

# Critical advice for families to help heart patients

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When a 50-year-old mother or father returns home after a heart attack, will the whole family adopt a better diet? Is it really necessary? This is an issue facing millions of families each year and one of the many to be addressed next month at EuroHeartCare 2018, the annual congress of the Council on Cardiovascular Nursing and Allied Professions (CCNAP) of the European Society of Cardiology (ESC).

"Family members have a critical role to play in supporting patients, not only encouraging them to change their behaviours but actually participating in those changes," said Dr. Gabrielle McKee, programme chair of EuroHeartCare. "There is strong data to suggest that family involvement plays a pivotal role; from better diets to more physical activity."

The full scientific programme is now available for this year's meeting, which will be held 7 to 9 June at the University of Dublin, Ireland, in collaboration with the Irish Nurses Cardiovascular Association (INCA).

There is also good evidence that when patients bring a family member to appointments, they return home with more retained information between the two of them. But do they understand all of the advice from doctors and nurses? And do they think it's important enough to act on? Nurses often discover that when patients return for appointments they haven't been following some of the recommendations. Research will be presented at the congress to explain why there are gaps between what clinicians say and what patients do.

"About 80% of [chronic illness](#) is caused by smoking, excess alcohol, insufficient physical activity, and poor nutrition," noted Dr. McKee. "So we need to keep emphasising the importance of lifelong physical activity. We're past the stage of simply telling patients what exercise they should do. We now address the barriers patients face to starting and continuing physical activity."

A congress session is devoted to optimising [physical activity](#) to prevent first and subsequent cardiovascular events. Leaders in the field will discuss the use of technology, such as online education, to motivate patients to continue exercising in the long-term, after face-to-face cardiac rehabilitation has finished.

Patients want life to return to normal after a [heart attack](#). Another congress session focuses on what patients can do to prevent another event, avoid rehospitalisation, change behaviours and resume sexual activity. Dr. McKee said: "Patients need to understand that they now have a chronic illness and are in an at-risk group. Many aspects of life change after an event and we will talk about how to start living again. Patients may have had a procedure to get them through this event, and the followup treatment will help prevent another."

The special needs of older adults with cardiovascular disease will be explored in a dedicated session, including why and how to reduce polypharmacy. "Between arthritis, heart failure, chronic obstructive pulmonary disease and other comorbidities, older adults could be on 25 drugs a day," said Dr. McKee. "It leads to poor adherence, drug-drug interactions, and adverse reactions such as falls and delirium which can result in visits to emergency departments."

New initiatives will be discussed at the Congress to help clinicians review all of a patient's medications and decide if any can be stopped. Dr. McKee said: "We prescribe drugs to reduce blood pressure but they

increase the risk of falls, so we then give drugs to prevent falls. It's worth examining if both drugs are needed. Likewise, [patients](#) may have been taking some drugs for 40 years, and considering the side effects, the best option could be to discontinue them for their last decade or so of life."

Issues such as these make up one aspect of the congress theme, which is "Tackling the Complexity of Cardiovascular Care". The theme also refers to the fact that care includes the periods before, during, and after hospitalisation, and encompasses a wide range of disciplines from prevention and psychology to surgery.

Trends in cardiac surgery will be examined in a session encompassing redo surgery in adults with [congenital heart disease](#) and replacement of atrial and mitral valves.<sup>5</sup> Dr. McKee said: "Many cardiovascular nurses work in a surgical environment every day and this session will tell them what's new in this area."

Provided by European Society of Cardiology

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