



Cardiac Care

FOR NURSES
NURSE PRACTITIONERS
CLINICAL NURSE SPECIALISTS
AND PHYSICIAN ASSISTANTS



Making the Hypertension, HF and AF Connection

By Edward Teaman Jr., P.A.-C.

Atrial fibrillation (AF) is the most common sustained arrhythmia encountered in clinical practice. It is therefore important for all Cardiac Care Associates to be aware of new developments that may impact the management of patients with AF. The new 2006 ACC/AHA/ESC Guidelines for the Management of Patients With Atrial Fibrillation incorporate the findings of several major clinical trials published after 2001. An exhaustive review of all of the updated information goes beyond the scope of this article; however, it does provide a brief review of some interesting new findings.

AF Connections

Some of the most compelling new information deals with the relationship between AF and other cardiac diseases such as hypertension and heart failure (HF). Hypertension has been determined to be the most prevalent and potentially modifiable independent risk factor for the development of AF and its complications, including thromboembolism.

In patients treated for HF, the three-year incidence of AF was almost 10 percent. In addition, large heart failure trials have found AF to be a strong independent risk factor for mortality and morbidity; given that —

- hypertension contributes to HF
- HF promotes AF
- AF aggravates HF
- individuals with either condition who develop the other have a poor prognosis

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Medical Therapy Connections

Interestingly, angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs), two classes of medications that have become the standard of care for patients with hypertension and HF, have also been shown to reduce the incidence of atrial fibrillation.

The ACE inhibitor enalapril reduced the incidence of AF by 78 percent relative to placebo in patients with LV dysfunction in the SOLVD trials. In the LIFE study, new-onset AF and stroke were significantly reduced by the ARB losartan compared with atenolol in hypertensive patients

with LVH, despite a similar reduction of blood pressure. Other studies found that treatment with ARBs lowered the incidence of recurrent AF following cardioversion.

While beta blockers may be the first line of treatment to prevent arrhythmias in patients with MI, HF, and hypertension, the findings of several studies provide convincing evidence that ACE inhibitors and ARBs, alone or in combination with other therapies, may prevent the onset or recurrence of AF.

Teaman is Physician Assistant Coordinator, Prairie Cardiovascular Consultants, Ltd., Springfield, Ill.



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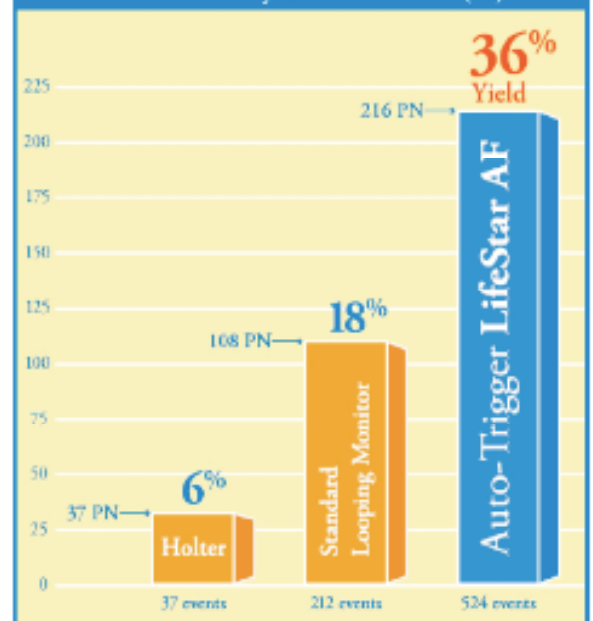
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ACC Initiates CV Drug Therapy SAP

By Janet B. Long, M.S.N., A.C.N.P., F.A.H.A.

At ACC.06 we introduced an exciting, new pharmacology program on cardiovascular drug therapy. Our primary goal was to offer specific pharmacology education credits that would assist physicians, nurse practitioners, physician assistants, nurses and pharmacists with pharmacology licensure requirements. Due to the program's success, it will be offered again this year, prior to the opening of ACC.07, March 24, 2007, in New Orleans.

Our original goal at ACC.06 was to offer nurse attendees a full eight hours of education credits. Unfortunately, time constraints prevented our achieving that goal, and since then, we have been working on a solution that would complete our reaching the 8-hour goal.

Meeting Multiple Goals

Our solution for the missing education credit hours does more than provide the hours needed for ACC.06 attendees. It gives those who were unable to attend the original session in Atlanta the option of learning and earning education credits online. ACC now offers all five presentations in the new CV Drug Therapy Self-Assessment Program (SAP) available online under the Self Assessment Programs section on Cardiosource.

ACC.06 attendees, who received 6.6 CEs from the American Nurses Credentialing Center (ANCC), may watch "Management of Atrial Fibrillation," developed by Benjamin J.

Epstein, PharmD, B.C.P.S., and earn another 1.8 CE credits. Once you view the program in its entirety and answer the questions at the end, you will receive an online certificate. This, when added to the 6.6 CEs, completes 8.4 CE credits, which can be applied toward state or national-licensing requirements for pharmacology credits.

For those who did not attend the live program in Atlanta, all five presentations are included in the SAP online. The presentations include —

- Pharmacologic Management of Systolic and Diastolic Heart Failure — Practical Considerations and Clinical Pearls with Narith Ou, PharmD
- Acute Decompensated Heart Failure: Unloading, Reloading and Keeping the Pressure Off with Christopher J. Arendt, Pharmacist
- Pharmacologic Treatment of Hypertension with Rhonda M. Cooper-Dehoff, PharmD

- Pharmacologic Treatment of Dyslipidemia with Marcel Bizien, PharmD
- Management of Atrial Fibrillation with Benjamin J. Epstein, PharmD, B.C.P.S.

If all five programs are viewed, they offer 6.75 category 1 AMA PRA credits and 8.4 contact hours by the American Nurses Credentialing Center for nursing education.

I have been honored to serve as co-director of this program. I hope all of you will join us in New Orleans, March 24 – 27, 2007, for our exciting new program, planned with a clinical focus of pharmacology — and all the other exciting programs planned for ACC.07 and i2 Summit 2007.

Long, who is Nurse Practitioner, Rhode Island Cardiology Center, Providence, is the CCA Liaison for Rhode Island, director of the pharmacology program, and co-editor of the CV Drug Therapy SAP. Ellen A. Langrehr, R.N., M.S., A.C.N.P., C.C.R.N., is the other co-editor.

To the Cardiac Care Team
Reflections on the Impact of the CCA Decision By Maggie Barnett, N.P.

In 2003, the American College of Cardiology created a membership category for non-physicians and welcomed Registered Nurses, Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants to its membership. Since then, the Cardiac Care Associate membership has grown to more than 2,700 members in 50 states. Each state is represented by a clinical liaison, and I am honored to represent the state of Alaska.

We currently number 38 active members in the College — 25 cardiologists, three RNs, seven NPs and two PAs. All but one of us are located in Anchorage; our other colleague resides in Juneau, the state's capital.

As many of you know, Alaska is, geographically, the largest state in the United States, but we have the smallest population, only 1/5 the size of all other states. We

have approximately 640,000 residents, and Anchorage is the population center.

I am a Nurse Practitioner in the only private practice cardiology group in the state. Our main practice is in Anchorage; our practice also provides satellite clinics in Fairbanks, Soldotna, Kodiak and Homer. We have nine mid-level practitioners who function as part of the Cardiac Care Team in delivering high quality care to our cardiac patients.

When I started with the practice 10 years ago, I was at a loss about how to develop the Nurse Practitioner role within a cardiology group. I did turn to the College and its practice guidelines. However, little information existed at that time to help with role development for a mid-level provider. Since the creation of the Cardiac Care Associate category, our information base for all the members of the Cardiac Care Team has grown and continues to grow significantly.

As a CCA member, we have access to the latest information, journals, expert opinions and more. I am able to access online discussion groups and obtain valuable information regarding my practice. I can easily find out what other states are doing. I can join discussions on reimbursement, guidelines, standards and role development.

Particularly with the new CCA Bulletin Board, I am instantly linked to other professionals with the same interests and goals. I look forward eagerly to discussing issues with my colleagues on the bulletin board and encourage you to share your ideas and experiences by registering on the new CCA Bulletin Board, too.

As the practice of cardiology strives to keep up with the latest technology, science and evidence-based practices, the College will continue to help its members be on the cutting edge of cardiology. Thank you, ACC, for being there for us!

Barnett is with the Alaska Heart Institute, Anchorage.



Maggie Barnett, N.P.

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Current Dialogues on CCA Discussion Board

Several interesting discussions are taking place on the CCA Discussion Board, such as:

- **If anyone is currently involved with a cath lab program? Could you share what the different roles for physician assistants and/or nurse practitioners are on your team?**
- **Has anyone had experience with outsourcing their Cardiac Rehab services? Did you lose quality?**
- **How many people out there work with pulmonary hypertension patients? Do you have a pulmonary hypertension clinic, or is it run by your pulmonologists? Any patients on IV meds?**

Join the discussion or start another. Go to www.acc.org/membership/cca/home/home.

