

Heart Research

NEWSLETTER 3 2007

Centre's successful workshop on "Assisting the distressed patient"

The Heart Research Centre was invited to deliver a workshop on 4 May this year as part of the annual Brisbane "Challenges in Cardiology" conference. This is a joint conference of the National Heart Foundation of Australia (Qld Div), the Cardiac Society of Australia and New Zealand (Qld Branch) and the Queensland Cardiac Rehabilitation Association. A range of health professionals attend the conference including cardiologists, general practitioners and nurses.

The workshop, entitled "Assisting the distressed patient", attracted 25 health professionals. It was facilitated by Mrs Pamela Cohen and Ms Fiona Mitchell. Pamela is the cardiac rehabilitation social worker at St Vincent's Hospital in Sydney. With over 20 years experience in this role, she is often employed by the Heart Research Centre to provide training to health professionals. Fiona is a Research Fellow at the Heart Research Centre. She is a probationary psychologist as well as a former cardiac nurse.



Mrs Pamela Cohen

Anxiety and depression are common in cardiac patients during the acute phase of their illness and during convalescence. This new workshop covered the identification of distress, including signs of anxiety and depression. Common causes of distress were identified and practical techniques discussed for the prevention and management of distress in cardiac patients.

Most workshop participants were aware of common signs of distress in cardiac patients including agitation, tears, angry outbursts and withdrawal. Whilst participants generally recognised the more overt signs of depression, symptoms of anxiety were easily overlooked and frequently attributed to hostility or confused with cardiac symptoms. Common manifestations of anxiety in cardiac patients include hypervigilance, constant questioning, appearing mistrustful, sleep disturbance, agitation, irritability and fear of being alone. Many factors cause distress in patients including death anxiety,

fear and feelings of loss of control. Patients can be bewildered by the speed and regimen of a hospital ward. Some may have pain. Others may be suffering from sleep deprivation or withdrawal from nicotine. Patients may also have financial worries or concerns about their job which exacerbate their level of distress. These and many other factors contribute to patients' distress and may make them difficult to manage.

Participants at the workshop were encouraged to understand the triggers for emotional distress from the patients' perspectives. They also learnt techniques to help patients express their feelings verbally. Simple, effective behavioural techniques were explained which could be used to help patients to manage their emotions. The major emphasis of the workshop was upon anxiety reduction and the management of angry patients. Participants had the opportunity to practise the techniques they learnt. Feedback about the workshop was excellent. Participants clearly enjoyed the opportunity to learn practical strategies to help them in their work. The workshop will be conducted again at the Australian Cardiovascular Health and Rehabilitation Association conference in Tasmania next month.

Board of Directors

President	Prof Shane Thomas
Vice President	Ms Neroli Martin
Secretary	Mr David Young
Treasurer	Ms Kathy Soros
Members	Prof Edward Janus Ms Bev Knowles
Cardiology Consultant	Dr Alan Goble
Executive Director	Dr Marian Worcester

Heart Research Centre

Street Address: Level 7, 14-20 Blackwood Street, North Melbourne Victoria 3051 Australia

Postal Address: Box 2137 Post Office The Royal Melbourne Hospital Victoria 3050 Australia

Telephone: (03) 9326 8544 **Facsimile:** (03) 9326 5066 **Email:** heart@medicine.unimelb.edu.au **Website:** www.heartresearchcentre.org

A company limited by guarantee

ABN 87 267 901 425 ACN 060 479 763

Surgical and catheter treatments for coronary heart disease: revascularisation

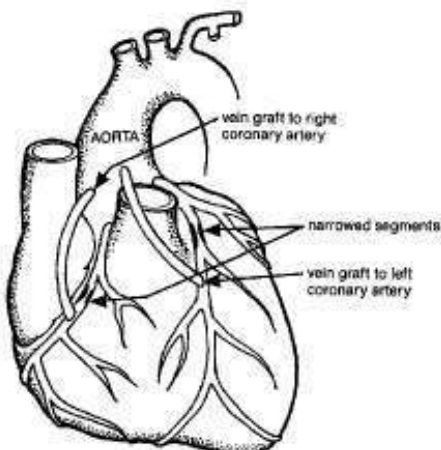
These days, many people undergo interventions to revascularise their heart. What are the interventions? What is revascularisation? How is the heart revascularised?

Let us go back a few steps. As we pass into middle age, changes occur in the arteries which carry the blood to all parts of the body. The blood is pumped from the left ventricle of the heart (the main pumping chamber) into the aorta (the main receiving channel) and is then reticulated to all organs by a high pressure irrigation system. The pulsating arteries are the conduits for this blood. The heart muscle requires its own arterial blood supply from the aorta. This blood comes through the coronary arteries. These arteries are the first branches from the aorta. They lie on the surface of the heart, forming a crown around the heart. Latin for crown is 'corona' so they are called coronary arteries. Branches from these arteries carry the blood into the heart muscle.

The condition of coronary artery disease consists of deposition of cholesterol in the coronary arteries. These deposits form plaques which can interfere with the blood flow along the coronary arteries. They can develop significant narrowings or blockages in those arteries. This may cause symptoms of chest pain on exertion (angina) or lead to heart attacks. Medication can reduce symptoms and help recovery after heart attacks. Modern medication can reduce progress of plaques and even reverse them.

Coronary artery bypass graft surgery (CABGS) is a long-established method to supply blood from the aorta to beyond the narrowings or blockages - a bypass operation. The procedure is highly effective but it is major surgery and hence, unpleasant and somewhat painful for a time. The procedure usually requires five to seven days in hospital. The grafts consist of one's own

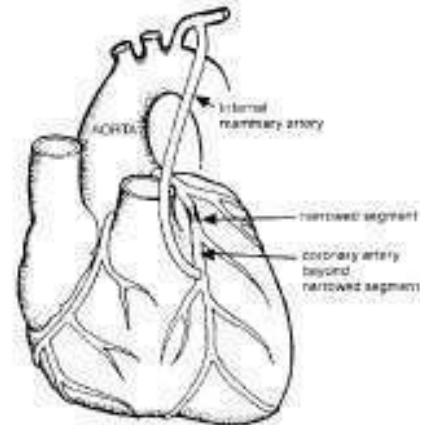
veins (harvested from the leg) or arteries (harvested from the forearm) or internal mammary arteries. The internal mammary arteries normally run down behind the ribs on each side of the front of the



The views expressed are those of the author and not necessarily those of the Heart Research Centre.

chest. They give off branches which contribute blood flow to the muscles on the chest wall and between the ribs. The surgeon therefore has available three major sites as the source of the graft. The heart muscle is thereby revascularised. While CABGS has been developed and improved over about 40 years, other methods such as angioplasty and stent insertion have been investigated and demonstrated to be effective.

The definition of coronary artery narrowing is through coronary artery angiography. Radio-opaque dye is injected into the coronary arteries. With percutaneous coronary intervention (PCI), a long narrow balloon is inserted into the area of the coronary artery narrowing. Inflation of the balloon opens the artery and good blood flow is obtained down the artery. This is balloon angioplasty. In some people, when the balloon is removed, the narrowing recurs. To prevent narrowing, a stent is usually inserted. The stent is an open metal mesh which is expanded to hold the artery open. Thus, the heart muscle is revascularised. The decision as to whether an individual is best suited to CABGS or PCI depends upon several factors related to each individual.



After the revascularisation, the patient continues to take medication to reverse or prevent progress of the condition. This is even more effective if a healthy lifestyle is followed by controlling weight, reducing fat intake, taking part in regular physical activity, not smoking and leading a normal social life. Patients are usually able to resume full activity very quickly, including work which may be regarded as physically or psychologically stressful. The resumption of work to which one is accustomed prolongs rather than shortens one's life expectation. A long, usually symptom-free future should be anticipated.

There are about 20,000 CABG operations and 25,000 PCI procedures performed each year in Australia. Doctors are now becoming accustomed to their patients living long, enjoyable lives, whereas in the past, the future appeared to be uncertain.

Dr Alan Goble
Cardiology Consultant

BMW Golf Day



Left to right: Carmel Recupero, Kathy Soros, Millie Bade and Fiona Mitchell enjoying the BMW Golf Day.

Rain, hail, thunder and lightning were forecast, so taking part in the golf tournament at the BMW Golf Cup International day was not for the faint hearted. Bib Stillwell BMW kindly chose the Heart Research Centre to be the recipient of donations received from those taking part in the golf tournament. The tournament is one of the world's largest and most prestigious amateur golf tournaments, with over 120,000 golfers competing in 30 different countries. At the Metropolitan Golf Club on Monday 18 June, just under 100 keen golfers took part including a team from the Heart Research Centre made up of Kathy Soros (Treasurer on the Board of Directors) and Fiona Mitchell (Research Fellow). The thunderstorms held off and some good golf was enjoyed by all.

Golfers who dined together afterwards were entertained by Dr Alan Goble, who spoke briefly about the Centre's work. The winner of the tournament, Peter Wood, has a special affinity with the Heart Research Centre because he has had heart surgery recently. The donations received will be used to continue the important research carried out by the Heart Research Centre.

Health professionals visit from Thailand

The Heart Research Centre was delighted to welcome four health professionals from Thailand to attend the "Five day training program in cardiovascular disease rehabilitation and prevention" in May and the "Psychosocial issues in coronary heart disease" training program in June. Between these two courses, the visitors made site visits to many different hospitals and community programs to observe the range of programs offered in Victoria for cardiac patients and those with chronic heart failure. They were surprised to see that patients with quite advanced heart failure were up and exercising early. The practice in Thailand is for such patients to remain in bed. Our Thai guests also observed community-based education and exercise programs. They recognised that Australia's low cost programs based upon low intensity exercise are very suitable models for Thailand.

Siriporn Hanpongkittikul and Chulalak Eksuwan were both nurses from Maharaj Nakorn Chiang Mai Hospital in Northern Thailand. The other two visitors included Phermasuk Ua-Aree, a nurse, and Nopawan Sanjareonsuttikul, a rehabilitation physician, who came from Ramathibodi Hospital in Bangkok. All found the training programs and visits most interesting. They said the knowledge gained will be very useful for developing and managing cardiac rehabilitation and heart failure programs in their own hospitals.



Nopawan Sanjareonsuttikul, physician from Ramathibodi Hospital

Nopawan is staying on in Melbourne for six months, based at the Heart Research Centre, to allow a more extensive study of the different programs offered and current research being undertaken by the Centre. Nopawan wishes to increase her knowledge of cardiovascular disease and learn new techniques for conducting interviews, group education, and the design and management of rehabilitation programs. This visit strengthens existing ties between the Heart Research Centre and Thai health professionals working in cardiac rehabilitation. Reciprocal visits began in 1998, and since then, Thai practitioners attend our training courses each year and observe our cardiac rehabilitation programs.

Heart Research

RAFFLE NEWS 3 2007

Astonished winner of BMW!



Brendan and Sarah Cocks

Ms Prue Georgeson, the Administration Manager at the Centre, left a lot of messages on the answer-phone of Mr Brendan Cocks from Wantirna, after the winning ticket was drawn in his name at the Heart Research Centre on 21 May 2007.

When Prue eventually contacted Brendan, he said that he could not remember the ticket, or even what the prize was! It turned out that his wife, Sarah, had bought the ticket while they were out with friends, without Brendan knowing anything about it. When he finally grasped the situation, he exclaimed "You are joking - I never win anything!"

Brendan was delighted that they had supported the Centre, as both his parents had experienced heart problems. His mother had undergone a quadruple bypass operation about a decade ago. Some time ago, the family went through a rough patch when Sarah was diagnosed with leukaemia. Fortunately she was successfully treated. We wish Sarah and Brendan happy motoring and all the best for their future.

We encourage our supporters to buy tickets in our raffle for their partner or friends so that they might also have the chance of experiencing the wonderful surprise that Sarah gave Brendan. Remember that your purchase of these tickets is helping our Centre to fund vital research.

Our raffles are overseen by the Victorian Department of Justice and audited by WHK Neilson.

Suburban winner of Early Bird Prize

Mrs Maria Tan, from the Melbourne suburb of Narre Warren South, won the Early Bird Prize of the Myer \$5,000 Spending Spree, drawn on 27 April 2007.

Maria supported our Centre through buying tickets in several of our raffles before winning this prize for book buyers who purchase tickets early in the raffle. When Maria found out about her prize, she could hardly believe her luck. She said that she shares the tickets she buys to support the Centre with her husband, son and daughter. Even though some of the tickets were not in her name, as the book buyer, she was the one eligible for entry into the draw for the Early Bird Prize. While Maria had no idea at first what she might spend the \$5,000 on, we expect that with a little time to reflect, she will be able to think of lots of exciting possibilities!

Board of Directors

President	Prof Shane Thomas
Vice President	Ms Neroli Martin
Secretary	Mr David Young
Treasurer	Ms Kathy Soros
Members	Prof Edward Janus Ms Bev Knowles
Cardiology Consultant	Dr Alan Goble
Executive Director	Dr Marian Worcester

Heart Research Centre

Street Address: Level 7, 14-20 Blackwood Street, North Melbourne Victoria 3051 Australia

Postal Address: Box 2137 Post Office The Royal Melbourne Hospital Victoria 3050 Australia

Telephone: (03) 9326 8544 **Facsimile:** (03) 9326 5066 **Email:** heart@medicine.unimelb.edu.au **Website:** www.heartresearchcentre.org

A company limited by guarantee

ABN 87 267 801 425 ACN 060 478 763