



# CARDIAC CARE

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

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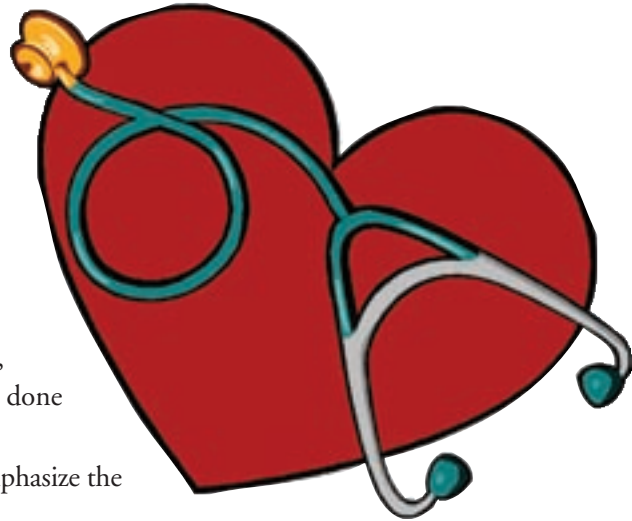
**To the Cardiac Care Team**

## **PREPARING DIABETICS FOR CAD**

*By Michele Brocato, P.A.-C.*

When we have patients with diabetes, we begin with these basic steps. We:

- educate the patient that diabetes is a cardiac equivalent risk factor and stress the importance of following a diabetic diet, exercising and losing weight and controlling blood glucose levels.
- stress the importance of modifying other cardiac risk factors: lipids, HTN, smoking, obesity, etc. Early education, which can be done in the clinic, is crucial.
- With a patient diagnosed with CAD, re-emphasize the importance of risk factor modification.



Our excellent diabetic educators in the hospital drive home the need for diabetes control and provide extensive patient education during a patient's stay. We also send many patients to outpatient diabetic education seminars.

Many treatment options for coronary artery disease (CAD) in the diabetic population exist now, starting with CABG or PTCA stent.

Practitioners can refer to many studies to decide on treatment of diabetic patients with multi-vessel CAD. Arterial Revascularization Therapies Study (ARTS) 2001 and ARTS I 2005 showed that total revascularization in the multi-vessel diseased diabetic population through bypass surgery (CABG) demonstrated better outcomes than multi-vessel bare metal stenting at both the one-year and five-year followups.

► **Preparing continued on page 15**

## **Cardiology's Role in Managing Diabetes**

*By Lorick Fox, M.P.A.S., P.A.-C*

Traditionally, with diabetic patients, cardiology practices have focused on just managing coronary disease. Managing a patient's diabetes has been deferred to the referring physician. However, CAD, hypertension and dyslipidemia are the purview of the consulting cardiology practitioner and management of hypertension and dyslipidemia are at least as important as tight blood sugar control to outcomes.

Using education, numerical targets and medical management, the consultant can partner with the primary care practitioner to encourage the patient to comply with therapy.

► **Managing continued on page 15**



Heshman Hamed, M.D., Lorick Fox and Joe Sousa, P.A.-C., the professional staff of the SEAVIN Gianaclis Clinic, Gianaclis, Egypt.

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**Managing (continued from page 13)**

Every time diabetic patients are seen, their target numbers should be assessed using the following chart:

<b>BP</b>	<b>&lt;</b>	<b>130/80</b>
<b>HbA1C</b>	<b>&lt;</b>	<b>6.5 (or 7.0)</b>
<b>LDL</b>	<b>&lt;</b>	<b>100 (or 70)</b>
<b>HDL</b>	<b>&gt;</b>	<b>40</b>
<b>Trig</b>	<b>&lt;</b>	<b>150</b>

Inform patients that there is hard evidence that achieving these numbers can lower their risk of coronary complications.

Educate patients – they should always know their numbers, they should know their target numbers and they should demand of you, and every other practitioner, that those numbers be achieved. Involving patients in their own care improves compliance as well as outcomes.

CV practitioners can also help their patients, and potentially their practice by being a resource speaker for the diabetic education programs in their community. Contact the hospitals where you practice, the local American Diabetes Association chapter and certified diabetes educators (CDE) chapter to offer your services. Drug company and other medical industry representatives can be useful contacts.

The link between diabetes and coronary disease cannot be overstated, even in asymptomatic patients. Diabetic patients should be aware of their targets and their ability to improve their own outcomes. Every cardiology practitioner should help that happen.

*Fox has been in practice for 25 years. He is presently in Egypt supporting the U.S. Air Force Peace Vector program. ■*

*National Nurse Practitioner Week*

**NOV. 6 – 12, 2005**

There are approximately 90,000 nurse practitioners in the United States. According to the American Academy of Nurse Practitioners, the average NP is female (95 percent) and 47 years old. She has been in practice for 8.6 years, is a family NP (35.1 percent) and is involved in direct care (85.1 percent). The most prevalent clinical specializations are: family health, adult health, women's health, and pediatric health. Many NPs practice two or more specialties. Some 16.4 percent practice in the "other" category, which includes subspecialties such as cardiology.

Of ACC's 1,856 Cardiac Care Associate members, 44.45 percent or 825 are nurse practitioners. Registered nurses make up 32.2 percent of the CCA membership, physician assistants constitute 20.04 percent and 3.18 percent are clinical nurse specialists.



**Preparing (continued from page 13)**

In the Diabetes and Sirolimus-Eluting Stent Trial (DIABETES 2005), the Sirolimus drug-coated stent demonstrated a decrease in late lumen loss in diabetics vs. bare metal stent.

The ISAR-DIABETES subset showed a greater reduction in late lumen loss with sirolimus-eluting stent versus paclitaxel-eluting stent in diabetic patients.

The improvement in drug-eluting stents over bare metal stents has led to their increased use, even in diabetics with multi-vessel coronary disease. The need for more studies with good data on rates of repeat revascularization and MACE outcomes

of CABG VS Drug-eluting stents would certainly be helpful in guiding treatment of the diabetic patient. The upcoming SYNTAX trial should shed some light on that.

The diabetic patient presents many clinical challenges. Our ability to educate patients about controlling their diabetes and modifying their lifestyles to reduce cardiac risk factors can be a valuable asset in cardiac prevention for them and others. Our knowledge of treatment options for those with CAD is almost essential to taking care of them.

*Brocato works in interventional cardiology at the Cardiac Catheterization Laboratory, University of California, San Diego. ■*

**Wiring CV Surgery Practices for EHR**

A comprehensive new study by the Medical Group Management Association (MGMA) Center for Research and the University of Minnesota School of Public Health captured the current state of electronic health records (EHR) adoption by U.S. medical group practices.

The study indicates that cardiovascular surgery single-specialty practices appear to be the “least wired” type of practice. Some 61.9 percent say that they have not implemented EHR and are not planning to do so in the next 24 months. That compares to 41.8 percent of all practices.

Interestingly, a strong number of “early adopters” (19.0 percent) among cardiovascular surgery single-specialty practices have fully implemented EHR for all physicians and locations, compared to 11.5 percent of all types of practices.

Cardiology practices’ figures show them to be a little more aggressive overall, with 14.7 percent having fully implemented EHR for all physicians.

*From MGMA e-Connexion, Sept. 14, 2005, No. 84. ■*

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Nov. 1, 2005: *Walking and Sports Participation and Mortality From Coronary Heart Disease and Stroke*

Nov. 1, 2005: *Who Needs a Defibrillator?: The Beat Goes On*

### ACC CONVERSATIONS WITH EXPERTS

Effectively Managing Non-Cardiac Chronic Pain in Patients at Risk for Cardiovascular Disease with moderator Adolph M. Hutter Jr., M.D., M.A.C.C. and participants Dwight R. Robinson, M.D. and Bruce N. Cronstein, M.D.

### JOURNAL SCAN

Oct 20, 2005: ACE inhibitors provide long-term post-MI benefit beyond blood pressure lowering. (Circulation)

### PATIENT EDUCATION

Oct 19, 2005 Reducing Heart Disease Risk in Patients with Metabolic Syndrome. Healthcare professionals can now download this PowerPoint presentation for use in slide presentations to community audiences

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## To the Cardiac Care Team

### *Improving Outcomes in Diabetic Patients*

CV nurse practitioners, nurses, and physician assistants play a valuable role in managing cardiovascular disease and associated conditions, especially in patients with diabetes.

Early screening and diagnosis of diabetes is critical in providing appropriate medical management and improving outcomes in diabetic patients. Today nearly 80 percent of diabetic patients die from cardiovascular disease. These patients walk through the doors of cardiology practices every day. Difficulty in finding appropriate centers for referral, perceptions that little can be done to manage diabetes in the cardiology setting and lack of time and resources all contribute to poor outcomes and delayed diagnosis of diabetes.

In an effort to support your practice and improve cardiovascular care and outcomes in diabetes patients, the ACC has teamed up with leading cardiologists and endocrinologists to develop a core curriculum that provides an overview of:

- ABCs of early diabetes diagnosis and management
- Recommended therapies easily initiated in the cardiology setting

- A primer on glycemic control
- Three simple steps for teaching behavior modification
- Access to patient education designed specifically for the diabetic patient

Currently there are 3,500 endocrinologists in the United States and more than 18 million diabetes patients. Your role in patient care will become even more critical as the number of CVD patients with diabetes increases.

I encourage you to attend one of the Diabetes Education Initiatives sponsored through your State or Chapter. The program offers 3.6 hours of Continuing Nurses Education Credits. Attendees will receive educational materials, patient education and have the opportunity to identify local resources to assist in early identification of diabetes. While you consider the systems and resources for your hospital or office-based practice.

*Blum is with the University of Maryland Medical System and a DEI Faculty Member.*