



HEART RESEARCH CENTRE NEWSLETTER

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Centre helps develop cardiac rehabilitation in Thailand



Above: Dr Tanaporn Laprattanagul (L), Dr Alan Goble and Dr Wipawee Laksanakorn (R)



Above: Ms Susana Brazete, Dr Tanaporn Laprattanagul, Ms Shan Law and Dr Wipawee Laksanakorn (L to R)



Above: Thai doctors with Centre's team

From 1993 to 2002, the World Heart Federation awarded an annual grant to the Heart Research Centre which allowed health professionals from developing countries to attend our training programs. Since the inception of these highly regarded programs, physicians, nurses and others from across Asia and the Middle East have journeyed to benefit from this opportunity for training.

The Centre recently welcomed two visiting physicians from Thailand, Dr Wipawee Laksanakorn and Dr Tanaporn Laprattanagul, who work as rehabilitation physicians in Bangkok. Both completed six-month placements at the Centre this year increasing their research and training skills. They observed a number of cardiac rehabilitation and heart failure programs in Melbourne and then developed a cardiac model of care tailored to suit the cultural requirements and financial resources of their home country.

Dr Wipawee attended the Centre's Five Day Training Program two years ago. She wanted to return to learn more about how to implement cardiac rehabilitation programs throughout Thailand. Dr Wipawee said that Australia was a particularly relevant destination to visit because the programs here are run in a simple, practical and cost-effective way.

They are therefore very adaptable for use in settings where resources are limited. Dr Tanaporn noted that the Centre's training program is 'famous' in Thailand. Physicians and other practitioners have been coming here for about 10 years.

Cardiovascular disease (CVD) is one of the leading causes of death globally. According to the most recent data from the World Health Organisation, the estimated number of deaths from CVD in 2008 in South East Asia was approximately 3.6 million, compared to 1.9 million in 2002. The reasons for this increase are in part related to economic development and resultant changes in people's lifestyles.

Recent research has shown that, as countries attain economic development, and as people in turn adopt a more 'Western' lifestyle, CVD is becoming more prevalent. This is the case in Thailand, pointing to the need for improvements in CVD management, as well as primary and secondary prevention programs. At present, cardiac rehabilitation programs in Thailand are in limited use, operating only in cities. Both Dr Wipawee and Dr Tanaporn hope to share their new knowledge with colleagues on their return to expand cardiac rehabilitation services throughout the country.

Physical activity and prevention of heart disease – a review



This commentary is a 10 year follow up report on changes in our knowledge of the benefits of physically activity, level of activity required to obtain the benefits and the possible means whereby the benefits are gained.

Exercise of any sort has been repeatedly shown to protect against developing heart disease. Those who are inactive are twice as likely to develop heart disease and die young than those who are active. It has also been shown that adults who sit less have a lower risk of early death, particularly from cardiovascular disease. Even incidental exercise, such as getting up from your chair to change the television channel, can help to reduce your risk.

Fifty years ago it was thought that the key to protection was fitness. The more one exercised, the better – “no gain without pain”. High intensity exercise was recommended for all. This led to a gymnasium based fitness industry. Exercise equipment, clothing and footwear became big business. Marketing campaigns showed smiling, splendid people showing off their admirable bodies. What was the reality? More moderate intensity exercise, which is now recommended, can be fitted into your day. Just walk at lunchtime, while travelling to or from work, before or after work, during leisure time, alone or with others, or at weekends.

High intensity exercise (with some shortness of breath, sweating and high heart rates) led many to be injured if they exercised on consecutive days or if exercise extended beyond 30 minutes on any one occasion. Most of the injuries were to the legs or back. Most injuries occurred in older or overweight persons. Thus, the recommendation changed. Continuous exercise was advocated for not more than 30 minutes and only on alternate days. The week has seven days so it was suggested that this exercise should be undertaken three or four times per week.

About 30 years ago, studies started to show that protection against heart disease and death could be almost equally achieved by moderate exercise (by just getting up and doing things or by walking) as by high intensity exercise. This finding has since been demonstrated repeatedly.

For the past 20 years, most authoritative bodies have recommended half an hour of walking or its equivalent on most, preferably all, days of the week. The word “brisk” has now been inserted but has not been defined. For practical purposes, “brisk” means exercising enough to make you aware of your breathing, but being able to talk easily, without puffing and not sweating. This level of exercise is comfortable and unlikely to cause injury. Further, it has been shown that the 30 minutes of activity can be broken down into smaller segments. Thus, the exercise now recommended can be fitted into your day.

There is no need for special clothing, no need for sporting gear, no need for monitoring, no need for medical clearances, no need for gymnasium enrolment and no need for fitness trainers. Just walk. Gardening, housework, dancing and some hobbies are alternatives to walking. So are

swimming and cycling if you prefer them. Golf is punctuated walking.

We know that being active helps to lower weight, blood pressure and cholesterol levels. It helps to improve mood and wellbeing. Maybe it does more than these things. We really do not yet know why even mild or moderate activities are so valuable. Being active may help to prevent blood clotting and may produce other potentially beneficial changes.

For those of you who are athletic and lean, who are already highly active, keep it up. The chance of injury for you is small. There are added benefits from being highly active and fit. However, for most of us, in our sedentary, overeating, overweight society, some regular daily activity is enough to obtain most of the health benefits: lower blood pressure, less premature heart disease or stroke, lower blood cholesterol level, lower blood glucose level, less insulin resistance, better control of Type 2 diabetes, retention of muscle bulk and strength, better control of weight, longer life expectancy, retention of brain function into old age and a sense of wellbeing and good mood.

The evidence is that the same applies equally to both men and women. Try it. It's easy to start, but for many, it is difficult to maintain. As recommended elsewhere in this newsletter, supported physical activity can be supplied by family members and friends or it can be a community activity. Some people like to be active alone; others like to be active in company. Some people would prefer to be active on a treadmill rather than active on a pavement. It's all a matter of preference. The benefits seem similar no matter how the physical activity is obtained.

Dr Alan Goble
Cardiology Consultant

Ann Tan



SNAP SHOT

Ann Tan works as a Database Administrator for the Heart Research Centre. She joined the team in 2008 after completing a Bachelor of Arts (Media and Communications) at The University of Melbourne. When Ann

applied to work at the Centre, she had recently suffered the loss of her grandmother to a heart condition. This motivated her to pursue a meaningful career path in which she could help others who shared her experience.

Since 2008, Ann's many roles and responsibilities have shifted and changed. At a given time, her work can include anything and everything related to donations, fundraising and marketing. These areas are essential to fund the Heart Research Centre's research programs. Because the Centre is a small, not-for-profit organisation, there is a constant need for multi-tasking, and roles are often dynamic and multi-faceted. The variety of responsibilities Ann has taken on over the years has been great, she says, making her work both challenging and rewarding.

Ann is currently involved in processing donations, managing the database of donors, organising direct marketing campaigns, marketing through raffles, planning charity challenges, such as the China Trek and the upcoming Peru Challenge; and designing the layout of newsletters such as this one, as well as annual reports. In the future, Ann will help develop the Centre's online marketing and fundraising, including email communications.

Ann is Singaporean and loves to travel home to be with her family at every opportunity. Her ultimate goal is to work in a job that offers variety and the chance to travel. In her spare time, Ann enjoys cooking, and is especially taken with Asian dishes. She says the quest to perfect these dishes is never-ending because each Asian cuisine melds different flavours, often in very different ways. Ann also enjoys reading and shopping. She is engaged to be married later this year and is very excited.

Reducing the risk of heart disease in rural Victoria

Statistics show that people who live in small towns and rural areas have more risk factors for heart disease, and a higher rate of mortality compared with people living in cities. Yet few Australian studies have explored the reasons for this pattern. There are many factors that might lead to higher rates of heart disease among rural Australians, such as limited health services or a higher level of socioeconomic disadvantage. Increasing our knowledge about these factors could help reduce the greater burden of heart disease in country Victoria.

In 1992, the Heart Research Centre carried out a major cardiovascular disease rural risk factor survey of people living in country Victoria. There were six testing sites in all (Bendigo, Maryborough, Rochester, Kerang, Boort and Pyramid Hill). The survey aimed to compare information

about risk factors in a metropolitan sample surveyed by the National Heart Foundation in 1989. Over 2,000 people aged between 20 and 69 years participated in the Heart Research Centre's survey. Most had blood samples collected and had other risk factors assessed, including weight, exercise level, smoking and blood pressure.

The Centre is now undertaking a 20-year follow up study, led by the Principal Investigator, Dr Alison Beauchamp. The Australian National Death Index (ANDI) will be used to identify dates and causes of deaths of participants included in the 1992 survey. Many other studies have used ANDI to determine mortality rates and it has shown to be highly accurate.

Once participants' mortality has been determined, we will look at other data to try to identify which factors

predicted a higher risk of death in these rural Victorians. We will explore whether socioeconomic status, gender or living in a country town as opposed to a more rural setting independently increase the risk of death. The study will take about a year to complete. We expect that it will make a valuable contribution to helping reduce the risk of heart disease in country Victorians.



Above: Dr Alison Beauchamp, Research Fellow

Five-day training program buoys spirits



The Heart Research Centre's annual Five-day Training Program held this year in Melbourne is known for its comprehensive approach to training health professionals working in cardiac rehabilitation. It regularly attracts participants from interstate and overseas as well as Victoria. This year, participants came from all over Australia, including Swan Hill, Taree and Alice Springs. One participant came from Auckland in New Zealand.

Each year, the program includes an interview, in which a cardiac patient shares his or her experiences with participants. By observing the interview, practitioners can gain an insight into the patient's emotional responses to the cardiac event.

Our most recent volunteer patient asked if he could bring his partner along. Since he had undergone cardiac surgery, his partner had been very much involved in his treatment and recovery. As usual, Mrs Pamela Cohen, the Cardiac Social Worker at St Vincent's Hospital in Sydney, facilitated the session. Mrs Cohen first had a private discussion with the patient to obtain some background details prior to conducting the interview in front of the group. The patient's wife then joined them and spoke about how she helped her partner through the recovery. Participants were able to ask questions before later discussing what they had learnt or taken away from the session which provided a "very good insight into patients as people instead of numbers". Another said that it was

a pertinent reminder that "patients are people with a history and feelings".

Most of this year's participants were nurses, with a few others from physiotherapy or Indigenous health backgrounds. For nurses, in particular, interaction with patients in hospital is often subject to rigid time constraints, which necessitates a focus on the physical aspects of the patient's health. Sometimes emotional aspects are overlooked. The interview session conducted during the program broadened participants' perspectives on patients' experiences. The couple who took part this year were very happy to help and were personally buoyed by their involvement.

"Let's get moving" - Practical tips to increase your physical activity

So you'd like to increase your physical activity but need ideas on how to go about it? Here are some tips to get you moving!

- Choose an activity you enjoy and will be able to maintain. Variety is the spice of life so try a wide range of activities.
- Try to incorporate physical activity into your everyday life. Walk instead of ride, take the stairs instead of the lift.
- Start with small, achievable goals.
- Take a drive somewhere new, maybe a park or beach, and walk around.
- Exercise with a friend or family member. Combine exercise with a social outing.
- Take the kids/grandkids/family dog with you on your walk or ride. The activity will be good for them too and you are setting a good example.
- Need extra encouragement? Consider a group fitness class at your local

recreation centre or a walking group.

- Use physical activity as a chance to have time out for yourself. A refreshing swim or walk could be just the thing to clear your head and prepare you for your busy daily activities.
- Be wise about when you engage in physical activity. Take into account weather conditions and physical health.

Most importantly, enjoy your physical activity and make it part of your life!

Dr Michelle Rogerson attended the International Society of Behavioural Nutrition and Physical Activity. This conference, recently held in Melbourne, features some of the best national and international physical activity and nutrition researchers. Dr Rogerson presented

a poster titled "Risk factors for low physical activity in Australian cardiac patients".



China trek inspires

As many of our donors are aware, we recently organised a charity trek across the Great Wall of China, and through Beijing, in conjunction with Inspired Adventures. The trek took place from 6 to 15 May 2011. Many of the trekkers were previous donors to the Heart Research Centre. All took part in their own personal fundraising campaigns in the lead-up to the trek, contributing to the Centre's continued research programs. In total, the trekkers raised \$30,485 for the Heart Research Centre.

Two of the trekkers, brothers Paul and Michael, were enthusiastic about the trip, not simply for its travel appeal, but also for its specific connection to heart research. Michael's wife had done charity bike rides for HeartSmart (the Epworth HealthCare Cardiac Rehabilitation program) in the past few years and had a great time.

The trek appealed to Michael because it combined travel, physical exercise and charity. The cause had a personal meaning as well. He suffered a heart attack five years ago, after which he became interested in heart disease and its causes. It was coming up to the fifth anniversary of Michael's heart attack. He felt that this was symbolic, so he

thought he'd put himself "through a bit of a test, or anniversary or celebration". Paul had been to China many years prior and was keen to support Michael while contributing to a cause he believed in.

Other trekkers had loved ones who were affected by heart disease, and had been touched by their experiences and struggles. This was true for Claudia, whose grandmother had a heart attack and, later, a triple bypass. When her grandmother died, Claudia decided that she would like to contribute to heart disease research. The trek was an adventure and an opportunity to raise money. Many participants were interested in the trip for these reasons. This was the first charity challenge for all of those who joined the trek.

The trip offered its own personal highlights for everyone involved. The Great Wall is a unique wonder that left many trekkers awestruck. As Michael explained: "The Wall was one big highlight. It was breathtaking, particularly when we first got up on the Wall and we were able to see firsthand its scope and its grandeur and size. I don't think I'll forget that moment ... It was really awe-inspiring."

Patricia and Francis, a married couple who were part of the group, felt empowered by having succeeded in undertaking the trek.

Two guides, Kyle and Michael, accompanied the trekkers, offering insights into the destinations the group visited and the people they met. Participants travelled to popular tourist destinations and other out of the way areas, some of them almost utterly untouched. The group trekked weathered and battered parts of the Wall where not another soul could be seen for hours on end. In her reflections on Chinese culture, Claudia commented: "I came

back with a big respect for the way the Chinese people hold their elderly people in such high regard, and the way they are so proud of their country ... It was quite an eye opener."



The food, of course, was a great adventure as well! Paul tried snake and sea slug, among other things. Claudia commented that the Chinese guide, Michael, went out of his way to give the group a great variety of food to eat.

Paul and Michael have already signed up to take part in the next Inspired Adventures challenge to Peru on behalf of the Heart Research Centre. The others are also enthusiastic about the prospect of another trip in the future.



Heart Research Centre

Postal Address:
PO Box 2137
The Royal Melbourne Hospital
VIC 3050

Telephone: (03) 9326 8544
Facsimile: (03) 9326 5066

Email:
heart@medicine.unimelb.edu.au
Website:
www.heartresearchcentre.org

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ABN 87 267 901 425
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