



CARDIAC CARE

FOR NURSES, NURSE PRACTITIONERS, CLINICAL NURSE SPECIALISTS *and* PHYSICIAN ASSISTANTS

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Diets: Working with the Patient Factor

By *Becky Bellingham, R.N., B.S.N., C.C.R.N., EEC*

Nurses, nurse practitioners and physician assistants are often on the front lines in dealing with patient behavioral changes. They teach, encourage and cajole patients to make changes in their lifestyles, knowing that their efforts may sometimes be futile.

Still, these cardiovascular professionals build systems for care and information delivery. They work as a team with other professionals to help patients achieve better health and quality of life.

Unfortunately, a diet is only as effective as a person's compliance with the diet, and diets that differ drastically from a patient's normal diet tend to fail. In our practice, we have found it important to conduct a thorough evaluation of a patient — their diagnosis, lifestyle, eating habits, personality and motivation — before making specific recommendations.



EECP therapist Christi Flood and Becky Bellingham, who has just come back from the cath lab.

Of course, patients hear about the fad diets and many have tried at least one. Knowing the science behind these diets enables us to answer their questions intelligently and guide them appropriately. The *JACC* article, "Diets and Cardiovascular Disease: An Evidence-

► **Bellingham continued on next page.**

Include Cultural and Economic Understanding

By *Laura Blanchard Wicks, C.R.N.*

Perhaps the most difficult part of providing quality cardiovascular care to our patients is not stenting an artery or some other complex procedure, it is getting the patient to maintain a healthy diet and exercise program.



When you practice at a large, urban, charity cardiovascular program in downtown

New Orleans, persuading patients to change is extremely difficult. Most of your patients have grown up on large quantities of French bread stuffed with fried shrimp or oysters (Poboy sandwiches), fried chicken, green leafy vegetables cooked with lard and salt, and cheap fast food. Persuading them to switch is quite frustrating and beyond difficult.

In addition to the city's engrained food culture, healthy diets with their fresh fruits

► **Wicks continued on next page.**

IMPORTANT DATES IN MAY

- National Stroke Awareness Month
- National High Blood Pressure Month
- National Physical Fitness and Sport Month
- National Nurses Week May 6 – 12
- National Women's Health Week May 8 – 14

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Bellingham (continued from cover)

Based Assessment,” along with some ACC '05 sessions on diet, exercise and metabolic syndrome, provides tremendous help in this respect.*

We do work with a dietician from a hospital-based cardiac rehabilitation program. She comes in once a week to advise our patients. Although she works primarily with the Lipid Clinic patients, she is available for other patients and at other times by appointment.

At Oregon Cardiology P.C., we run an enhanced external counterpulsation program. Our patients are primarily at endstage coronary artery disease, heart failure and often have diabetes. Patients come every day Monday through Friday for seven weeks and then follow up in cardiac rehab for three more months.

The dietician is available to consult with these patients initially and gives them specific dietary evaluations and recommendations. We then follow up for the seven weeks with daily interaction and then later in cardiac rehab.

Not all patients take advantage of this opportunity, despite our encouragement, but at least the option is there. If patients decline the dietician services, we provide our own dietary education.

It's difficult to be an expert in all areas when it comes to dealing with patients and their medical needs. For that reason, I am a firm believer in the team approach. Ideally, a team that includes dieticians and other

Wicks (continued from cover)

and vegetables are too expensive for many of our patients.

Because much of the diet guidance in the large cardiovascular clinics at LSU Health Sciences Center is provided by nurses, cardiology fellows and staff, and only occasionally by a dietician, understanding the science behind various diets can be very useful.

However, more research needs to be done on the optimal diet to promote both weight loss and prevent cardiovascular disease.

More important, studies need to be carried out in different parts of the country and in different socioeconomic groups to address differences in eating habits and lifestyles.

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cardiac rehab specialists, such as exercise physiologists, can ensure that patients receive optimum care.

Bellingham is nurse coordinator, Oregon Cardiology P.C., Eugene, Ore. ■

*Parikh, et al. Diets and Cardiovascular Disease: An Evidence-Based Assessment. *Journal of the American College of Cardiology* 2005; 45:1379-87.

To reference ACC '05 sessions, go to <http://www.acc05online.acc.org>.

Do Nurses Watch Out for Themselves Enough?

In a recent study, researchers found that nurses did not take a break or eat a meal free of patient care responsibilities in more than 50 percent of their shifts over a one-month period. They either worked non-stop for an entire shift or were only able to sit down briefly during the shift.

According to the study, many nurses, working with low staffing levels, feel they must work nonstop to meet their patients' needs. Error rates for these nurses did not necessarily increase; however, the situation

most likely adds to job burnout and nurses leaving the profession, said researchers.

Taking longer breaks does seem to have a positive influence on errors. Shifts with breaks averaging 23.8 minutes cited no errors. When breaks averaged only 16.2 minutes, errors occurred.

See Rogers A., Hwang W., and Scott L. "The Effects of Work Breaks on Staff Nurse Performance." *Journal of Nursing Administration* 2004; 34,1:512-519. ■

Teaming Up for Better Diabetes/CV Treatment

By Mary Lou Perry, R.D., M.S., C.D.E.
Born out of a desire to aggressively and collaboratively manage and treat heart disease and diabetes, the Diabetes Cardiovascular Clinic has been serving patients in Charlottesville, Va., for three years. This collaborative clinic, which uses an interdisciplinary team approach, is a joint clinical venture through the Division of Cardiovascular Medicine and Division of Endocrinology at the University of Virginia.

To address the complex medical conditions of diabetes/CHD/risk factors, the clinic offers the benefits of working with a team comprising a cardiologist, an endocrinologist, a cardiovascular rehabilitation specialist, dietitians, cardiovascular nurses/nurse practitioners and certified diabetes educators — all in one location.

Physician referrals are handled seamlessly, and patients are seen on the same day as the referral. Patients are also scheduled between doctor visits to see other members of the team.

Nutrition counseling is seen as an extremely important treatment component, and the Heart Center maintains a full-time registered dietician/certified diabetes educator (R.D./C.D.E.).

Using a team approach allows us to streamline the evaluation and treatment process and help patients better understand their conditions, including how to reduce their risk of heart disease or stroke. Our goal is to work with referring physicians to help manage their patients' medical conditions.

By working in the same location, our team members speak immediately with each other and share insights for treatment plans. Patients benefit from skilled management of blood sugar, blood cholesterol and blood pressure levels, as well as weight management and exercise counseling.

Perry is the nutritionist for the Heart and Vascular Center, Diabetes Cardiovascular Clinic, Charlottesville, Va. ■

Navigating the Maze of Nutrition Advice

By Suzanne Hughes, M.S.N., R.N.
The plethora of weight loss advice and nutritional information can be confusing to the public and clinical professionals alike. Those with cardiovascular disease, or at risk for its development, would clearly benefit greatly from an individual consultation with a nutrition professional. Providing for such full instruction is challenging, if not impossible, in the current reimbursement environment.

Nurses, advanced practice nurses and physician assistants working in the clinical and community settings alike are often required to provide nutrition advice or answer questions about nutrition. For many years, those with heart disease and/or cholesterol disorders were typically instructed to follow a low-fat, low-cholesterol diet.

LDL cholesterol remains the primary target in treating dyslipidemia. However, the epidemic of obesity and type-2 diabetes places great importance on lowering total caloric intake to bring about weight loss. Identifying a nutrition plan that is satisfying and can be maintained over time is also important.

Patients seeking nutritional advice often have one or more needs in addition to lowering total or LDL cholesterol that may include:

- Weight loss and weight maintenance
- Managing hypertension
- Managing or preventing diabetes
- Treating the atherogenic dyslipidemia associated with metabolic syndrome. ■



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Discover Cardiosource



Suzanne Hughes

By Suzanne Hughes, M.S.N., R.N.

In addition to the excellent review article, "Diets and Cardiovascular Disease: An Evidence-Based Assessment," in the May 3, 2005, *Journal of the American College of Cardiology*, these other resources might prove useful and relevant to Cardiac Care Associate members.

Dietary Guidelines for Americans, 2005 Update, developed by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture, was released Jan. 12, 2005. Several helpful documents, including the full text of the report, executive summary and consumer brochures, are available at <http://www.healthierus.gov/dietaryguidelines>.

For counseling patients, consider the *Pharmacologic and Surgical Management of Obesity in Primary Care: A Clinical Practice Guideline from the American College of Physicians* at

<http://www.annals.org/cgi/reprint/142/7/525.pdf>. This guideline provides recommendations for the pharmacologic and surgical treatment of obesity. The target audience is all clinicians caring for patients with a body mass index of 30 kg/m² or greater.

Also available at <http://www.acc05online.org>. *acc.org* is the ACC '05 Tuesday session "Which Diet Is Best for Whom? The Science Behind the Diets." With ACC '05 Online, all ACC members and ACC '05 attendees have free access to more than 1,000 sessions from ACC '05 in Orlando, Fla. The only exceptions are those sessions for which the ACC did not receive permission. ACC '05 Online is also available through <http://www.cardiosource.com> and <http://www.acc.org>.

It is important that those practicing in the cardiology field have up-to-date, credible information to help our patients and the public through the maze of dietary advice. We hope you will look to Cardiosource for these and other tools to assist you. Read about these and other studies at www.cardiosource.com. ■

To the Cardiac Care Team



Brenda Garrett

In the two short years that ACC membership has been offered to nurses, nurse practitioners (N.P.s) and physician assistants (P.A.s), great strides have been made in the growth of new Cardiac Care Associate (CCA) members, now at 1,800, and in the steady maturity of ideas, plans and goals for the future. Dedicated volunteers and

ACC staff have dedicated long hours to better define the membership group, its needs and what the ACC can do for them professionally.

We have conducted numerous conference calls, face-to-face discussions and surveys to determine common goals and initiatives for this membership group. The most prevalent need we found was common to all. Whether a nurse, N.P. or P.A., CCA members are functioning at clinical levels that require an expert level of cardiovascular education.

Nurse members need to be able to obtain continuing education units. Thus, the ACC submitted an application to become accredited by the American Nurses Credentialing Center (ANCC) as a provider of continuing nursing education. A working group was formed to lead this activity, and the ACC will host an ANCC site survey on May 5, 2005, at Heart House as part of this accreditation process.

An "activity nurse planner" will be part of the planning team for all future ACC meetings that include nurses as target audiences to ensure that nurses' learning needs are included in the program objectives and that ANCC requirements are met.

Scientific journals and publications are obviously valuable resources to CCAs. ACC leadership concluded that rather than creating a separate journal, it would serve the members better to add CCA members to current editorial boards, thereby further integrating the new members.

Collectively, this new membership has made an incredible effort in teaming with the ACC and the physician members, just as they already do in their jobs.

Congratulations to all the CCA members for making the American College of Cardiology a part of your professional growth in advanced cardiovascular education. You have proven that just as there is an integrated and team-based approach to cardiovascular disease, it is the same for learning.

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