

Heart Research

NEWSLETTER 2 2008

Centre helps smokers to quit and stay quit



Most of us know smoking is a risk factor for heart disease (see page 2). While the percentage of smokers has greatly decreased, it is common to come across patients who still smoke or have recently given up smoking after their cardiac illness.

Patients often say it is quite easy to stop smoking while in hospital when the shock of their heart attack or other event is foremost in their minds. But it is more difficult to remain a non-smoker on returning home, where access to cigarettes is easy and there are many reminders or triggers for smoking.

The Heart Research Centre's current program called *Beating Heart Problems* is designed to reduce patients' risk of future heart problems. One aspect of the program is helping smokers to quit and stay quit. The program is based on cognitive behavioural therapy principles. Most patients who smoke want to give up but require support to do so. *Beating Heart Problems* is conducted in groups. It teaches patients to pay attention to their thoughts and beliefs about health behaviours, including smoking.

Smokers who have attended the Beating Heart Problems program are immensely satisfied from learning how to quit

Session facilitators help patients modify any erroneous or unhelpful thoughts in order to change their smoking behaviour. Patients are asked to think about what contributes to their smoking habit and what it is they like about smoking. The answers are important in understanding the motivation to smoke and the obstacles to quitting. While for many smoking is a social activity, others like to leave the office to smoke for 'time out' alone. The reasons for enjoying smoking vary and

therefore the strategies to encourage quitting need to be tailored to suit the needs of each individual.

The program also covers triggers to smoking - what triggers the desire for a cigarette and how these triggers can be dealt with. This can include

removing all ash trays and evidence of smoking from the house and car, sitting in a different chair from the usual 'smoking chair' when watching television, and choosing places to go for social contact which are non-smoking.

Support in staying 'quit' is critically important. Smokers often rationalise their lapses in quitting with thoughts such as "just one won't hurt", or "I have failed in my attempt to quit because I have had one cigarette. I might as well smoke as much as I like". The *Beating Heart Problems* program challenges these thoughts and attempts to replace them with more helpful thoughts. This is a method which requires practice. Cardiac patients usually stop smoking after their illness but regrettably many resume the habit after some months, often because they become depressed or have difficulties in their lives which are stressful. Skills to avoid relapse are essential. With financial support from the Australian Rotary Health Research Fund, the Heart Research Centre is introducing this new approach to risk factor modification for patients who have had a recent cardiac event. The programs are conducted by the Centre at The Royal Melbourne Hospital and John Fawcner Hospital.

Smokers who have attended the *Beating Heart Problems* program are immensely satisfied from learning how to quit smoking. It often gives them confidence to make other positive lifestyle changes, such as losing weight. For further information, contact Fiona Mitchell at the Heart Research Centre.

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Smoking, heart disease and death

Up to the 1950's the smoking of cigarettes was accepted as a normal behaviour amongst males: between 70% to 80% of men smoked. Smoking amongst women was much less popular, with only about 20% of adult females smoking.

The streets were marked with the yellowish coughed-up spittle of middle aged and older men who had developed chronic bronchitis, who were also commonly short of breath and wheezing from emphysema. Some may recall the signs at Flinders Street railway station in Melbourne which said "Do not spit on floors, walls or stairs".

It was then recognised in the 1950's that those who were regular smokers were much more likely (about 10 times more likely) than non-smokers to die of lung cancer. Little was done with this knowledge, although most doctors stopped smoking.

When advised to stop smoking, it was common to hear people say "well, you have to die of something. Anyhow, most people die of heart disease". Both statements were true of course, but merely a trick to save facing up to facts.

In the 1960's it was established that those who were smokers were much more likely (about 3 times more likely than non-smokers) to die of heart attacks. Later, it was also found that smokers were twice as likely as non-smokers to have strokes. It became undeniable that cigarette smoking was the most dangerous, disabling and fatal human behaviour short of trench warfare or genocide.

Anti-smoking health campaigns were adopted by governments (state and federal) and non-government health organisations (e.g. cancer councils, heart foundations, and many others). These campaigns, together with almost universal medical advice outlining the disadvantages of smoking, have successfully reduced smoking to about 20% amongst both males and females. Unfortunately, while quit rates have improved, many Australians still take up smoking.

Deaths from lung disease and lung cancer are falling amongst men, but the incidence of lung cancer is rising in women. The occurrence of cardiac deaths under 65 years is falling in both men and women. Reduction in

smoking is a major reason for our population living longer and having a comparatively active and disease-free old age.

There are still some who ignore or reject the facts: this makes it possible for them to continue smoking. The problem is that nicotine from tobacco smoke is highly addictive. It is the tar in the smoke that causes cancers.

It is something else that causes coronary heart disease and leads to heart attacks, strokes and blockages in the leg arteries which cause gangrene of the toes or feet and the need for amputations. It was once thought to be the carbon monoxide in the smoke, but there are myriad other damaging chemicals in the inhaled smoke. It is now apparent that marijuana smoking has similar adverse effects to tobacco smoking. Similar problems are related to smoking pipes or cigars.

One still hears "oh, one won't hurt me: I only have an occasional cigarette". Sadly, the first statement is false. The most recent cigarette smoked could be the final, fatal cigarette. The second statement is also often false. The 'occasional cigarette' may be one after each meal, a few in the evening, or several in the hotel.

To stop smoking is difficult. Many people manage to stop for a time but relapse after days or weeks, even months. Friends who smoke can be highly dangerous. They would like you to smoke. It would make them feel less inadequate if you were also to smoke. Have you heard "Oh, come on, one won't hurt you" ? It might just kill you: if not today, maybe later - if you resume smoking.



Dr Alan Goble
Cardiology Consultant

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

A different gift



Karen Tan (right) with work colleague Therese David

Recently we received a most unexpected visit and gift. Karen Tan has worked for many years as a desktop publisher at the Victorian Curriculum and Assessment Authority (VCAA). A short time ago she celebrated a significant birthday. Her extended family and friends wanted to shower her with gifts, but Karen had something else in mind.

Karen has been saddened by the unexpected deaths of several family members and friends. The sudden death of a very dear family member last year and another friend a few years ago made her conscious of heart disease and the fact that too many people were losing their lives to it. She felt she didn't need gifts to celebrate her birthday; rather, she preferred the money that would have been spent on gifts be donated to further the work of the Heart Research Centre. She had checked out our website and liked what she read.

Karen's friends and family supported her decision and gave her gifts of money for her birthday. Then Karen and her friend, Therese, arrived unannounced at the Heart Research Centre with Karen's 'gifts'. The director, Dr Marian Worcester, was keen to meet Karen and personally express her gratitude for such a generous gesture.

The Heart Research Centre receives no government funding. We are therefore particularly grateful for all the donations we receive. They enable us to carry out our

important research. Therese, who accompanied Karen, used her trusty mobile phone to record the moment and then returned to her office to write up the visit for the VCAA newsletter.

Karen went on to celebrate her birthday with a get-together with her extended family and friends. We at the Heart Research Centre would also like to wish Karen belated, but sincere, best wishes!

Why bequests help

Bequests are a major source of funding. Many of our donors who have supported us faithfully over several years remember the Centre in their Will by leaving us a specific sum of money or a proportion of their estate. Bequests of any size are vital to support our ongoing work.

A recent major bequest significantly increased the research capacity of the Centre. In particular, it enabled the development of two new projects. One concerns the impact of heart disease on women. The second involves a new program for cardiac patients soon after they leave hospital. The program aims to help patients reduce their risk of further cardiac illness. Patients learn skills to make long-term changes to their lifestyles and to manage depression and other negative moods more effectively.

This project is a good example of how the results of our research are applied in a practical way to improve the delivery of health services and the quality of life of cardiac patients and their families.

Members of the community who bequeath part of their estate to the Centre make a lasting contribution to the battle against heart disease.

If you are interested in supporting the Heart Research Centre we suggest you discuss it with your solicitor when you are next revising your Will, or contact the Heart Research Centre for advice. Did you know that 80% of Australians either do not have a Will or do not have a current Will? Wills need to be updated to allow for changes in your personal circumstances, for example when you marry all previous Wills become null and void, but the same does not apply when you divorce.

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RAFFLE NEWS 2 2008

A country winner!

The winning ticket was a last minute purchase! Mrs Cathy Angus had already bought one book of tickets when she was called early in the campaign and then decided to buy a second book when she was contacted just before the raffle was drawn. It was a good decision, as it was the second book which had the winning ticket. Cathy was surprised and delighted with her win. As a heart patient herself, she has a particular interest in heart research and rehabilitation. Only one month ago Cathy had a pacemaker inserted. She had an appointment to see Jane Gordon, the Cardiac Rehabilitation Nurse based at Bendigo Outpatients' Clinic in Eaglehawk, for an assessment the week after she picked up her new car. Jane is also the President of the Victorian Association of Cardiac Rehabilitation (VACR) which represents cardiac rehabilitation health professionals in Victoria. Cathy is now joining Jane in the 10 week cardiac rehabilitation program. She is also going to help Jane on a voluntary basis distributing the newsletter for the local cardiac support group. Cathy came with her husband and family (including brand new granddaughter Amber) to Melbourne to pick up the car. The Heart Research Centre wishes Cathy good health and many happy years motoring in her BMW. We thank her again for her support.



Cathy Angus and her husband Russell claim their brand new BMW

Another country winner!

Belinda and Craig have been supporters of the Heart Research Centre for a number of years. As Belinda said, 'we don't buy every time but we do buy regularly'. This time their number came up as winner of the Early Bird prize. When Prue Georgeson, the Administration Manager, rang Craig, his response was fairly typical: 'You're not serious! Really. Oh, you're kidding'. But no, we weren't kidding! So then they had the pleasure of deciding what they would buy with their \$5,000 gift card when they came to Myer in Melbourne. Living near the Bass Coast, they don't come to Melbourne very often but with \$5,000 to spend, a trip to town was planned. They bought a computer and a video camera and with the money left, they plan to buy some furniture. Exactly what furniture is still undecided. Our thanks to the Matthews for their continuing support of our raffles. The income from these raffles helps to fund our important research.

The raffles are overseen by the Victorian Commission for Gambling Regulation and audited by WHK Day Neilsen. The major prize winner result is published in the Herald Sun Public Notices column the morning after the draw. The Early Bird prize winner is notified by telephone or by mail immediately after the draw. Members of the public are welcome to attend the next prize draw on 26 May to be held at the Centre, Level 7, 14-20 Blackwood Street, North Melbourne at 3.00pm. Remember that you can bring your cash payment for tickets, together with the butts, to the Centre, right up to the time of the draw.

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