



British Association for Cardiac Rehabilitation

**A summary report of the
Annual Conference
3 – 4 October 2008
Park Inn, York**

**Edited by Professor David Brodie
Scientific Programme Officer, BACR**

Introduction

The purpose of this report is to produce a short, summary account of the recent BACR conference while it is fresh in the minds of the delegates. The feedback on the conference was very positive with delegates enjoying and gaining considerable benefit from the sessions.

The conference team are already planning the 2009 conference so any feedback on this report would be appreciated by email to:

David.Brodie@bucks.ac.uk.

I hope that for those of you who attended the 2008 conference, this report will remind you of the sessions and be a useful record of the proceedings. For those who did not attend, I hope that the material within the report will encourage you to join us in 2009.

David Brodie





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Welcome address

Professor Patrick Doherty

President, BAC

This has been a very successful year for cardiac rehabilitation that has seen the BACR involved in:

1. The NICE Post MI guidelines and CR service commissioning guide
2. Highest ever return on the National Audit for Cardiac Rehabilitation (NACR)
3. Payment by Results (PbR) - success in developing the first part of the CR tariff
4. BHF/BACR CR campaign - success with political parties throughout the UK
5. A new NHS Heart Improvement Programme with a focused CR national priority project and the appointment of a National Clinical Lead for CR (Prof Patrick Doherty) and a National Advisor for CR (Dr Jane Flint)
6. Formation of the Cardio & Vascular Coalition (CVC), which aims to shape cardio and vascular disease interventions beyond 2010

7. New NHS work stream for heart failure.

We will continue to raise our profile with external stakeholders and influence future policy. The next steps in terms of the CR tariff are to produce a robust currency and codes for Phases II and III of the emerging tariff. The above success is not by chance but is instead the result of hard work by the BACR council and collaborative effort between the BACR, the NACR team at York University, BHF, BCS and affiliates, DH vascular team, PbR team, Information Centre, Heart Improvement Team, the Cardiac Networks and the Heart Care Partnership (UK).

The BACR is only as strong as its membership and we are grateful for the sterling work you are all doing to deliver a quality service now and in the future.

Patrick Doherty



CBT – a self help approach

Dr Chris Williams

*Clinical Senior Lecturer, Psychological
Medicine, University of Glasgow*

Dr Williams explained the relationship between depression and cognitive behavioural therapy (CBT) and explained that CBT can be delivered in different ways including a home-based approach.



His presentation included: an overview of depression and chronic illnesses; CBT, CBT and self-help; the current evidence base and finally some current research

in the area. He showed how booklets on self-help sessions were beneficial compared with normal treatment. He mentioned a free on-line DVD called 'Living Life to the Full' which is found on his website www.livinglifetothefull.com. He started the session by critiquing the jargon used in CBT and the need for those with depression to understand the terms. He argued for an approach which was structured in a more educational manner and using resources which were thematic such as "Are you strong enough to keep your temper?" and "I'm not good enough". His approach of structuring the management of low mood and anxiety in a clear, relevant, self-help style was a model for cardiac rehabilitation.

David Brodie

The psychoneuroimmunology of psychological interventions in cancer: implications for other areas of healthcare

Dr Donald Sharp

Senior Lecturer in Behavioural Oncology and Honorary Consultant Clinical Psychologist, University of Hull

The session on psychoneuroimmunology of psychological interventions in cancer was a presentation that highlighted recent research and evidence on applications that could be used in cardiovascular populations, especially those with heart failure.

As with CHD & CHF, 1/3 to 1/2 of all related anxiety and depression, caused by the simple confirmation of a diagnosis, can go untreated. There are now established links between mental health status and the lowering of one's immunity and hence the hypothesis that if mental health conditions are treated earlier then the medical treatment outcomes are likely to be better. Key outcomes were related to changes in mood, anxiety, depression, senses of coping, quality of life and actual biological defences. Self-help techniques of relaxation and guided imagery (literally think about ways of focussing on destroying

cancerous tissues in the body), and reflexology were the interventions described.

From the relaxation and guided imagery interventions, quality of life was maintained, mood and coping increased, HADS improved along with improved biological defence activity such as T-cell activity compared with no change or some decreases in the control group. On the biological defence front, the remaining question was, "is such a change clinically significant?" This has yet to be determined.

The reflexology and massage trials showed improvements in quality of life but no actual effect on biological mechanisms.



The practical take-home message is that such psychological help services need to be provided on an "open-access" basis, so patients can attend at the time of most need.

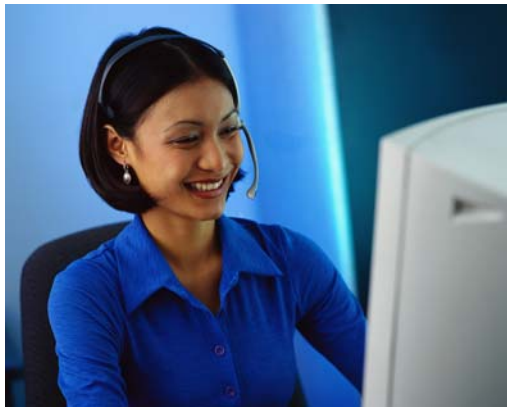
John Buckley

NACR database update

Corinna Petre and Steph Brady
*BHF Care & Education Research Group,
University of York*

They highlighted issues around poor data entry and are developing some guidance notes to help users improve data completeness.

York demonstrated improvement in increasing the access to data and reducing the ambiguity of the fields.



York and CCAD are now fully staffed and can manage calls and requests for help to extrapolate data quicker.

There is an easy to use access database to help Trusts create reports from their own database entries.

An NACR training CD is now available. The annual report has been produced and is available on line or in hard copy.

Diane Card

Cardiac rehabilitation national campaign update

Ruairi O'Connor
*Deputy Head of Policy and Public Affairs,
British Heart Foundation*

On Monday 15 September, the new National Audit of Cardiac Rehabilitation was published. It showed that 57% of heart patients in the UK still do not have access to cardiac rehabilitation. The BHF, as part of the National Campaign for Cardiac Rehabilitation, press-released the Audit, generating coverage in local and national media. The Campaign is now encouraging heart patients and professionals to use new campaigning actions on the BHF's website, including the option to send a letter to local newspapers. A patient entitlement card is available from the BHF, and posters alerting patients to the benefits of cardiac rehabilitation are to be sent out through the BACR.

Linda Binder

Lunchtime symposium: optimising discharge care in acute coronary syndromes

Linda Edmunds
Treasurer, BACR

The symposium was opened by Dr Malcolm Walker (Consultant Cardiologist at UCL) who defined ACS and highlighted why it is important for accurate discharge summaries to be sent to GPs. He informed the audience of problems with discharge summaries that compromise clinical care and patient safety.

Bernie Downey (Clinical Nurse Specialist, Mater Hospital, Belfast) outlined what an ideal discharge summary should look like and what can be done to optimise effective discharge care at a local level. This would lead to improved care for patients with ACS, less medication prescription errors, clearer documentation on medicine, management conveyed to GPs, and ultimately to improved patient safety.

Judith Edwards

BACR standards: a useful tool?

Michelle Bull and Jennifer George
Senior Project Manager and Project Manager, SW London Cardiac and Stroke Network

During these challenging times this session provided a very logical and useful approach as to how the BACR standards could be used in practice across health communities.

A traffic light system provided a visual impact identifying where services were in comparison with BACR standards. It was through identifying shortfalls in a planned, structured approach that change could be supported and prioritised. It was concluded that the standards were a useful tool to support developments, change and inform commissioning, but emphasised a strategic commitment was required at a local level and a higher national profile of the standards was required.

Linda Edmunds





NICE post MI guidelines: meeting the dietary recommendations

Alison Mead

Chief Dietitian, Hammersmith Hospital, London

NICE Guidance was published in May 2007 advising that all patients should receive individualised advice about healthy eating. Some of the key points included in the guidelines are as follows:

- Patients should be advised to eat a Mediterranean-style diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on vegetable and plant oils)
- Patients should be advised to consume at least 7 g of omega-3 fatty acids per week from two to four portions of oily fish
- Patients should be advised not to take supplements containing beta-carotene, nor antioxidant supplements (vitamin E and/or C) or folic acid to reduce cardiovascular risk.

For further information on the guidelines go to the link: www.nice.org.uk

Chetali Agrawal

Debate: This house believes that all patients with chronic stable angina should receive cardiac rehabilitation prior to referral for PCI

FOR: Dr Malcolm Walker

Consultant Cardiologist, University College Hospitals

AGAINST: Dr Andrew Bishop

Consultant Cardiologist, North Hampshire Hospital

This debate was greatly anticipated and certainly didn't disappoint on the day. Speaking for the house, Dr Malcolm Walker (past BACR president), elegantly summarised the substantial body of evidence for choosing CR as an alternative to PCI in this patient group. Speaking against was Dr. Andrew Bishop who readily admitted that he had an uphill battle ahead but nonetheless gave a very engaging speech and made the very pertinent point that stable angina patients often have difficulty in accessing CR. In the end, the house carried the motion but only just!

Susan Connolly

Cardio & Vascular Coalition (CVC)

Betty McBride

*Policy and Communications Director,
British Heart Foundation*

Betty McBride presented on the Cardio & Vascular Coalition (CVC) which is a BHF led coalition of 36 voluntary and professional organisations with an aim to advise the Government on the future direction of cardio and vascular services in England. The CVC plans to develop a Green Paper for consultation later this year followed by a White Paper in the spring of 2009. The CVC acknowledges the substantial gains that have occurred since the NSF for CHD but also recognises that the burden of cardio and vascular disease will rise and as such requires further commitment to tackle future demand.

Patrick Doherty



Why don't they do what we ask them to do?

Dr Gail Bohin

*Clinical Psychologist, Gloucestershire
Cardiac Rehabilitation Service*

Are we compliant with health advice?

Do we always make and maintain changes that are recommended to us?

If health professionals, with expertise and knowledge about risks and benefits find it difficult to change health behaviour, we can start to imagine challenges faced by CR patients. Dr Bohin reviewed factors that can influence compliance with advice and adherence to lifestyle change. Amongst these were patients' beliefs, consideration of mood and distress levels and the patients' own attempts to cope. An excellent overview of current evidence was presented in an engaging and thought-provoking presentation that had relevance and practical implications for all.

Dorothy Frizelle

Exercise can seriously improve your mental health: fact or fiction

Professor Marie Donaghy

*Dean of School of Health Sciences,
Queen Margaret University, Edinburgh*

The session was based around the mind body link and exploring the subject of exercise psychology.

The evidence for exercise reducing the risk of depression was initially reviewed.

Evidence for exercise as an intervention versus medication with patients with low to moderate depression was also presented. Two questions were discussed: do people with mental health problems want to exercise? How does exercise help to boost self esteem and build confidence? One take home message was to encourage patients to focus on the positive feelings that they experience during exercise.

The evidence presented supported using exercise as an intervention and concluded that exercise can improve mental health.

Sally Hinton

Tailoring our programmes to suit an elderly population – exercise considerations

Lesley Simpson

*Group Health Promotion Manager,
Nexus Community*

This informative talk explored the concept of what is exactly meant by the term elderly. We live in an ageist society and despite the fact that growing old is a natural process and we were reminded that not all individuals age at the same rate.



Our exposure to lots of influences affects our capacity to age and the speaker very nicely summarised the many benefits of being active for the older person.

A clear message was given to us of the importance of involving our older clients in the exercise class and the importance of acknowledging their previous and personal experiences when designing these activities. Living to old age is important but enjoying being older is as important.

Bernie Downey

Conclusions from research oral presentations

A study comparing validity and reliability of the incremental shuttle walk test and six-minute walk test in chronic heart failure

Aynsley Cowie

Senior Physiotherapist, Ayr Hospital

Conclusions: 6-minute walk test (6MWT) distance is a more valid representation of exercise capacity than incremental shuttle walk test (ISWT) distance. The ISWT demonstrated greater test-retest reliability than the 6MWT, and reliability improved with familiarisation. Familiarisation increased the variation in 6MWT data, reducing its reliability. As test-retest reliability is a pre-condition of validity, the ISWT may be the more valid test for clinical use.

Patients' views of health promotion resources used by cardiac rehabilitation services

Ranjit Dhillon

Cardiac Nurse Specialist, Sandwell and West Birmingham NHS Trust

Conclusions: The overall levels of perceived usefulness of resources were high. The ability to read English was an important factor in terms of understanding resources. Discussion with CR nurses significantly improved levels of perceived understanding by the patient confirming its importance and resources that were more specific to a topic were generally better received.

Lay perceptions of risk factors of coronary artery diseases and cardiac rehabilitation: a cross-sectional study targeting the Chinese population in the Midlands, UK

Jeffrey Lau

Medical Student, University of Birmingham

Conclusions: The CAD risk factors of the Chinese population have increased significantly in the last decade. More large studies on the Chinese population assessing CAD risk should be undertaken to provide more evidence on CAD prevention for this growing population in the western world. Both health promotion efforts and secondary preventive resources will need to be created to meet the needs of this population in the UK as their changing lifestyles place them at risk of CAD.

Clinical reality of Cardiovascular Prevention: A Comparison between EUROASPIRE II and III in Thirteen European countries

Kornelia Kotseva

Senior Clinical Research Fellow and Honorary Consultant Cardiologist, Imperial College London

Conclusions: The adverse lifestyle trends among European coronary patients, particularly the increase in obesity, and the lack of any improvement in smoking and blood pressure management are a cause for concern. Although there is a substantial improvement in lipids management, many patients are still not achieving the cholesterol goal. More intensive and multidisciplinary approaches to lifestyle and risk factor management are urgently needed to reduce the risk of recurrent event and death among patients with coronary heart disease.

Laughology and cardiac care

Stephanie Davies

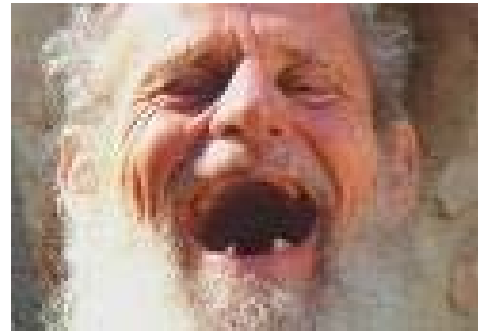
Creative Director, Laughology

It was obvious from the number delegates who remained for the final session of the conference that the title 'laughology' intrigued many.



For those who stayed, they were not to be disappointed. Stephanie Davies, Creative Director of Laughology described a 'model for living' which can bring about positive changes in individuals by empowering them through

the use of humour and laughter.



Research shows that laughter not only reduces stress hormone levels but causes circulatory vasodilation.

This approach can be applied to help individuals cope and adjust to change, develop strategies to deal with stress and gain control over emotions. The enjoyment of the final session was clear to all, as evidenced by the extent of the laughter!

Ann Ross

Acknowledgement

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