



HEART RESEARCH CENTRE NEWSLETTER

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Cardiac care: positive steps in returning to work

A study is underway to investigate what helps or hinders recovering cardiac patients return to work. To date, nearly 400 patients have been recruited to the study from the Western Hospital, Royal Melbourne Hospital and Melbourne Private Hospital.

Patients were interviewed in hospital about their cardiac illness and their expectations of recovery. Interviews also covered their work in recent months and their plans for returning to work.

The four-month follow-up focused on whether or not patients had returned to work, and if so, what had helped. Results to date show that about 74% of patients returned to work within four months of being admitted to hospital. Many spoke about both the necessity of returning to work and their personal motivation influencing their decision to go back. One patient said that a combination of his own 'positive attitude' and the support of his 'family, friends and workmates' helped him to make the transition. 'I'm not the sort of person who can sit around and do nothing all day ... I am a motivated person. I want to be motivated and stay motivated'.

Support from employers and work colleagues was usually very important. Employers who displayed flexibility and a willingness to allow their employees a sense of 'freedom' and autonomy in resuming work were well regarded. One participant said: 'My employer

made sure I knew I could leave when I wanted to and took steps to reduce my workload to prevent me from taking on too much too early'. Other participants felt it was important to be treated the same as they had been before their cardiac event.

This flexible workplace attitude was reflected in employers who showed a real interest in listening to their employees and understanding what would work best for them. Participants highlighted the importance of moral and emotional support as well as financial support -including sick leave and annual leave.

Overall, patients underlined the need for doctors, including cardiologists, to address issues surrounding the return to work. Some participants praised their doctors and other hospital medical staff, but noted that it was difficult to heed advice not to go back to work because of the financial strain their illness had already caused. Doctors with positive and reassuring attitudes toward their patients' recovery and return to work were praised, as were those who showed an interest in the emotional needs of their patients. On the other hand, receiving no advice or contradictory advice was a real barrier to returning to work and other daily activities for some.

The research team is looking forward to completing the 12 month follow-up interviews shortly.

Cardiovascular disease begins at an early age!!

The most common cause of death and disability in Australia is cardiovascular disease (CVD). In the past, this condition was largely limited to members of the robust middle and professional classes - in other words, well fed, overweight, occupationally sedentary males. While doctors blamed psychological stress until about the 1950s, it then became apparent that blame could not be shifted from a life of 'gluttony and physical indolence'.

In the past, many women died young - few from CVD, many from childbirth. Children, both boys and girls, often died in childhood from infectious diseases. In industrialised societies, interventions, vaccination and antibiotics largely put an end to those early deaths. Men continued to have heart attacks and strokes (from their CVD), with most occurring during their 50s or 60s. In women CVD appears later. However, with increasing obesity in the population, CVD and diabetes might occur earlier in women in future decades.

While CVD does not usually manifest itself until middle age, the early development of the underlying CVD is not delayed until middle-age. It starts in childhood. It progresses through adulthood and is exposed by the occurrence of dramatically serious complicating illnesses (heart attacks, strokes and the like) in middle or later age.

One interesting study about American soldiers, killed in action in Korea, showed that two thirds of them already had early evidence of CVD (fatty cholesterol containing plaques in their arteries). Their average age was 22

years. There were no plaques found in Koreans killed in action. This was thought to be a unique observation until a search was made for similar evidence elsewhere and it was found that a very famous German pathologist did a similar study on German soldiers killed in action in World War I. In his paper published in 1915, he found that two thirds of the soldiers had early CVD. Their average age was 26 years. They would have been killed in action in 1914 and would have been the world's best nourished body of enlisted troops. 'An army marches on its stomach'.



Why don't all people get CVD?

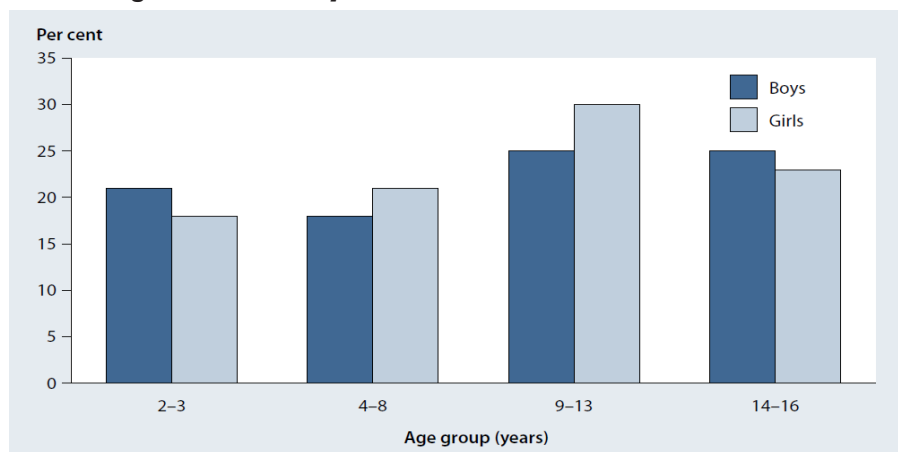
The answer is apparently in our genes. We inherit from our parents variable degrees of susceptibility response to risk factors. Some can tolerate a lifetime exposure to saturated fat without developing high cholesterol. Some can remain with a low blood pressure despite having a high salt intake and apparently unhealthy overweight. Some smokers can get through life without adverse effects, although this applies to only a small proportion of smokers because cigarette smoking leads to cancers as well as to lung disease, heart attacks, strokes, disabilities and deaths from other causes.

Some people can remain overweight, even obese, without developing type 2 diabetes, high blood pressure or high cholesterol, despite being physically inactive throughout life. The majority of people with elevated risk factors do develop CVD, however, and they can be identified.

People who live together tend to have similar behaviours and thus tend to have similar risk of CVD. Spouses of patients tend to be similar in behaviours and socioeconomic status. Just look around in the supermarket. One fat adult is commonly accompanied by another fat adult or by fat children. Spouses tend to have similar risk factors to those of patients. Brothers and sisters of patients have risk factors similar to or worse than patients, partly reflecting genetic similarities. The health behaviours of a patient's friends are also at some increased risk because of similar habits. One cannot change the population's genes but the population can change its behaviours. The future health of each individual lies within the control of that individual at least in part. Knowledge and understanding come first. A decision to change comes next. Many can implement change and some can maintain changes for decades into old age. Good luck.

Dr Alan Goble
Cardiology Consultant

Overweight and obesity in Australian children



Children aged 2-16 who are overweight or obese, by age group, 2007 from measured height and weights. Source: DOHA, 2008

Dr Michelle Macvean



SNAP SHOT

Michelle Macvean joined the Heart Research Centre this year as a Research Fellow. Her university studies primarily concerned aspects of disability. She undertook research into special and mainstream education, communication and language development, and social development and support. Her PhD was in the area of empowerment of parents of children with disabilities. Michelle's interest in the well-being of families continues to be paramount.

In recent years, Michelle has worked at the Cancer Council of Victoria, where she investigated the impact of prostate cancer upon men and their partners over a two-year period. In a later project concerning colorectal cancer, volunteers provided over-the-phone support and information to participants. Michelle's cancer research has given her a sound

understanding of psychosocial aspects of illness.

Drawing on her interest in psychosocial research with families, Michelle's primary role at the Heart Research Centre is to help develop a study examining the impact of acute cardiac events upon partners, including their emotional well-being, social support and relationships. Information needs of partners, their participation in rehabilitation programs and changes in their health behaviours are also being explored. Results will be used to develop a support program geared to the specific needs of partners of cardiac patients.

When not working, Michelle spends most of her time with her two young daughters. She also enjoys reading and catching up with friends and family.

The adventure of a lifetime!



2011 is the year to do something different, exhilarating and healthy - and support heart research!

Imagine trekking the Great Wall of China! During this 10-day adventure, you will spend 5 days enjoying the splendour of the Great Wall, experiencing the charm of China and feeling on top of the world! You will also enjoy the sights, delights (and shopping!) of Beijing.

You will also be supporting heart research.

To take part in this adventure, participants are required to raise funds to

cover the cost of the trip and a donation to the Heart Research Centre. We are aiming to raise \$50,000 from this amazing event! Participants are helped to reach their fundraising goal and the trip itself is both a reward and an achievement.

How does it work?

1. Register to secure your place on this exciting adventure
2. We call you to help you organise a fundraising plan
3. Start fundraising to reach your goal of \$6,500 (Approximately \$3,500 travel and \$3,000 minimum donation);
4. Get fit
5. The Heart Research Centre receives the funds you raise. Your adventure will support future research, helping all those who have or develop heart disease

How fit do I need to be?

Inspired Adventures are designed for adults of all ages who are reasonably fit and prepared to undertake fitness training for at least 3 months.

How do I fundraise?

We send you a comprehensive fundraising toolkit when you register, and you have phone coaching every few

weeks from our team. You can choose to put some money in yourself but many people raise the whole amount themselves.

What's included? International airfare to China, accommodation, travel, sightseeing, and meals as per the itinerary.

What's not included? Tourist visa, travel insurance and your spending money.

For more information, call Justine on 1300 905 188 or email justine@inspiredadventures.com.au

Register now at www.inspiredadventures.com.au/hrc, download the information pack and email or fax the booking form to Justine fax: 02 8915 1457.

For those new to the Heart Research Centre, when you register, we will post you a Welcome Pack about the centre and its vital research

P.S. Book by 30 September 2010 and receive a free Lonely Planet Guide to China!

Indigenous heart health program focuses on closing the gap

The Heart Research Centre was recently awarded a grant of \$25,000 from the ANZ Trustees to begin a project with Aboriginal Community Controlled Health Organisations (ACCHOs) around Victoria. The project aims to increase access to cardiac rehabilitation and chronic disease secondary prevention programs for Aboriginal and Torres Strait Islander people (mentioned as 'Aboriginal' people throughout this article) living in Victoria.

Since acquiring the funding, Ms Nell Angus—Project Officer for Aboriginal Programs at the Centre—has been involved in investigating mainstream Aboriginal cardiac rehabilitation services available in Victoria, and comparable programs that have been initiated by some ACCHOs within their own Health Services. There are several existing interstate cardiac rehabilitation services that are working to increase access for Aboriginal people living within their communities. However, ACCHOs in Victoria have, in the past, struggled to implement and sustain these services successfully. One aspect of the Centre's work will be to investigate why local services have encountered these difficulties and how known barriers to implementing successful programs may be overcome.

To initiate this process, interstate 'models' are being investigated with a view to mapping how they link with other health services. Discussions about suitable Victorian models will then take place with two local pilot organisations. The second phase of the project will involve the actual implementation and running of specially tailored cardiac rehabilitation and chronic disease secondary prevention programs for Victorian Aboriginal people.

Aboriginal people experience 4.6 times the burden of cardiovascular disease (CVD) than non-Aboriginal people. In spite of this, only about two per cent of Aboriginal people who are eligible to attend cardiac rehabilitation actually access these services.

Victorian ACCHOs working together with the Heart Research Centre are eager to devise dynamic programs that are culturally safe as well as flexible and adaptable to local community needs. Some of the organisations the Centre is currently collaborating with around Australia include: South East Sydney Illawarra Area Health Service, Wucchoperen Health Service, Derbarl Yerrigan Health Service, Redfern Aboriginal Medical Service

and Robinvale and District Health Service. One immensely positive aspect of working together with such broad organisations is the possibility of fostering meaningful partnerships between those involved. This, in turn, will drive the project to continue independently of the Heart Research Centre facilitators who have initiated it. Ultimately, the project aims to develop effective cardiac rehabilitation programs for Aboriginal Australians and close the gap in life expectancy between Aboriginal and non-Aboriginal people.



Ms Nell Angus
Project officer for Aboriginal programs

Links between anxiety, depression among cardiac rehabilitation patients and delayed recovery

Dr Alyna Turner—who joined the Heart Research Centre team earlier this year as a Senior Research Fellow—was involved in a recently published study examining symptoms of anxiety and depression among cardiac patients during rehabilitation and further cardiac admissions. The study was conducted at the University of Newcastle and Hunter New England Area Health Service. Attendees of the cardiac rehabilitation program at the John Hunter Hospital were given a simple questionnaire designed to indicate the likely level

of anxiety or depression symptoms experienced by hospital patients. The results of these questionnaires were then linked to information stored in a database known as the Heart and Stroke Register.

Using the information collected from these two sources, researchers were able to determine whether there are links between symptoms of depression or anxiety experienced by cardiac rehabilitation participants and their clinical outcomes. The study revealed

that higher anxiety levels are associated with more hospital admissions, whereas higher depression levels are associated with a longer length of stay in hospital. These findings are significant in that they provide valuable information for researchers to help improve social support for recovering cardiac patients.

The Centre is collaborating with the Newcastle team to conduct further work in the screening and treatment of cardiac patients suffering from anxiety and depression.

Keysborough Ladies Golf Charity Committee

It was a windy, wet and cold day when Andy Scobie, the Centre's Fundraising and Development Manager ventured out to see the ladies of the Keysborough Golf Club. But it was worth it!

Each year the hardworking (and talented!) ladies from the Keysborough Golf Club Ladies Charity Committee support the Centre with their annual donation.

During the four years the ladies have supported the Centre, the Committee has generated almost \$10,000 for our vital work. As such, it is always a pleasure to be able to thank them personally, especially in the wonderful surroundings of the Keysborough Golf Club.

Many clubs, big and small, raise funds for the Heart Research Centre. All donations are gratefully received.

If you would like more information about how your club can support the Heart Research Centre, please call Andy Scobie, Fundraising and Development Manager, on 03 9326 8544 – he would be more than happy to talk to you and assist with any enquiries you may have.



Above: Ms Sally Paynter and Ms Maggie Cripps presenting Andy Scobie with their cheque for 2010.

Five-Day Training Program another great success

The Centre's annual Five-Day Training Program has once again yielded productive and encouraging results. The program focuses on cardiovascular disease rehabilitation and prevention. The 32 participants comprised health professionals from diverse backgrounds, hailing from all over Australia. The Centre was also pleased to welcome four international practitioners who journeyed from Thailand and Brunei to participate.

Each year, this training program allows health professionals to network with, listen to and gain experience from other professionals performing similar roles. Without the forum of such a program, this would be extremely difficult for many participants. The program is particularly helpful for those who may be new to the field or who may feel overwhelmed or isolated in their experience of what can be very demanding work.

Participants were overwhelmingly happy with the program and gave insightful and constructive feedback, which will

feed into the planning for our 2011 sessions. They highlighted how much they enjoyed the 'interactive sessions', as well as the wealth of knowledge and 'friendly' and 'approachable' attitude brought to the program by its facilitators. One participant noted: 'There is a lot of knowledge I've gained from this course. Some of it is new to me and it really opened up my mind.' Another said: 'I gained a lot of knowledge about the roles of team members in cardiac rehab. I learned a lot about motivational interviewing techniques and psychosocial issues involved.'

As many of our donors will know, part of the Centre's mission is to conduct research that will help improve outcomes for cardiac patients in terms of social and emotional support. Responses from participants in our most recent training program solidified the relevance of understanding the complex psychosocial factors that interact for patients during their treatment and rehabilitation. The training program's continued

success speaks to the emphasis health professionals themselves place on combining the physical characteristics of recovery with educational, social and emotional aspects to ensure a truly rounded rehabilitation for their patients.

**HEART
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CENTRE**



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