theoretical and practical knowledge base to enhance and extend competencies of the practitioner in the delivery of the Heart Manual programme.

### **LEARNING OUTCOMES**

On successful completion of the Heart Manual training programme, facilitators should be able to employ professional judgement and clinical expertise to:

- Understand the current landscape of cardiac rehabilitation and relevant clinical guidelines.
- Assess, implement and evaluate the use of the Heart Manual in their own clinical area, based on the physical and psychosocial needs of the individual and their family, in both acute and community settings.
- Discuss the fundamentals of the cognitive behavioural model, in the context of long term/chronic disease management and Heart Manual facilitation.
- Demonstrate a working knowledge of Coronary Artery Disease, its pathophysiology, treatment, and the role of the facilitator when using the Heart Manual as a patient intervention.
- Demonstrate knowledge and awareness of short to long term goal setting for patients receiving cardiac rehabilitation and the secondary prevention strategies which can be used or put in place.
- Undertake self-evaluation in the competence of facilitating the Heart Manual.
- Appraise the contribution of current research, audit and monitoring within the general framework of long-term/chronic disease management.

## Day 1: Core content for psychology day

- 9:30 am**      **Registration and Introduction**
- The Heart Manual**
- The Heart Manual: Development & Evidence
  - The Five Steps to Success
- The Digital Manual –D-HM**
- Navigating the website
- Cardiac Beliefs**
- How people respond to illness
  - Cardiac misconceptions
  - The CBT Model
- Anxiety & Depression**
- Anxiety
  - Depression
  - Screening for Anxiety & Depression
- 11:00am**      **Tea/Coffee**
- Relaxation & Breathing
  - Other coping strategies
- Health Behaviour Change**
- Goal Setting & Pacing
  - Over-Activity Rest Cycle
- 12:45pm**      **Lunch**
- Potential Issues**
- Cognitive Function
  - Psychology of Pain
  - Sex
  - Sleep
- 3:30pm**      **Tea/Coffee**
- Fitting it all together
- Evaluation Form
- 4:30pm**      **Finish**

## Day 1: Relevant sections in the Heart Manual

### Challenging Cardiac Misconceptions:

- Your Heart Attack: The Facts (Pages 11-16) [Part One](#)
- Does Stress cause heart attacks? (Page 69) [WK 3](#)
- Blaming stress for your heart attack is unhelpful (Page 70) [WK 3](#)
- Quick Quiz – Useful for assessing patients misconceptions and setting the facts straight (Page 59) [WK 2](#)
- Quick Quiz Answers (Page 60) [WK 2](#)
- Why is exercise so Important? (Page 24) – Useful for tackling misconceptions about exercise [WK 1](#)

### Breathing

- Breathing (Page 33, 148 and Relaxation Audio) [WK 1](#)

### Relaxation

- Breathing and Relaxation (Page 29, 44 and Relaxation Audio) [WK 1](#)

### Problem Solving, Controlling Workload & Saying No

- Anti-Stress Tactics (Page 88-95) [WK 5](#)

### Distraction Techniques

- Visualisation in Relaxation Audio
- Positive Thoughts List (Post MI: Page 34) [WK1 \(Knowing the truth\)](#)
- Stop Signs
- Activity

### Challenging Dysfunctional Thoughts

All the pages listed for challenging misconceptions in the Heart Manual, and additionally:

- Positive Thoughts (Page 34) [WK1 \(Knowing the truth\)](#)
- Six rules for coping with anxiety (Page 159) [Part 3 Anxiety](#)
- Identifying Negative Thoughts (Pages 160-1) [Part 3 Anxiety](#)

## **Negative Automatic Thoughts**

- Identifying Negative Thoughts (Pages 160-1) [Part 3 Anxiety](#)
- Low Spirits (Pages 163-5) [Part 3 Low spirits \(Depression\)](#)

## **Planning Daily Activities**

- Keeping up the Up things (Page 74) [WK 3 Stress The story so far](#)

## Day 1: Group Exercise: Anxiety & Depression

Think of a recent anxiety provoking situation (either something you have experienced or someone else you know).

- **What are the symptoms of anxiety?**

(List physical, behavioural, emotional and cognitive symptoms)

- **What are the symptoms of depression?**

(List physical, behavioural, emotional and cognitive symptoms)

- **What do you do to cope if you are anxious and depressed?**



# Hospital Anxiety and Depression Scale (HADS)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings he or she will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. Read each item below and **underline the reply** which comes closest to how you have been feeling in the past week. Ignore the numbers printed at the edge of the questionnaire.

Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought-out response.

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**I feel tense or 'wound up'**

- Most of the time  
A lot of the time  
From time to time, occasionally  
Not at all

**I still enjoy the things I used to enjoy**

- Definitely as much  
Not quite so much  
Only a little  
Hardly at all

**I get a sort of frightened feeling as if something awful is about to happen**

- Very definitely and quite badly  
Yes, but not too badly  
A little, but it doesn't worry me  
Not at all

**I can laugh and see the funny side of things**

- As much as I always could  
Not quite so much now  
Definitely not so much now  
Not at all

**Worrying thoughts go through my mind**

- A great deal of the time  
A lot of the time  
Not too often  
Very little

**I feel cheerful**

- Never  
Not often  
Sometimes  
Most of the time

**I can sit at ease and feel relaxed**

- Definitely  
Usually  
Not often  
Not at all

**I feel as if I am slowed down**

- Nearly all the time  
Very often  
Sometimes  
Not at all

**I get a sort of frightened feeling like 'butterflies' in the stomach**

- Not at all  
Occasionally  
Quite often  
Very often

**I have lost interest in my appearance**

- Definitely  
I don't take as much care as I should  
I may not take quite as much care  
I take just as much care as ever

**I feel restless as if I have to be on the move**

- Very much indeed  
Quite a lot  
Not very much  
Not at all

**I look forward with enjoyment to things**

- As much as I ever did  
Rather less than I used to  
Definitely less than I used to  
Hardly at all

**I get sudden feelings of panic**

- Very often indeed  
Quite often  
Not very often  
Not at all

**I can enjoy a good book or radio or television programme**

- Often  
Sometimes  
Not often  
Very seldom

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Now check that you have answered all the questions

This form is printed in green. Any other colour is an unauthorized photocopy.

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First published in 1994 by nferNelson Publishing Company Ltd.

Published by GL Assessment Limited, The Chiswick Centre, 414 Chiswick High Road, London W4 3VT

TOTAL

A	D



## Day 1: Group Exercise: New Year's Resolution

**Take a few minutes to think about your own circumstances and answer the questions below.**

Have you ever made a 'New Years' resolution or a Health Behaviour Change?

**Consider these questions -**

- What did you want to change?
  
- Why did you want to make this change?
  
- How successful were you?
  
- What helped you succeed?
  
- What caused you to relapse?
  
- What would you do differently if you were to try again or make a new change in the future?

**You may find it useful to consider these questions before you begin facilitating the Heart Manual.**

## Day 1: Sleep Quiz

It is recommended that everyone has around 8 hours sleep per night	Yes	Don't Know	No
It is better not to take a nap during the day	Yes	Don't Know	No
If someone has had a bad night's sleep, they should try to lie in to catch up	Yes	Don't Know	No
Exercise helps you to sleep	Yes	Don't Know	No
Coffee can keep you awake	Yes	Don't Know	No
Sleeping tablets or alcoholic drinks can help you get to sleep	Yes	Don't Know	No
A 'winding down' routine can help prepare the body mentally and physically for sleep	Yes	Don't Know	No
Worrying about sleeping makes it more difficult to get to sleep	Yes	Don't Know	No
It is better to keep the window wide open during the night	Yes	Don't Know	No
When worrying about other problems keeps you awake, it can be helpful to write them down	Yes	Don't Know	No
You should always stay in bed at night, even if you have been lying awake for hours	Yes	Don't Know	No

When a facilitator visits after Mr Blake (62) has had angioplasty six weeks ago, Mrs Blake takes the facilitator aside and mentions that her husband does not appear interested in sex. She suggests to the facilitator should raise the issue since her husband does not believe her when she says that sex would be safe and good for him. Mrs Blake also feels that her husband would be more likely to believe the facilitator because he is following advice on other aspects such as exercise and dietary changes.

Can you identify any misconceptions Mr Blake may have?

Can you identify any misconceptions Mrs Blake may have?

How would you raise the issues about sex?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

### Mr Gordon

Mr Gordon (57) has been sleeping badly since his bypass two weeks ago. He still finds himself lying awake at night. His wife has noticed that he is tired the next day. He is worried about going out on his own mainly because he cannot seem to remember the code for the burglar alarm. His wife is concerned because she feels he will never be able to go back to work because he now forgets simple things. She says that she is concerned as they both thought that things would be much better now he is 'fixed'.

Can you identify any misconceptions Mr Gordon may have?

Can you identify any misconceptions Mrs Blake may have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

### Mr Davis

Mr Davis, 39, says that he is feeling fine after his elective angioplasty 3 weeks ago. He has gone back to work and enjoys getting back to the pub with the other lads. He has not given up smoking and reckons that since he has been 're-plumbed' he no longer needs to worry about his bad habits. His girlfriend, Mandy, is concerned that he is making no effort to change his lifestyle. On one occasion, he admitted to her that he feels stressed after his recent experience and just wanted to forget about it and enjoy himself. Mandy feels there is nothing she can do to change him because when she confronts him about his lifestyle, he refuses to discuss it.

Can you identify any misconceptions Mr Davis may have?

Can you identify any misconceptions Mandy may have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

## Mr White

Mr White (63) has been ignoring chest pains for some time before his heart attack, believing them to be due to indigestion. His wife had suspected something was wrong but has been unable to work out what. Mr White says she has always been a bit of a worrier and so he tends to keep his concerns to himself. She he has been home there has been quite a lot of friction between them. Mrs White has been encouraging her husband to stop smoking and to eat the low fat food she has cooked since his heart attack. She has even moved into the spare bedroom to let her husband get a good night's sleep. He says she is looking after him very well, and he is grateful.

On your second visit, Mr White tells you about lots of strange sensations he has been getting since his heart attack. He says he ignored his chest pain before and 'look what happened to me'. He asks you for a lot of reassurance, and seems particularly unsure about the exercises you showed him. 'My wife says I should be slowing down and looking after myself. Everyone has rallied round, there's even a rota of relatives doing the garden and the shopping now'.

Can you identify any misconceptions Mr White may have?

Can you identify any misconceptions Mrs White may have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

### Mr Stewart

Mr Stewart (47) is married and has three children (17, 12 and 8). He has had an MI two weeks ago. He runs his own business and is very worried about being away from work. His parents both had heart trouble, and his father had his first heart attack at 50. Mr Stewart told you that his father went on to suffer three more heart attacks and a stroke.

Mrs Stewart is very distressed and is finding it difficult having him around the house. She reports that he is not talking to her much and keeping himself to himself. She says she even found him crying one afternoon, something she'd never seen him do before. He's also very irritable with the children and even shouted at their youngest when he asked his dad if he was OK.

As she sees you to the door she says, 'I suppose he'll always be like this now'.

Can you identify any misconceptions Mr Stewart might have?

Can you identify any misconceptions Mrs Stewart might have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?



## Day 1: Identifying Cardiac Misconceptions

### Mr Edwards

Mr Edwards (43) is very keen to be discharged from hospital as soon as possible after his MI. He says he feels fine, and he has obviously found it difficult to be 'cooped up' in a hospital ward for days. He didn't seem too interested in the Heart Manual when you explained it to him, and laughed at the exercises, saying they were too easy for him. He said that he has always been very fit and was looking forward to getting back to his usual fitness regime. In fact, he's planning to play football in his local team on Sunday.

Can you identify any misconceptions Mr Edwards might have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

### Mrs Turner

Mrs Turner (58) has lived alone since her husband died 8 years ago. She says she has always been fit and healthy and had a busy schedule of community activities before her heart attack three weeks ago. The number of cards and vases of flowers around her flat confirm that she has many supportive friends.

Mrs Turner's daughter lives 60 miles away but is visiting regularly to 'help her mother out' at present. Mrs Turner says her daughter discourages her from 'overdoing it', and reading between the lines that seems to include going out alone, having visitors, or carrying out her Heart Manual exercises. Consequently, Mrs Turner hasn't been doing very much. Her daughter wants Mrs Turner to move closer to her home so that she can look after her. Mrs Turner doesn't want to move, but doesn't want to be a burden to her daughter. She gets quite agitated as she discusses her options.

Can you identify any misconceptions Mrs Turner might have?

Can you identify any misconceptions Mrs Turner's daughter might have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

### Mr Green

Mr Green (57) has had his second heart attack. He did not have any form of rehabilitation after his first, and seemed unsure about seeing a Heart Manual facilitator. Against his doctor's advice, he had returned to work before your first out-patient visit at 2 weeks post-MI. He is finding work exhausting, but says this is just because of the build-up of work from when he was in hospital, and the incompetence of his junior staff. He says he's finding it hard work to manage all the housework and shopping etc. as well. He had not read the Heart Manual before your visit, saying he had no trouble last time on his own. He says that a bit of fresh air and getting on with life seemed to have been the best treatment for him, and he's feeling much better. He is still smoking 20 cigarettes a day.

Can you identify any misconceptions Mr Green might have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

## Day 1: Identifying Cardiac Misconceptions

### Mr Smyth

Mr Smyth (42) is in hospital following his MI two days ago. He is missing his internet as there no Wi-Fi on the ward. However, he is able to access the internet on the phone. He is a non-smoker but admits that for his age he should really be fitter and does not do much exercise. He also has very little knowledge of what a heart attack is and what might have caused his own event. He is impatient to find out more. He loves playing computer games and says that takes up a lot of his spare time. He does not have a steady partner. He is keen to return to work as soon as possible and cannot see how he would fit in a hospital based cardiac rehab programme. He seemed quite interested in the Digital Heart Manual but would want to start reading the manual while he is in the hospital.

Can you identify any misconceptions (if any) do you think Mr Smyth might have?

What problems might you anticipate?

What information/advice would you give?

What other action would you take?

# DAY 2

## 9:30 am Introduction – Trainers & Participants

- Objectives of Day 2

### Cardiac Rehabilitation: An Overview

- Background
- The phases and stages of rehabilitation
- BACPR standards & core components of rehabilitation
- Cardiac rehabilitation today – Meeting the challenges

### The Heart Manual Programme

- Self-management objectives and adult learning theory
- Introduction to the Heart Manuals
- Facilitating the Heart Manuals
  - Inclusion/Exclusion criteria
  - 5 steps to success
  - Role of the facilitator

## 11:00am Tea/Coffee

### Coronary Heart Disease Conditions/Revascularisation

- Coronary artery disease (CAD)
- Angina
- Angioplasty/stenting
- Acute coronary syndrome (ACS)
- Coronary Artery Bypass Graft (CABG) and surgical issues

## 13:00pm Lunch

### Lifestyle change

- Risk factors: non-modifiable/modifiable
- Clinical guidelines
- Supporting lifestyle change/goal-setting

### Returning to Activity

- Exercise guidelines and criteria
- The Heart Manual exercises
- Monitoring effort
- Driving, Travel and Vocational Issues

## 4:00pm Finish

## Navigating the Heart Manuals

Post Myocardial Infarction (12 <sup>th</sup> Impression, 2020)	Page	D-HM (tab)
How to use the Manual	7	<b>About/ How to use</b>
Facilitator Contact Details	8	N/A
Q&A for patients (Audio)	CD or web-link	<b>How to use/How to use this manual</b>
<b>Part 1</b>		
You & Your Heart Attack	11	Recovering in hospital
Questions & Answers	16	N/A
<b>Part 2</b>	17	
Exercise/Activity Plan	24	<b>Week 1</b>
Walking Record	26	<b>Walking record</b>
Exercise Record	27	<b>Exercise record</b>
Daily Activity Record	28	<b>Daily activity record</b>
Relaxation	29	<b>Wk 1 or Relaxation</b>
Heart Attack Information	35	<b>Wk 1 or Emergency Info</b>
Smoking ( <i>Wk 2 risk factor</i> )	54	<b>Wk2</b>
Diet ( <i>Wk 3 risk factor</i> )	75	<b>Wk 3</b>
Alcohol ( <i>Wk 3 risk factor</i> )	78	<b>Wk 3</b>
Weight ( <i>Wk 4 risk factor</i> )	96	<b>Wk 4</b>
Exercise( <i>Wk 5 risk factor</i> )	114	<b>Wk 5</b>
Sex after a heart attack	117	<b>Wk 5</b>
Blood Pressure( <i>Wk 6 risk factor</i> )	128	<b>Wk 6</b>
Back to work	129	<b>Wk 6</b>
Final Checklist	131-2	<b>Wk 6</b>
<b>Part 3</b>	133	
Medicines Record	141-2	<b>Part 3/ Medicines</b>
Patient Questionnaire	167-8	<b>Patient Questionnaire</b>
The Home Exercise Plan Exercises	169-173	<b>Home Exercise Plan</b>

Blue/ Green = quick find tab on right hand column of

Revascularisation (12 <sup>th</sup> Impression, 2020)	Page	DR-HM (tab)
How to use the Manual	7	<b>How to use/ How to use this manual</b>
Facilitator Contact Details	8	N/A
How to use this website	N/A	<b>How to use/ How to use this website</b>
<b>Part 1</b>		
Starting your recovery	11	Starting your recovery
Your procedure: Angioplasty (Stent)	15	Angioplasty (stent)
Your procedure: CABG	17	Coronary artery bypass graft (CABG)
Some common concerns (CABG)	20	General tips
Questions & Answers	22	General tips
<b>Part 2</b>		
Exercise/Activity Plan	30	<b>Week 1</b>
Walking Record	32	<b>Walking record</b>
Exercise Record	33	<b>Exercise record</b>
Daily Activity Record	34	<b>Daily activity record</b>
Relaxation	35	<b>Wk 1 or Relaxation</b>
Heart Attack Information	41	<b>Wk 1 or Emergency Info</b>
Smoking ( <i>Wk 2 risk factor</i> )	60	<b>Wk 2</b>
Diet ( <i>Wk 3 risk factor</i> )	81	<b>Wk 3</b>
Alcohol ( <i>Wk 3 risk factor</i> )	84	<b>Wk 3</b>
Weight ( <i>Wk 4 risk factor</i> )	102	<b>Wk 4</b>
Exercise ( <i>Wk 5 risk factor</i> )	120	<b>Wk 5</b>
Sex after a heart procedure	123	<b>Wk 5</b>
Blood Pressure ( <i>Wk 6 risk factor</i> )	134	<b>Wk 6</b>
Back to work	135	<b>Wk 6</b>
Final Checklist	137-8	<b>Wk 6</b>
<b>Part 3</b>		
Wound Healing	141	<b>Wound healing</b>
Medicines Record	142	<b>Medicines</b>
Angina	151	<b>Angina</b>
Patient Questionnaire	171	<b>Patient Questionnaire</b>
The Home Exercise Plan Exercises	173	<b>Home Exercise Plan</b>

Links to digital resources can be found at:

[www.heartmanual.scot.nhs.uk/index.php/download/resources](http://www.heartmanual.scot.nhs.uk/index.php/download/resources)

## Day 2: Heart Manual Case Study 1

### **DOROTHY PEACOCK – 85 YEARS**

#### **Reason for referral**

Angina prior approximately 12 months, but more troublesome recently. Unable to do ETT but taken for elective PCI where she had DES x2 to RCA and LAD.

#### **PMH**

Previous MI 4 year ago • AF • Osteoporosis

Arthritis in knees/hips

#### **Physical activity**

BMI 28 • Smoker 10/day • Chlo 6.2

BP on discharge: 130/84 Pulse 76 irregular. No HADS score. On all appropriate meds.

#### **Social**

Walked every day to local paper shop and back. Stick for outdoors. Approximately 15mins in total. Has to stop sometimes.

#### **Care-giver**

Daughter visits most days and takes shopping. Sees this as a warning and wants her mum to take it easy from now on.

#### **First visit**

Dorothy admits to feeling anxious about being home alone in case she takes unwell. She feels quite weepy sometimes. She's not sure but she thinks she has had another heart attack but has had an operation to repair it. She is not sure about what happens to the stent when she moves and is understandably cautious about overdoing it. She feels tired all the time and is still a bit breathless. She's reluctant to go out until she feels a bit stronger. Her medication has been changed and she's unsure it's all necessary at her age.





## Day 2: Heart Manual Case Study 2

### **SCOTT GRAHAM – 53 YEARS**

#### **Reason for referral**

Admitted to hospital by ambulance with central chest pain, radiating to jaw and arm. Diagnosed as an acute STEMI and taken for primary PCI. DES x2 to LAD and OM1. One episode of self-terminating VT in CCU.

Raised Troponin.

BP on discharge: 110/60 Pulse 60 regular. Waist circumference 87 cm.

#### **PMH**

Normally well. Had a few episodes of “indigestion” and feeling quite tired a few weeks prior to admission.

#### **Risk factors for CAD**

Chol 7.4 • Family history -father died of MI 52y • Smoker 20-30/day • Reduced activity. On all appropriate medication. HAD Anxiety: 14 Depression: 9

#### **Physical activity**

Sedentary job. He went swimming with his son on his day off. 15-20 lengths.

#### **Social**

Self-employed taxi driver. Working long hours. Requesting urgent cardiology review to get permission to go back to work.

#### **Care-giver**

Wife witnessed the MI and called the ambulance. Very worried about Scott going back to work too soon. 7 year old son.

#### **First visit**

Scott is very anxious about his finances and young family. He thinks stress was the main factor in his MI. He doesn't see how he will have time to work through the HM as he is planning to go back to work soon, but he will try to read some of it. He is not sure about the relaxation CD. He says he is not happy about taking a beta blocker as he is worried about the side effects.



## Day 2: Heart Manual Case Study 3

### **NAVENE SINGH – 48 YEARS**

#### **Reason for referral**

Had angina for 3 years, unstable for approximately 6 months. Angiogram revealed triple vessel disease, not amenable to PCI. He was referred for elective CABG. LIMA to LAD and SV graft to CX, discharged 1 week ago.

#### **PMH**

CAD, Angiogram, Type II diabetes

#### **Risk factors for CAD**

Type II Diabetic • Chol 6.9/ BMI 27 • BP on discharge 120/68 pulse 77 regular. HAD: Anxiety 12 Depression 8 • On Aspirin and Statin and Metformin

#### **Physical activity**

Previously attended the gym for a circuit class twice a week, but put on hold when angina more unstable.

#### **Social**

Navene is a teacher. He is married with three children. He is the main carer for his elderly mother since her CVA in 2015. He has refused social support but will discuss with other family members.

#### **Care-giver**

His wife is concerned about how he will manage as he is very stubborn and wants to do things his way. She is worried that he is very forgetful.

#### **First visit**

On questioning Navene is a little unclear about what was done in the operation and where the blockages are now. At the first visit Navene complains that he is aching all over from his wounds and his leg wound is leaking. He is being treated for a chest infection and it really hurts when he coughs. He is not sure about his pain relief and he is taking them erratically. He tells you he is not sleeping and his short term memory and concentration are poor. He is struggling to read the manual. Sometimes at night he feels his heart racing. His appetite is poor. He feels much worse than expected and is worried about how much time he will need to take off his work. He is concerned about how he will manage his family commitments.



## Day 2: Case Study Work Sheets A

1. Consider how would you introduce the HM to the patient.
  
  
  
  
  
  
  
  
  
  
  
2. Address each of the questions below and consider areas of the Heart Manual and resources that may be able to help address these needs (give actual pages).
  - I. Identify any educational needs?
  
  
  
  
  
  
  
  
  
  
  - II. What are the key physical and psychological needs of your patient and can you come up with potential solutions?
  
  
  
  
  
  
  
  
  
  
  - III. Identify possible support needs e.g. activities of living, social work, return to work etc. (Including caregiver)

## Day 2: Case Study Work Sheets B

Address each of the questions below and consider areas of the Heart Manual and resources that may help (give actual pages).

1. How would you encourage self-management with regards to Health Behaviour Change (HBC)/risk factor modification?
2. How would you assist in setting activity goals with your patient and what factors would you consider?
3. How would you monitor progress?
4. How would you deal with a set-back?

## Day 2: Case Study Work Sheets A

1. Consider how would you introduce the HM to the patient.

2. Address each of the questions below and consider areas of the Heart Manual and resources that may be able to help address these needs (give actual pages).

I. Identify any educational needs?

II. What are the key physical and psychological needs of your patient and can you come up with potential solutions?

III. Identify possible support needs e.g. activities of living, social work, return to work etc. (Including caregiver)

## Day 2: Case Study Work Sheets B

Address each of the questions below and consider areas of the Heart Manual and resources that may help (give actual pages).

1. How would you encourage self-management with regards to Health Behaviour Change (HBC)/risk factor modification?
2. How would you assist in setting activity goals with your patient and what factors would you consider?
3. How would you monitor progress?
4. How would you deal with a set-back?

## Day 2: Exercise: Modifiable Risk Factors

Take 10 minutes to discuss and fill in the targets below.

Modifiable Risk Factor	Target Measurement
BMI: Caucasian Female/Male Asian Female/Male	Kg/m <sup>2</sup>
Waist Hip Circumference Female/Male	cm
Blood pressure (healthy popn)  Patients with CAD	mmHg
Total cholesterol (healthy popn) Patients with CAD	mmol
HDL-c (healthy popn)	mmol/l
LDL-c	mmol/l
Diabetic control – HbA1c <i>(indicator of 3 month control)</i>	% (or) mmol
Smoking	
Physical Activity	
Alcohol Female/Male	
Diet Fruit & Vegetables Oily Fish Fats Salt	



## Day 2: Group Exercise: What if it happened to you?

This activity encourages you to reflect on your own circumstances. It asks you to consider how having a heart attack would affect your life and prompts you to consider how such a diagnosis would impact on your life. If you have however experienced a heart problem or any other serious medical condition in the past or feel uncomfortable about using yourself as a case-study, please feel free to reflect on your experience as a practitioner. It is however important that you do not disclose any information about yourself that you do not wish to discuss with others. If you decide to use a patient's circumstances within this activity please ensure that confidentiality is maintained.

**It is midnight and you have been woken up by heaviness in your chest.**

What are your first thoughts?

**15 minutes later and the pain starts to radiate to your left arm, you feel nauseous and begin to sweat.**

What do you do?

**You are admitted to your local hospital and are diagnosed with an STEMI**

What are your main concerns?

**You are treated with PPCI or thrombolysis and make a good recovery. Prior to discharge you are started on 5 medications.**

How do you feel about taking these medications?

Do you think you will be compliant?

**You are asked to think about your social circumstances.**

How do you think having a heart attack would affect your life?

Work

Family

Social activities

How do you think your family would deal with the changes you would make, if any?

**You are asked to think about your lifestyle.**

What do you consider to be your risk factors?

How would you prioritise these in relation to importance and confidence?

What other issues would you like to discuss with a facilitator?