



# *Background and Mission*

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## **Background**

The Heart Research Centre was established in 1989 with three year seed funding from the National Heart Foundation of Australia. It became an independent organisation in 1993.

## **Mission**

The Heart Research Centre's mission is to improve the health of the community by contributing knowledge concerning the psychological, social and behavioural aspects of the prevention and management of cardiovascular and other chronic diseases, including cardiac rehabilitation and secondary prevention.

The Centre implements its mission by

- Conducting multidisciplinary research which has a strong clinical focus;
- Translating research findings into practice by developing, implementing and evaluating novel interventions;
- Creating effective collaborations with other groups to advance the Centre's goals;
- Engaging in knowledge transfer by providing high quality professional development for practitioners.

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# President's Report

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**Above:** Professor Edward Janus  
President

Over the last year, the Centre has continued to consolidate its scientific and training achievements. It has also focused on its governance structure and specifically on the management of its financial resources.

2011 has seen a continuation of research collaboration with the Royal Melbourne, Western and other teaching hospitals and the University of Melbourne's Department of General Practice. There had also been increased collaboration with the Psychology Departments of the University of Melbourne and Monash University in supervising higher degree students, and with the University of Melbourne in providing placements for Advanced Medical Science students who undertake one year placements.

The Centre is currently exploring an appropriate form of affiliation with a leading university. The University of Melbourne is now actively promoting collaborative research in the cardiovascular domain. There is clearly scope for the Centre's expertise in psychological and behavioural aspects of cardiovascular disease to make an important contribution to this collaboration. Its expertise in cardiac rehabilitation and chronic disease self-management at both the research and translation into practice levels should further complement the expertise of other University of Melbourne

cardiovascular researchers. The translation of research findings into practice is now receiving major attention from governments and funding bodies, which gives the Heart Research Centre a strategic advantage because translational research has been its focus for many years now.

Staff disseminated the Centre's research findings at a number of national and international conferences during 2011. These meetings also provided important opportunities for networking and establishing new collaborations with other researchers and clinicians.

We were delighted at the recognition given to Dr Rosemary Higgins for her award of the Best New Research for 2011 at the Australasian Cardiovascular Health and Rehabilitation Association (ACRA) meeting. She continues to serve on the executive management committees of both ACRA and the Victorian Association of Cardiac Rehabilitation. Together with Dr Michelle Rogerson, she is on the Organising Committee for the forthcoming meeting of the Australasian Society for Behavioural Health and Medicine to be held in Melbourne in a few months' time.

Staff gave several presentations at the meeting of the National Heart Foundation held in Melbourne. I also wish to congratulate Dr Alyna

Turner on her award for her poster presented at this conference. Dr Barbara Murphy was invited to chair a session at the Cardiac Society of Australia and New Zealand this year, in addition to presenting two papers.

The Centre's research is strong in the area of secondary prevention of cardiovascular disease – the prevention of further events in those with established cardiovascular disease. The behavioural, psychological and social aspects of cardiovascular disease are a major focus of research strength at the Heart Research Centre. Because of the Centre's focus on longitudinal studies, we now have data from over 25 years which is extremely valuable and something very few centres have. Important new areas of research this year include Indigenous health, rural health and the role of physical activity in the prevention of cardiovascular disease.

At the beginning of 2011, I was pleased to be elected President of the Board of the Heart Research Centre, taking over the reins from Professor Shane Thomas. We are sorry to lose Professor Thomas who resigned at this year's Annual General Meeting after nine years as a member of the Board, serving as President from 2004 to 2010. He made a significant contribution to the Centre, especially in the area of research publications and

grants. We also appreciate the contributions of Mrs Kathy Soros, who retired as Treasurer earlier this year.

In February 2011, we welcomed Mr Garry Webb to the Board as the new Treasurer, Mr Joss Raines, who has an impressive background in finance and Dr Robert Newman, cardiologist from Western Hospital. Mr Raines initiated the formation of an Audit and Finance Subcommittee to strengthen oversight of the Centre's financial activities which underpin its research and training.

The Centre also farewelled Dr Alan Goble, formerly its Cardiology Consultant. Dr Goble founded the Centre in 1989 and was its Foundation President until 2002. He has been a major contributor to the Centre in many ways since its inception in 1989. In that time, he has been a mentor for research staff. He has made a significant contribution to the development of research programs, provided oversight of the Centre's finances and fundraising activities, and worked in partnership with Dr Marian Worcester to ensure the success of the Centre. No one person is ever likely to fill all of these shoes in the future. It is fitting that I note his unique and extensive contributions here.

In conclusion, I would like to thank the Centre's Director, Dr Marian Worcester, and her dedicated

team for their hard work and achievements this year.

I also acknowledge and greatly appreciate the contributions of all our donors. After the bushfires and floods, fundraising has become much more difficult. The ongoing worldwide financial woes have also made it more difficult to generate financial support for the Centre's vital research, so the generous contributions of the community are even more appreciated.



Professor Edward Janus  
President

# Director's Report

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**Above:** Dr Marian Worcester  
Director

Despite the challenges of the global financial crisis for fundraising, the Heart Research Centre has nevertheless had a productive year. The Centre continues to fulfil its mission, as set out on the inside front cover of this report.

Translational research is a major thrust of the Centre's research. Our goal is to ensure that findings of our studies are applied in practice to improve the delivery of health services and improve outcomes for people with cardiovascular disease and their families, as well as others at high risk.

Our research is directed towards preventing premature death and disability from cardiovascular disease, with a major focus on the investigation of behavioural, psychological and social aspects of prevention, cardiac rehabilitation and chronic disease self-management.

Over the past five years we have carried out several research projects concerning depression. Longitudinal studies are in progress to investigate depression as a predictor of short term and long term outcomes of acute cardiac events.

Dissemination of research findings has always been a high priority. Papers reporting the findings of these depression studies continue to be submitted for publication in peer reviewed journals. This

year, results were also being disseminated at many international and national conferences meetings, including those of the Cardiac Society of Australia and New Zealand, the European Society of Cardiology, Europrevent, National Heart Foundation, the Australasian Society of Psychiatric Research, the Australasian Stroke Association, Australian Cardiovascular Health and Rehabilitation Association and the Australian Disease Management Association.

It is well known that Indigenous Australians have a far greater prevalence of cardiovascular disease than non-Indigenous Australians. Our research aims to help reduce this gap between Indigenous and non-Indigenous Australians. With funding from *beyondblue*, we are currently conducting a study, together with our research partners at the University of Melbourne and the Wurundjeri community, to explore ways of introducing effective and culturally acceptable models of care for Aboriginal people in Melbourne who have chronic diseases.

While our mission concerns the prevention and management of cardiovascular disease, the Heart Research Centre has until now focused its attention upon coronary heart disease. With the appointment of Senior Research Fellow, Dr Alyna Turner, we have been able to initiate some important research concerning stroke. She

is collaborating with the Royal Melbourne Hospital's stroke team to investigate depression in patients after transient ischaemic attack. This project will use new technology to screen for depression.

Because of their proximity, we have continued to develop strong linkages with our neighbours, the Royal Melbourne Hospital and the University of Melbourne. Input from expert researchers and clinicians from these organisations helps to ensure the success of our multidisciplinary research. In particular, we have valued the ongoing support of Professor James Tatoulis, Director of Cardiac Services and Associate Professor Leeanne Grigg, Director of Cardiology at the Royal Melbourne Hospital where much of our fieldwork is conducted. Clinical cardiologists including Dr John Morgan, Dr Ronen Gurvitch and Dr James Wong continue to make excellent contributions to our popular training programs. Western Hospital has also been a site for our research projects.

Knowledge transfer is an important activity of the Heart Research Centre. Through our training programs for health professionals, the Centre promotes evidence-based rehabilitation and prevention programs to practitioners. We continue to be the leading provider nationally of training programs in our field and our courses are highly regarded internationally.

Two rehabilitation physicians from Thailand undertook six-month placements at the Centre this year, visiting a number of cardiac rehabilitation and heart failure programs in Melbourne. We greatly appreciate the coordinators and staff of these sites for allowing us to bring our overseas guests to observe their programs.


The valuable contributions of all research and administration staff during the year have been greatly appreciated. We were delighted to welcome Dr Alyna Turner, Dr Alison Beauchamp and Ms Bonnie Fisher to our team. During the year, we farewelled Mr Andy Scobie, Ms Ann Tan, Ms Vanessa Kugathasan and Ms Samantha Smith.

Our Centre does not receive infrastructure funding from university or government sources as do other research institutions. We therefore rely on donations and other financial support from individuals, philanthropic trusts and the corporate sector. We acknowledge with gratitude the generous support of our donors whose contributions have made this year's achievements possible. Special thanks are due to NAB Health for their sponsorship of the Centre's training programs. In addition, we are most grateful to those people who left us bequests this year, enabling us to embark on new research.

The Centre's Board has continued

to support the management team and other staff, devoting a substantial amount of time and expertise to further the interests of the Centre. We are most appreciative of their efforts.

Finally, we wish to acknowledge the extensive contributions of the Centre's Foundation chairman, Dr Alan Goble, who retired during the year. We could not have achieved such success without his mentorship and significant input into our research and training, as well as his guidance in so many other areas. We wish him well in his retirement.



Dr Marian Worcester  
Director

# Board of Directors



## President - Professor Edward Janus

Edward Janus is a physician and Director of General Internal Medicine in the Department of Medicine at the University of Melbourne at Western Hospital in Footscray. After graduating in New Zealand, Professor Janus gained his PhD in London in lipid metabolism. His major clinical and research interests are in the epidemiology and prevention of cardiovascular disease and diabetes. He joined the Board in 2003.



## Vice President - Ms Neroli Martin

Neroli Martin is a lawyer and consultant with HWL Ebsworth, a Sydney-based firm. She practises in the areas of general insurance and medical negligence. Ms Martin has been a Director of the Heart Research Centre since 1993 and Vice President since 1995.



## Secretary - Mr David Young

David Young joined the Board in 1993 when the Heart Research Centre became an independent organisation. He has been Honorary Secretary of the Board since that time. A lawyer, Mr Young is a Partner of Haines and Polites. He has extensive experience in commercial, finance, litigation and domestic law and has been actively involved in politics at branch level in inner Melbourne.



## Treasurer - Mr Garry Webb

Garry Webb joined the Board as Treasurer in February 2011. He is a qualified accountant, being a member of the CPA Australia and the Institute of Internal Auditors Australia. Mr Webb has extensive experience in corporate governance, financial management, management information systems and general administration functions within the not-for-profit sector, and the public and private sectors. He currently works at the St Vincent de Paul Society Victoria as its Internal Audit & Risk Manager.



### Ms Beverley Knowles

Beverley Knowles is a corporate social responsibility and marketing consultant, and an executive volunteer for Greatconnections. Formerly CEO of the Museum of Chinese Australian History and Director of Marketing and Communications at La Trobe University, her various corporate and consulting roles have spanned the commercial and not-for profit sectors. Ms Knowles has had over 20 years' experience as a company director in both sectors. She joined the Board in 1997.



### Dr Robert Newman

Robert Newman is Head of Clinical Cardiology at Western Hospital in Footscray and an Honorary Senior lecturer in the Department of Medicine at the University of Melbourne. Dr Newman is a graduate of the University of Queensland. He completed postgraduate training in internal medicine and cardiology in Sydney, London and Melbourne. He joined the Board in 2011.



### Mr Joss Raines

Joss Raines is a specialist in business planning, growth and development, with particular expertise in strategic thinking. As Global Head of Pricing and Portfolio Modelling, he is responsible for managing the Global Wholesale loan portfolio of ANZ Banking Group. Mr Raines brings broad international financial management experience to the Board. He holds a Bachelor of Science degree from Durham University and a Masters degree from Cambridge University. Joss Raines joined the Board in 2009.



### Professor Shane Thomas

Shane Thomas is Professor and Director of Primary Care Research in the School of Primary Health Care in the Faculty of Medicine at Monash University. His particular areas of interest include healthy ageing, research and evaluation methods, and problem gambling. Professor Thomas joined the Board of Directors in 2002 and was President of the Board from 2004 to 2010.

# Highlights



**Left:** (Left to right) Dr Rosemary Higgins, Mr Colin Lathwell, Mr Steve Cosh, Ms Megan Power, Ms Kay Cope and Dr Alyna Turner while filming for the online training program



**Above:** Dr Goble with Alan Goble Lecturer, Prof James Tatoulis, Divisional Director, Cardiac Services, The Royal Melbourne Hospital



**Above:** Prof Edward Janus with Dr Alyna Turner, who won an award for her poster at the 2011 Heart Foundation conference



**Above:** (Left to right) Mr Jonathan Pietsch, Dr Sarity Dobson, Mr Gavin Foster, Ms Deborah Orr, Dr Barbara Murphy and Ms Kate Pascal at Dr Murphy's presentation at Eastern Health



**Left:** Dr Alyna Turner presenting at the 22nd Stroke Society of Australasia meeting in Adelaide this year

# Highlights

**Right:** Guests at the launch of the Bundap Marram Durn-Durn project with study investigators, Dr Rosemary Higgins (second from left) and Dr Phyllis Lau (far right)



**Above:** Dr Barbara Murphy (left) with *beyondblue* National Research Manager, Ms Suzanne Pope, at the launch of the Bundap Marram Durn-Durn project



**Above:** Trekkers walking along the Great Wall of China to raise funds for the Heart Research Centre



**Above:** Heart Research Centre seminar presenter, Ms Barbara Johnson (second from left) with Dr Phyllis Lau (left) and Centre staff, Ms Nell Angus and Dr Michelle Macvean (far right)

**Right:** Mr Nathan Kelly (left) and Mr James Peterson from Mildura Aboriginal Health Service attending the HRC's training program conducted at GP Victoria



## *Research Programs*

This year we completed several studies investigating the effects of depression upon patients' recovery after heart attack and heart surgery. Psychological, social and behavioural factors play a big part in the development of cardiovascular disease and in influencing outcomes of acute cardiac events. The role of depression, in particular, remains a major focus of our research.

The Centre's depression studies include various projects undertaken to determine the extent to which the presence of depression predicts short-term and long-term outcomes. Papers are currently being written reporting the results of two longitudinal studies which examined the relationship between depression and long-term mortality. The role of depression in influencing return to work and the quality of occupational adjustment after heart attack and heart surgery is also being explored. Qualitative studies of depression in cardiac patients include our investigation of cardiac patients living in rural and regional areas of Victoria who have depressive symptoms.

Exciting new studies have recently commenced. One concerns the impact of a cardiac illness upon patients' partners, an area which has received inadequate attention in past research. Our study aims to help fill this gap. It will assess levels of depression and anxiety amongst partners, as well as identifying partners' main needs and concerns.

Cardiovascular disease includes both coronary heart disease and stroke. A few months ago, we embarked upon our first research project examining the psychological effects of transient ischaemic attack, a precursor to stroke. A progress report of this study will be included in our 2012 Annual Report.

# 12-year Follow-up of Women with Heart Disease



**Above:** Dr Michelle Rogerson  
Research Fellow

Depression experienced around the time of a cardiac event is known to predict mortality over subsequent years. However, until recently, few studies conducted in this area of research differentiated between “mild” or “moderate to severe” degrees of depression among patients.

The Heart Research Centre’s team, which undertook a large investigation of depression in women with heart disease in the mid 1990s, recently embarked on a 12-year follow-up study, successfully tracking 163 of the 170 women from the Royal Melbourne Hospital, Melbourne Private Hospital and Western Hospital who took part in the original study after heart attack or heart surgery.

In the baseline study, these women were screened for mild

and moderate to severe depressive symptoms in hospital and two months after discharge. The mortality status of these women was determined 12 years later by consulting the Australian National Death Index and other sources.

The results of the study showed that 38% of women experienced mild depressive symptoms in hospital, while 21% displayed moderate to severe depressive symptoms. After two months, the number of women experiencing these symptoms had dropped to 27% and 20% respectively. The 12-year follow-up revealed 58 (34%) of the original participants who were successfully tracked had died.

Controlling for age and disease severity, a strongly positive correlation was revealed between mild in-hospital depression and mortality. Patients with mild depression were more than three times as likely to have died by the 12-year mark than those who were classified as having no depression. In contrast, there was no significant relationship between those with moderate to severe depression and mortality at 12 years.

These findings suggest that moderate to severe in-hospital depressive symptoms might indicate that the patient is undergoing a natural adjustment to a life-threatening event. Previous work carried out within this study shows that, for some patients

who report very extreme levels of depression in hospital, this mood disturbance does resolve in the early post-event period. In contrast, for those who have only mild in-hospital depression, symptoms can persist and worsen in the months after the event and hospital discharge.

Findings to date indicate the predictive value of even mild in-hospital depression. These findings will have important clinical implications for the timing of depression screening in cardiac patients. The team plans to investigate further the links between severity of depressive symptoms at two months after hospital discharge and subsequent mortality.

# Bendigo Cardiac Study

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**Above:** Dr Barbara Murphy  
Director of Research

The Heart Research Centre initiated the Bendigo Cardiac Study to explore the experiences and needs of cardiac patients with depression in regional and rural Victoria, particularly those residing in the Loddon Mallee region.

The project was led by Director of Research, Dr Barbara Murphy. Her team included Dr Marian Worcester and Ms Deborah Ludeman, also from the Centre, Professor Fiona Judd, of the Royal Women's Hospital; Professor John Humphreys, of Monash University; and Dr John Edington and Dr Anthony Jackson of Bendigo Health and St John of God Hospital in Bendigo.

A total of 160 participants were recruited from Bendigo Health and St John of God Bendigo. Eligible patients were those who had had a heart attack, a diagnosis of acute coronary syndrome or who were about to be transferred to a metropolitan hospital to undergo either coronary artery bypass graft surgery or percutaneous coronary intervention.

Patients were assessed in hospital to determine their level of depressive symptoms and to take part in a brief interview. Those who displayed symptoms of depression in hospital were invited to participate in an extensive home-based interview two months later. Patients without symptoms of depression in hospital were

also re-interviewed for depression by telephone. All patients were re-interviewed by telephone six months after hospital discharge.

About a third of patients reported some mental health problems and or use of mental health services prior to their cardiac event. Based on medical records, almost a third of patients were recorded as having a history of depression. Over a third reported "having been depressed in the past prior to the cardiac event", and a similar proportion reported "having been unhappy or depressed in the past couple of weeks". Interestingly, there were no gender differences recorded with respect to any of these variables.

The Hospital Anxiety and Depression Scale (HADS) was used to assess the presence and severity of symptoms of anxiety and depression. Over a third of the patients were classified as above the threshold for anxiety and 18% for depression in hospital.

At the six-month interview, a sub-group of patients were asked about their experiences and preferences regarding the receipt of information concerning likely emotional responses to a cardiac event. Most indicated that they would have liked to have had greater access to such information at the time. They also would have liked to have been aware of normal emotional responses to a cardiac event.

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It is relevant to note that, of those patients who indicated that they would have liked to receive information relating to probable emotional responses, only a third reported they had actually received such information: most said they had not received any information about what to expect emotionally, despite wanting it. This further underlines patients' need for greater access to information of this kind in practice.

According to one surgical patient: "I had no idea what would happen when I got home, that I'd be feeling so down in the dumps and so moody". Another explained: "The sleep problems, and the nightmares - they've been the worst parts of the whole experience, and I had no idea beforehand". A patient who had had a heart attack highlighted another common response: "I just did not feel like myself. I felt down, not like my usual self. I wondered when I'd get back to my old self".

Patients also indicated that they might have been better placed to manage their emotional reactions had they known what to expect: "If I'd known what was possible, how your moods change and things like that, I wouldn't have thought I was going mad".

A shared experience, especially a shared experience of illness or emotional distress, can often place in context what would otherwise be an incredibly alienating one. For

an individual, the knowledge that one is not alone can go some way to alleviating the stress associated with the experience, normalising the emotions that it carries with it. For those living in rural or regional areas, feelings of isolation may be more likely, or more intense, given the relative geographic distance from more densely populated areas where access to medical services is greater.

The results of the Bendigo Cardiac Study are significant because they provide greater detail about these responses from a relatively large sample of patients. It is hoped that these findings will be used to inform the delivery of services in practice and result in improved outcomes for patients in the areas concerned.



**Above:** Professor Fiona Judd  
Royal Women's Hospital and  
Department of Psychiatry  
University of Melbourne

# Beating Heart Problems

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**Above:** Ms Hema Navaratnam  
Research Fellow

Increasing numbers of patients are living with cardiovascular disease (CVD), which is the leading cause of death in Australia. Patients who experience acute cardiac events, including heart attack, coronary artery bypass graft surgery or percutaneous coronary intervention, require access to adequate secondary prevention and care in order to avoid readmission to hospital.

The Heart Research Centre developed the Beating Heart Problems (BHP) project with a view to improving both behavioural and emotional outcomes for patients with CVD. The program applies the principles of cognitive behaviour therapy (CBT) and motivational interviewing (MI) at its core. It was designed to assist patients in developing appropriate cognitive, emotional and behavioural skills to manage their health behaviours and mental health in the long term following a cardiac event.

The BHP group program entails an eight-session course delivered to patients six to eight weeks after a cardiac event. The sessions are staggered over eight consecutive weeks. Sessions cover four key health behaviours, namely physical activity, dietary modification, smoking cessation, and medication adherence; and four key psychosocial issues, including management of anxiety, depression and anger, as well as engaging social support. All sessions last two hours (including a break)

and are facilitated by a trained psychologist and co-facilitated by a nurse. The group is typically made up of between six and 10 participants. Enrolment in groups takes place on a continual “rolling” basis, meaning that participants can begin or complete the program at any time. Each of the sessions is “stand alone”, ensuring relevance to individual patients as they enter and leave the program. A detailed, easy-to-read BHP manual for patients bolstered the program.

With the aid of funding provided by Australian Rotary Health, the project team conducted a randomised controlled trial of 275 cardiac patients admitted to the Royal Melbourne Hospital and Melbourne Private Hospital to measure the effectiveness of the CBT program. Comprehensive assessments were undertaken at baseline, four and 12 months after patients’ discharge from hospital. Approximately half the patients formed the BHP program treatment group, while others were part of a control group.

At four months, patients allocated to the group BHP program showed a significantly greater increase in their ability to perform physical exercise, as assessed by a six-minute walk test, compared with patients in the control group. Patients in the BHP program group also showed improvement in their self-reported dietary fat intake, as measured by the Short Fat Questionnaire, while the control



**Above:** Clinic Nurse, Ms Rumla Prasad with a patient attending the program

group scores worsened. These findings indicate an increased and sustained awareness of dietary fat intake among participants who attended the program, leading to healthier dietary management.

The project team also evaluated two-year risk of a recurrent cardiac event using the Framingham Risk Score for males and females with established CVD. In patients followed up at four months, the percentage of patients in the treatment group expected to have a subsequent event in the following two years declined, with patients in the control group showing a lesser decline. For the patients who attended the 12-month follow-up, the treatment group risk declined from 9.2% to 8.3%, while the control group declined from 8.5% to 7.8%.

Although these trends do favour the treatment group, they do not represent statistically significant results. Thus, the team cannot

conclude that participation in the program necessarily leads to decreased risk of a subsequent cardiac event. Other results do suggest, however, that patients who took part in the program are better placed to manage their health behaviours and mental health after a cardiac event.

The positive results in physiological and behavioural outcome measures, together with the trend for overall reduced risk in the treatment group, demonstrate the benefits of the program, both in terms of positive behaviour change and improved health status.

Qualitative feedback from BHP program participants indicated that follow-up or “booster” sessions may have been helpful to sustain motivation and initial behaviour change. Booster sessions following an intensive period of treatment have been found to help increase and sustain behaviour change in

comparable trials. As such, booster sessions are being incorporated into the online version of the BHP program now being developed. Incorporating booster sessions should help to increase and sustain the changes in risk factors found in the group BHP trial, thus resulting in improved health outcomes for participants.

# Return to Work

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**Above:** Ms Kate Middleton  
Research Assistant

This study examines factors influencing patients' return to work following a cardiac illness and the role of cardiac rehabilitation in facilitating resumption of work. The project team has now completed recruitment, with a total of 426 participants taking part. Participants joined the project when hospitalised for acute coronary syndrome (ACS) at the Western Hospital, or coronary artery bypass graft surgery (CABGS) at the Royal Melbourne Hospital or Melbourne Private Hospital. All participants were in the workforce before admission to hospital.

Of the total sample, 210 participants were recruited from the Western Hospital and 216 from the Royal Melbourne Hospital and Melbourne Private Hospital combined. All those involved in the study underwent interviews in hospital and four and 12 months later. Quantitative data, in the form of questionnaire responses, were also collected. Data collected from patients recruited at the Western Hospital are now being analysed, with the remaining Royal Melbourne Hospital and Melbourne Private Hospital participant data yet to be examined.

The purpose of the study was to identify rates of return to work among participants, barriers preventing resumption of work and predictors of non-return. Interestingly, the percentage of Western Hospital ACS patients who

had returned to work within four and 12 months of discharge from hospital was relatively high. By four months, 74% had returned to work. By the 12 month follow-up, 81% had returned to work.

Analysis revealed a range of predictors of failure to resume work within four months after hospital discharge. These predictors included socio-demographic factors such as male gender, fewer years of schooling and absence of a close personal confidant. Medical factors included recommendation for CABGS or percutaneous coronary intervention, both of which could delay return to work. Patients whose jobs involved moderate or greater physical activity were also less likely to have returned to work within four months of leaving hospital. Psychological factors, such as higher levels of depressive symptoms and lower confidence about returning to work, also indicated a lesser likelihood of transitioning back to work.

Another aspect of the study involved examining the benefits of cardiac rehabilitation in facilitating a return to work. Patients who attended cardiac rehabilitation after discharge from the Western Hospital provided feedback about whether or not the program helped them in their return to work. They were also invited to suggest ways in which the program they attended could be changed or improved to facilitate their return to work.

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Most patients felt rehabilitation programs had been helpful overall, but evidence also suggested that most rehabilitation program formats do not specifically address returning to work. Furthermore, many working patients did not consider that cardiac rehabilitation facilitated their return to work.

The results of the study at Western Hospital indicate that patients want cardiac rehabilitation programs to allay their fears about returning to work, to demonstrate their exercise capacity in a safe place, to provide advice and timely information about returning to work, to allow them the flexibility to attend both cardiac rehabilitation and work, and to meet their individual needs. Such feedback confirms the need for a patient-centred approach to recovery and self-management.

The Heart Research Centre's team hopes to translate these findings into improved resources and, therefore, outcomes, for patients. Attendance at cardiac rehabilitation following a cardiac illness is widely recognised as beneficial to a well-rounded recovery. The continued improvement of these programs in light of research findings is of importance to patients, their families and those they work with, as well as the health professionals who aid in their recovery. The Centre's research is making a vital contribution to the development of Best Practice Cardiac Rehabilitation in Australia.

The project team included cardiologists Dr Jeremy Pereira and Dr Robert Newman of the Western Hospital and Associate Professor Leeanne Grigg and Professor James Tatoulis of the Royal Melbourne Hospital. Members of the project team from the Heart Research Centre included Dr Alan Goble, Dr Marian Worcester, Ms Kate Middleton, Dr Barbara Murphy, Dr Peter Elliott, Dr Alyna Turner, Mr John Nguyen, Ms Hema Navaratnam, Ms Karmen Jobling and Ms Jan Kleiman.

The team looks forward to analysis of further results from surgical patients recruited from the Royal Melbourne Hospital and Melbourne Private Hospital, and to the future application of findings to strengthen the vocational aspects of cardiac rehabilitation programs.



**Above:** Dr Jeremy Pereira  
Cardiologist  
Western Hospital, Footscray

# Cardiac Partner Study

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In 2010, the Heart Research Centre initiated a longitudinal study to investigate the impact of acute illness upon partners of cardiac patients.

The project will have three stages. Stage one of the project, involving participants from the Royal Melbourne Hospital and Melbourne Private Hospital, commenced at the end of 2010. This initial stage involves an observational study of cardiac patients and their partners. Both patients and partners are participating in interviews and completing questionnaires following patients' admission to hospital. Three more interviews and questionnaires are offered to partners over the next 12 months.

Findings from stage one will be used to develop stage two of the project. It will involve the design and pilot testing of an intervention to support partners of cardiac patients. The intervention will then be tested in a randomised controlled trial as part of the third and ultimate stage.

The aims of the first stages of the cardiac partner study are to explore emotional responses of partners and to identify the nature of depression and anxiety they experience during the 12 months following a cardiac event. A further aim is to identify the needs and preferences of partners in accessing support. This research will be carried out with the intention

of designing and pilot testing an appropriate intervention.

In preparing to undertake this study, the Heart Research Centre responded to a lack of research in the area of depression and anxiety among partners of cardiac patients following a cardiac event and during recovery. Past studies have largely relied on much smaller sample sizes and have not attempted such an extensive longitudinal study of partners. Little research in this area has been conducted in Australia and Melbourne. Previous research has also tended to focus on partners of patients who had suffered heart attack, rather than those who had undergone coronary artery bypass graft surgery.

Research-based data describing the experiences of partners of cardiac patients is required if appropriate and effective interventions are to be implemented in practice.

According to clinical observation, partners commonly have higher levels of anxiety and depression than the patients themselves, often relating to feelings of powerlessness and a lack of control over their loved one's illness. Partners are also less involved in cardiac rehabilitation. There remains a lack of integration and attention paid to partners' needs in this area. Positive outcomes from acute cardiac events require patients and their partners to be coping well.

The project is supported by a steering committee, including the project investigators from the Heart Research Centre, the Australian Catholic University and participating hospitals, as well as other representatives from the two hospitals involved.



**Above:** Ms Jan Kleiman  
Research Assistant

# Aboriginal Heart and Mental Health Initiatives



**Above:** Dr Phyllis Lau  
Research Fellow  
Department of General  
Practice  
University of Melbourne

A highlight of the Centre's research over the past two years has been the development of heart health and chronic disease management initiatives tailored to meet the needs of Aboriginal Australians.

An important study, which commenced in 2010, is investigating Aboriginal cardiac rehabilitation and secondary prevention models of care. Aboriginal people experience 4.6 times the burden of cardiovascular disease than non-Aboriginal Australians. They are also under-represented at cardiac rehabilitation programs, with just 2–5% of eligible Aboriginal people participating in these programs following a cardiac event. Past research confirms that cardiac rehabilitation improves patient outcomes. For these reasons, accessible programs are required,

tailored to the needs of Aboriginal people who have cardiovascular disease.

The principal aim of the project is to increase access to best practice cardiac rehabilitation and chronic disease secondary prevention programs for Victorian Aboriginal people, families and communities. The project is drawing from the knowledge of existing service providers from other parts of Australia who have initiated successful rehabilitation services. The ANZ Trustees and the Grosvenor Foundation awarded the Centre funding to conduct the initial stages of this project.

The first phase of the project involved consultation with several interstate health services. The project team then undertook in-depth investigations of eight successful cardiac rehabilitation programs throughout Australia. A report on the different models of care is now being produced. It will be available to download from the Centre's website.

A second major project concerning Aboriginal heart health has also begun. The Heart Research Centre is undertaking this project in collaboration with partners including the Wurundjeri Tribe Land Compensation Cultural Heritage Council and the Department of General Practice, University of Melbourne. The project is funded by a grant from *beyondblue*.

The project aims to improve the well-being of Melbourne-based Aboriginal

people who are experiencing both a chronic disease and mental health disorder. Phase one aims to explore Aboriginal health workers' (AHWs) understanding of mental health and its association with chronic disease.

Phase two will explore consumers' understanding and experiences of mental health and its link with chronic disease with a view to improving consumers' experiences. The final phase of the project aims to support the Wurundjeri Tribe to establish a Wellbeing Centre at Abbotsford Convent, "Bundap Marram Durn-Durn" (Good Mind Body), by implementing and evaluating findings from earlier phases of the project. It is anticipated that phase one of the project will be completed by the end of 2011. The Heart Research Centre looks forward to disseminating the findings of this important project.



**Above:** Ms Karmen Jobling  
Project Officer  
Aboriginal Programs

# *Training Programs*

This year, the Heart Research Centre has continued to offer a range of training programs for health professionals, especially its internationally renowned five-day training program in cardiac rehabilitation and prevention of heart disease, now in its eighteenth year.

Courses introduced over the past five years also attract many practitioners from all parts of Australia. These courses include our three day training program on integrated management of chronic heart failure, a disabling condition which is affecting increasing numbers of people. A new two-day workshop on chronic heart failure focuses on cognitive behavioural strategies.

Since 2009 some exciting training programs have been developed in chronic disease self-management. These programs have been attended by a wide range of health professionals, including Aboriginal health workers, general practitioners, allied health professionals, practice nurses and general practice divisional staff.

Successfully translating our research into practice is an important goal of the Centre's work. Following the favourable evaluation of our group program to help patients manage their depressed mood and improve their health behaviours, an online version for health professionals has been developed. This internet based program will ensure health professionals who are unable to access face to face training acquire the necessary skills to support their patients with chronic disease to manage their disease and emotional problems, including depression.

# Chronic Disease Self-Management

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A few years ago, the Centre introduced training programs in chronic disease self-management (CDSM) and motivational interviewing programs (MI). They have proved to be very popular throughout Australia and internationally.

The CDSM training programs for health professionals evolved from a randomised controlled trial, funded by Australian Rotary Health of an intervention for cardiac patients.

A companion training manual entitled "Supporting chronic disease self-management: a workbook for lifestyle change" was also produced. This manual is now used in conjunction with the Centre's programs as a training tool and a resource for participants to continue using in their interface with patients following training.

Commonwealth funding from the Department of Health and Ageing was received to assist in the translation of this intervention into training programs for health professionals.

The Centre's current CDSM regular training programs range from half-day to two-day workshops. Health organisations are able to contact the Heart Research Centre to plan programs especially tailored to suit their needs.

CDSM techniques are based on a patient-centred approach to health care which differentiates itself

from the traditional biomedical model in several important ways. Whereas the biomedical model can sometimes promote a power imbalance in the patient-clinician relationship, whereby the clinician is elevated to an "expert" status, the underlying principles of CDSM encourage the development of a more collaborative relationship. CDSM principles include those based on cognitive behaviour therapy (CBT) and motivational interviewing (MI) which help patients achieve their lifestyle goals.

Some months ago, the Heart Research Centre delivered training to the Dianella Community Health Service in Melbourne's north west. Fifty-five health professionals attended the first day of the CDSM training program held at their workplace in Broadmeadows. Fifteen of the original participants attended the second day of the CDSM training program nine days later.

The results of the training were very positive, with overall improvement in participants' confidence in using CDSM principles, irrespective of age, profession, education level or whether participants had attended one or both training sessions.

Areas of intended practice changes included a desire to improve communication with clients, improve goal setting, use motivational interviewing strategies, increase clinician support, use

tools and strategies, and empower clients through the use of a client-centred approach. Participants also highlighted the need for support from managers and colleagues to achieve these changes.



**Above:** Dr Rosemary Higgins  
Senior Research Fellow and  
Training Program Manager

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Dr Rosemary Higgins and Dr Barbara Murphy were invited to present a modified version of the program at a recent meeting of the Cardiac Rehabilitation Association of New Zealand (CRANZ) in Christchurch.

Participants provided insightful and encouraging feedback about how they planned to change their work practices following training, as well as how they might overcome barriers to instituting these changes.

Generally, those who attended the training workshop emphasised the importance of taking time to allow patients to determine their own solutions and supporting them in their endeavours. They also recognised the relevance of helping patients to set specific and achievable goals in instituting behaviour changes.

Many participants highlighted issues such as a lack of time as barriers to implementing their planned practice changes. However, they also identified potential solutions to overcoming these barriers.

CDSM training programs have also been delivered to Eastern Health in Box Hill, Bendigo Aboriginal Health Service, Moe-based Health Services, Royal Melbourne Hospital and Dianella Community Health Service. The Centre looks forward to continuing these CDSM programs.



**Above:** Ms Cathie Miller from Bendigo Health and Ms Margaret Ahern from Bellarine Community Health at a CDSM workshop

# Online Training Program

In extending the established CDSM programs, the Heart Research Centre, together with Hunter New England Area Health Service (HNEAHS), identified new areas of need. A discrete population of health professionals falling within the Centre's target audience required CDSM training, but were unable to access face to face training for a variety of reasons, including limited access. The Centre and HNEAHS therefore collaborated to develop an online training program package to meet the needs of its rural and regional employees.

With funding from the Department of Health and Ageing and the support of the Heart Research Centre, HNEAHS undertook a 12-month project aimed at developing an online flexible learning model. This model was based on the Heart Research Centre's successful two-day CDSM training program, entitled "Supporting chronic disease self-management".

The online training program itself was developed in conjunction with Edmore, an organisation specialising in the online training of health professionals. A steering committee supported its development.

In keeping with the Centre's broad focus on providing CDSM training for patient-centred care, the online program was designed to assist health professionals in understanding and facilitating

lifestyle change. The program also aimed to help practitioners to acquire effective communication skills. Further aims were to help health professionals to gain a more indepth understanding of the principles and application of CDSM. The program consists of five modules, namely, understanding CDSM; behavioural goal setting; effective communication; motivational interviewing and cognitive strategies.

Heart Research Centre staff conducted a comprehensive evaluation to assess the degree to which the program had met its aims in providing online CDSM training. The broad aims of the evaluation were to assess the acceptability of the package and guide its modification. Improvement in self efficacy following training was also investigated. Finally, intended practice changes, perceived barriers to implementing such changes and possible methods for overcoming these barriers were explored.

A total of 51 volunteers were recruited to evaluate the package. Participants offered overwhelmingly positive feedback on the design and usefulness of the package.

A formal launch of the online program by the Victorian Minister for Health, the Honourable David Davis MP, will take place in Melbourne during November 2011.



**Above:** (Left to right) Dr Rosemary Higgins, Mr Steve Cosh and Mr Colin Lathwell from Edmore

# Five-Day Training Program

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In 2011, the Heart Research Centre's five-day training program entered its eighteenth year of service to Australian and international health professionals working in cardiac care. To date, 38 such training programs have been offered.

The program offers participants the unique and valuable opportunity to interact with practitioners from a variety of backgrounds and discipline areas. The five-day program's success can be attributed to its solid basis in leading edge research, as well as the open and reflective style of its delivery.

Each year, program facilitators collect extensive feedback from participants. This feedback, in turn, undergoes a review process so that the program may grow and adapt in accordance with the changing needs of its target audience.

The five-day training program combines a multidisciplinary approach with representation from experienced cardiologists, who help to integrate the physiological basis of cardiovascular disease with the psychosocial factors that can influence an individual's experience of their illness and rehabilitation. The aim of the training program is to work with health professionals to understand further how these physiological and psychosocial factors interact, and therefore how they can be managed with effective rehabilitative treatment. The Heart



**Above:** Dr Ronen Gurvitch  
Cardiologist  
Royal Melbourne Hospital

of health professionals based in regional areas, where training programs, such as the Centre's five-day model, are often not as accessible to those who need them. This year, participants travelled from most parts of Australia, to attend the course, including Alice Springs, Taree, Devonport, Elimbah in Queensland, Canberra and Swan Hill. Practitioners from Auckland in New Zealand and Thailand also participated in this year's training program.

Research Centre training program team provides the instruments for translating the Centre's vital research into practice.

Prof David Hare from the Austin Hospital delivered the session about medications. His presentation was described as most informative and engaging. The involvement of clinical cardiologist, Dr John Morgan, from the Royal Melbourne Hospital was welcomed once more by participants who greatly appreciated his comprehensive, evidence-based presentation. As usual, Dr Alan Goble's session was very popular. His wit and interactive style made his session on anatomy and pathology a lively one.

The Heart Research Centre places special emphasis on encouraging and facilitating the attendance

## Short Courses



**Above:** Dr James Wong  
Cardiologist  
Royal Melbourne Hospital

### *Chronic heart failure*

In recent years, there has been a substantial increase in the number of patients presenting with chronic heart failure (CHF). Patients with this condition often have episodes of acute heart failure and need to be treated in hospital. CHF patients benefit from an integrated approach to the management of their disease. The Heart Research Centre's three-day course is designed to build the capacity of health professionals to understand and respond to the needs of patients living with CHF and to help them to develop model programs tailored to suit the needs of the patient group. This course has a significant medical focus and highlights the specific roles of each member of the multidisciplinary team. Feedback from the most recent CHF course was overwhelmingly

positive. Comments included the following: "It was very informative and comprehensive". "Outstanding sessions delivered by knowledgeable and entertaining presenters". "I gained a greater appreciation of the multidisciplinary care involved".

Another CHF workshop with quite a different focus was conducted this year. It introduced health professionals to cognitive behavioural approaches to self management in people with CHF. Facilitated by Dr Donita Baird, a psychologist from Southern Health, and Dr Alyna Turner, the workshop covered practical strategies to use in helping clients manage both their physical health and the emotional consequences of living with CHF.

### *Emotional adjustment*

"Depression, anxiety and emotional adjustment after a cardiac event: who's at risk and what can be done?" was another workshop also delivered for the first time in July 2011. This brief, practical workshop, facilitated by Dr Barbara Murphy and Dr Alyna Turner, drew on the latest research and clinical evidence to provide participants with the skills to detect and assess depression and anxiety in cardiac patients.

### *Motivational interviewing*

The Centre's established one-day workshop on Motivational Interviewing was offered again this year, facilitated by Dr Rosemary

Higgins. This course is designed to equip practitioners with skills to motivate patients to adopt healthier behaviours and overcome resistance to change. Participants found it highly relevant to their work, demonstrating how to apply principles in practice.

### *Leading groups*

This two-day course has been delivered in many parts of Australia, facilitated by Mrs Pamela Cohen, an experienced cardiac social worker from St Vincent's Hospital in Sydney. It was developed following research by the Heart Research Centre which highlighted weaknesses in the delivery of education sessions at cardiac rehabilitation programs. This workshop equips practitioners with the basic leadership skills to run effective education sessions for patients.



**Above:** Mrs Pamela Cohen  
Clinical Specialist in Social Work  
St Vincent's Hospital, Sydney

# Training for Aboriginal Health Workers and Liaison Officers

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In 2010, the Heart Research Centre initiated training programs tailored specifically to meet the needs of Aboriginal health workers and Aboriginal health liaison officers.

Aboriginal health workers were among the participants who attended the Centre's inter-professional learning program in 2009. They were invited to provide feedback about the training program's suitability for Aboriginal health workers. The program's training manual was also reviewed and customised to meet the needs of Aboriginal health workers.

The Heart Research Centre has now delivered both chronic disease self-management (CDSM) and motivational interviewing (MI) training to Aboriginal health workers and liaison officers. These programs have been delivered in a number of formats, depending on the particular background and expectations of the participants involved.

Aboriginal health workers and liaison officers perform very demanding work. Aboriginal health workers provide education, screening, assessment and client transport but they are often required to respond as well to many other client needs that may arise. Health professionals themselves not only require practical resources to meet their clients' needs, but also the ability to empathise and reflect on each case.

In 2010, General Practice Victoria (GPV) commissioned the Heart Research Centre to deliver a two-day CDSM training program for Aboriginal health workers and liaison officers. The Centre has since delivered MI training at the services of several Aboriginal Community Controlled Health Organisations (ACCHOs), such as the two-day training course and half-day revision session in Bendigo.

Participants in these training programs confirmed that the narrative approach to CDSM lends itself well to the underlying principles of Aboriginal cultures. People are encouraged to talk about and share their stories.

In empowering people to make their own choices, health professionals can minimise the effects or progression of a chronic condition. Biomedical approaches to chronic disease treatment and management often lack these more collaborative elements.

**Below:** Aboriginal health workers and liaison officers at a recent workshop



## Overseas Practitioners

The five-day training program continues to have international appeal. Recent participants from overseas include practitioners from Brunei, New Zealand and Thailand.

Recent Thai visitors included rehabilitation physicians, Dr Sarissa Rangkla and Dr Tanaporn Laprattanagul. Dr Sarissa currently works at Chulalongkorn University in Bangkok. Dr Tanaporn is a practising rehabilitation physician at BNH Hospital, also based in Bangkok. Over the past 12 years, many health professionals have travelled from Thailand to attend the Centre's training programs, where they are considered "famous".

In January this year, Dr Tanaporn was joined by a colleague, Dr Wipawee Laksanakorn, to undertake a six month placement at the Centre as part of her ongoing training in cardiac rehabilitation. Dr Wipawee attended the Centre's Five Day Training Program two years ago. Both wanted to build upon their existing knowledge in order to implement comprehensive cardiac rehabilitation programs upon their return to Thailand, not only in their own hospitals but throughout Thailand as well. These doctors also wanted to develop their research skills.

During their placement, Dr Wipawee and Dr Tanaporn observed a number of model cardiac rehabilitation and heart



failure programs in Melbourne. Prior to their return to Thailand, they developed a cardiac model of care tailored to suit the cultural requirements and financial resources of their home country.

Cardiovascular disease is rapidly rising in developing countries. This increase is related in part to increased saturated fat and caloric intake, less physical activity in work and leisure time and widespread cigarette smoking in these countries. Thus, there is a great need for trained health professionals to help manage patients who have acute cardiac events and require cardiac rehabilitation and secondary prevention programs.

From 1993 to 2002, the World Heart Federation awarded the Centre an annual grant which allowed health professionals from across Asia and the Middle East to benefit from this opportunity for training. Practitioners have attended training

**Above:** (Left to right) Dr Tanaporn Laprattanagul, Dr Alan Goble and Dr Wipawee Laksanakorn

programs from many countries including New Zealand, Thailand, Pakistan, China, Hong Kong, Sri Lanka, India, Malaysia, Indonesia, the Philippines, Kenya, South Korea, Brunei, Singapore and Iran.

Australia is considered to be a particularly relevant destination to visit because the programs in Australia are run in a simple, practical and cost-effective way. They are therefore very adaptable for use in settings where resources are limited.

Over the next few years, the Centre intends to continue its commitment to fostering cardiac rehabilitation in developing countries.

# *Fundraising*

Cardiovascular disease, including coronary heart disease and stroke, is the major cause of death in Australia. Much remains to be done to reduce premature deaths and disability from this disease.

With your support, we can continue our valuable research to help prevent heart disease and stroke, facilitate recovery from acute events, improve the delivery of rehabilitation and other health services, and enhance the quality of life of patients and their families.

You can assist the Heart Research Centre to achieve these goals by making a donation or leaving a bequest to us in your Will.

As a charity, we rely heavily on the generosity of our donors and supporters to enable our vital work to continue. We greatly appreciate the generous support of our donors, many of whom are listed in this report. We are also grateful to those who have made bequests to the Heart Research Centre, also acknowledged in this report, and those who have advised us of their intention to do so.

Your bequest to the Heart Research Centre will make a difference to the lives of many through supporting our research into the prevention of heart disease and stroke.

Visit our website at [www.heartresearchcentre.org](http://www.heartresearchcentre.org) or contact the Bequest Officer on (03) 9326 8544 to find out further details about making a bequest to the Heart Research Centre.

# Bequests – a legacy from your heart

Bequests are an extremely important source of funding for all charities. Many of our donors, who have supported us faithfully for many years, have remembered the Centre in their Will by leaving a specific sum of money or a proportion of their estate.

Other bequests have been received from people who were not previously known to us.

We are grateful for all bequests received, whether big or small.

Bequests have provided much needed funding to commence new research projects such as our study examining the impact of heart disease and stroke upon patients and their families. Another study funded by a recent bequest is investigating the risk of heart disease and stroke in people living in rural and regional parts of Victoria.

If it has always been your dream to make a difference to something of importance, then consider leaving a bequest to the Heart Research Centre. It becomes an ongoing memorial to you and your commitment to supporting research to help prevent and manage heart disease and stroke.



**John Landy, AC, CVO, MBE**  
Former Governor of Victoria

**“Many of us are touched by heart disease or stroke in our lifetime. Cardiovascular disease is Australia’s leading cause of death and disability. By leaving a gift to the Heart Research Centre in your Will, you can support vital research to prevent cardiovascular disease and help improve the lives of those who already have the condition”**

**We gratefully acknowledges the following bequests which were recently received from the Estates of the following people:**

Sylvera Cherry

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