



Preaching to the Cardiac Patient

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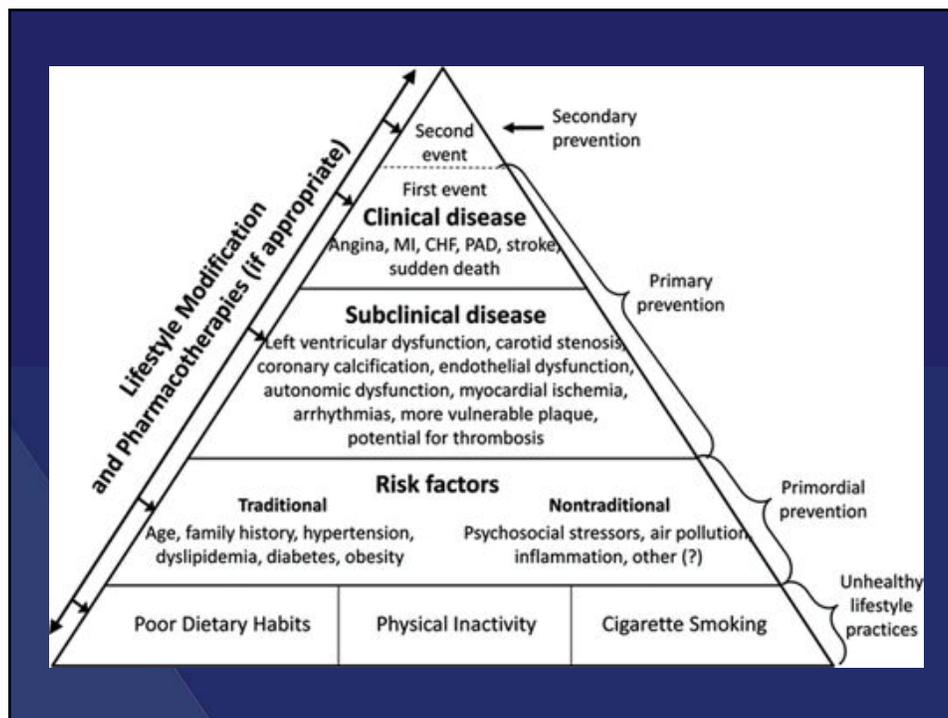


Disclosures: None



The Issues

- Only 3% of the US population lead a heart healthy lifestyle (smoking, exercise, diet, BMI)
- 90% of CABG patients do not make lifestyle changes necessary to diminish their future risk
- Poor health behavior leads to 1/3 of all deaths in the US
- Lifestyle changes can reduce mortality by 40%, and this is additive to the 40+% effect of meds



Assessing Risk

- Download the ACC/AHA Risk Calculator App and show the patient their 10-year and lifetime risks



2013 Prevention Guidelines Tools

CV RISK CALCULATOR



Preaching to the Cardiac Patient

An Overview

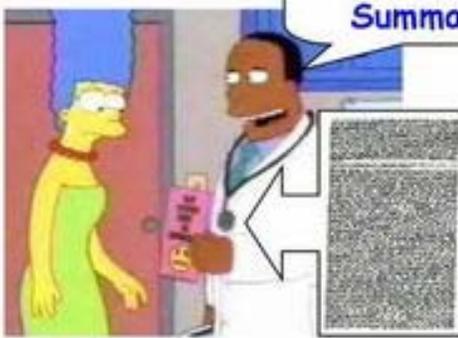
- Pick Your Fights
 - Which Risk Factor is Most Dangerous
- General Strategies to Use in Your Visit
- Obstacles and Topics to Avoid
- Anticipate Common Patient Behaviors
- Goals for Exercise, Diet, Weight Loss, and Smoking Cessation
- Battling Noncompliance
- Conclusion



Assess Patient Health Literacy

- Before you begin your “sermon”, you must have a handle on your patient’s ability to understand your teachings
- Health literacy in the South and especially in Arkansas can be a major limitation in overall patient health and well-being

Dr. Hibbert informs Marge about the risks.



Be sure to read the **Brief Summary!**



Picking Your Fight

- Identify the patient's risk factors first
- Prioritize and rank order your targets
- Feel out the patient for clues about the likelihood for change
- Finalize your plan
- Attack
- Adjust if needed
- Go for a kill

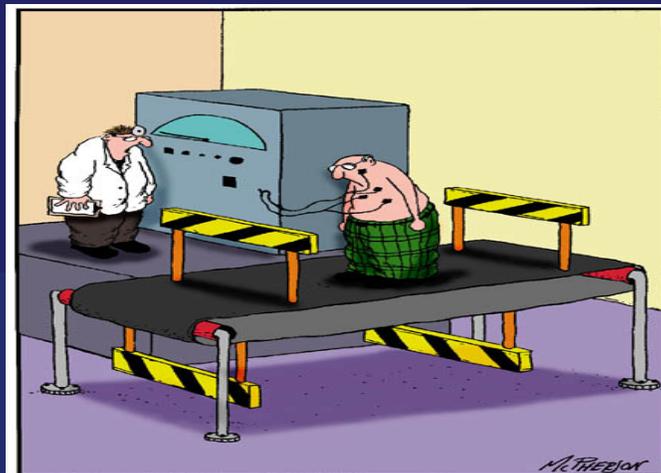


An Example of Picking Your Fight

- 48 yo WM with chronic HTN/HL/NIDDM, tobacco abuse, FH of premature CAD, and morbid obesity.
- You give him a Pneumovax and he almost passes out (DM and insulin).
- He says that his knees and back hurt all the time, he takes NSAIDs for the pain (weight loss).
- He admits that he does not take his meds a lot of the time b/c he cannot afford his meds (cigarette cost).

Home Run Strategies

- Make it personal
 - Use their kids and grandkids against them
 - Use their family's history against them
- Show pictures/tell stories about bad outcomes
 - AFib and CVA / Dip and jaw resection / Smoking and lung cancer
- Find their trigger points
 - Make them fear the worst possible consequences
 - HTN and AFib → Stroke = Nursing home
 - MI patient- heart transplant or death



"You'll probably find this considerably more strenuous than other treadmill tests you've taken."

Obstacle Course

- Avoid confronting the patient about poor behaviors:
 - on a first visit (get to know the patient first)
 - when the patient is there for an urgent visit or is requiring hospitalization from clinic (get them better first then approach lifestyle changes to avoid the next issue)
- Avoid certain topics which you know are fruitless (focus on topics which the patient might be open to)
 - smoker who gets angry about cessation talk
 - obese patient who has failed multiple diet plans

Common Patient Behaviors

- Excuses and Denial
 - Stress
 - Depression/Apathy
 - Poor Social Support/Structure
 - Inertia
-
- Identify these and make them own the situation

Common Patient Beliefs/Sayings

- I've been doing it so long, it won't matter if I change now
- I feel great, and I don't want to take meds for ...
- My muscles hurt when I take a statin
- I'm so tired and worn out when I take BP meds
- Doing a BP diary takes too much time
- I'm too busy to exercise/I'm too tired to exercise/I don't have a good place to exercise

- Acknowledge the statement, empathize, reverse the thought process with a good piece of evidence



Modifiable Risk Factors

- HTN (salt, weight loss, and medications)
- HL (diet, exercise/weight loss, and statins)
- DM (blah blah blah, and meds/insulin)

- All three have similar issues:
 - Most patients are asymptomatic until severe/end-stage
 - Some patients cannot modify lifestyle and avoid meds
 - Treatment requires good health habits/lifestyle changes and/or expensive meds/insulin shots
- Focus on lifestyle modification and challenge the patient in order to avoid (more) meds and cost



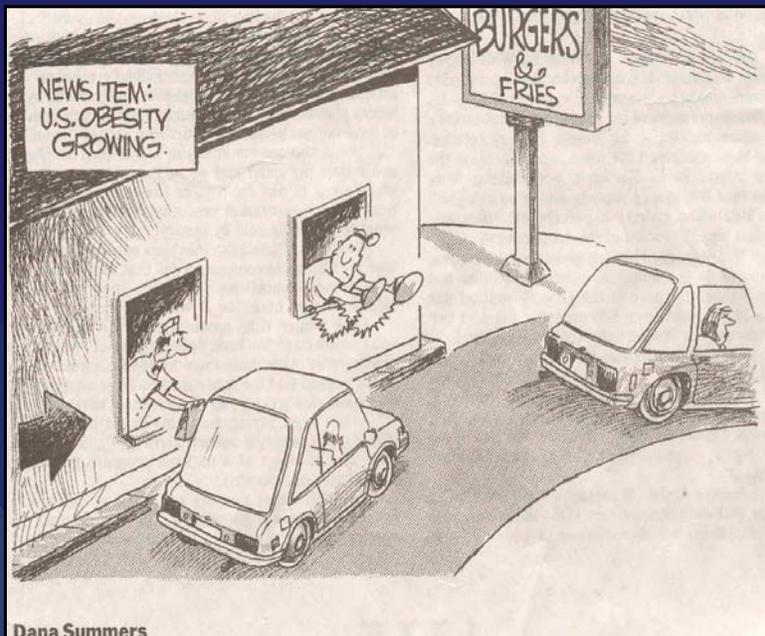
Exercise

- 12% of US mortalities are related to lack of regular exercise
- ACC/AHA guidelines recommend 2.5 hours per week of moderate-to-vigorous exercise (40 minutes, 3-4 times per week)
- Convince the patient that exercise is the best way to lose weight, get in shape, and be heart healthy



Diet

- Low fat, low cholesterol, low salt diets reduce overall mortality from cardiovascular disease
- Salt Reduction
 - 3 Fs to Avoid
 - Fast/Fried/Frozen
 - Sea Salt/No Salt (Ms. Dash)
 - Arkansas Specifics- Tomato and Watermelon
- Dr. Orsini will give a full lecture on heart healthy diets later in the day



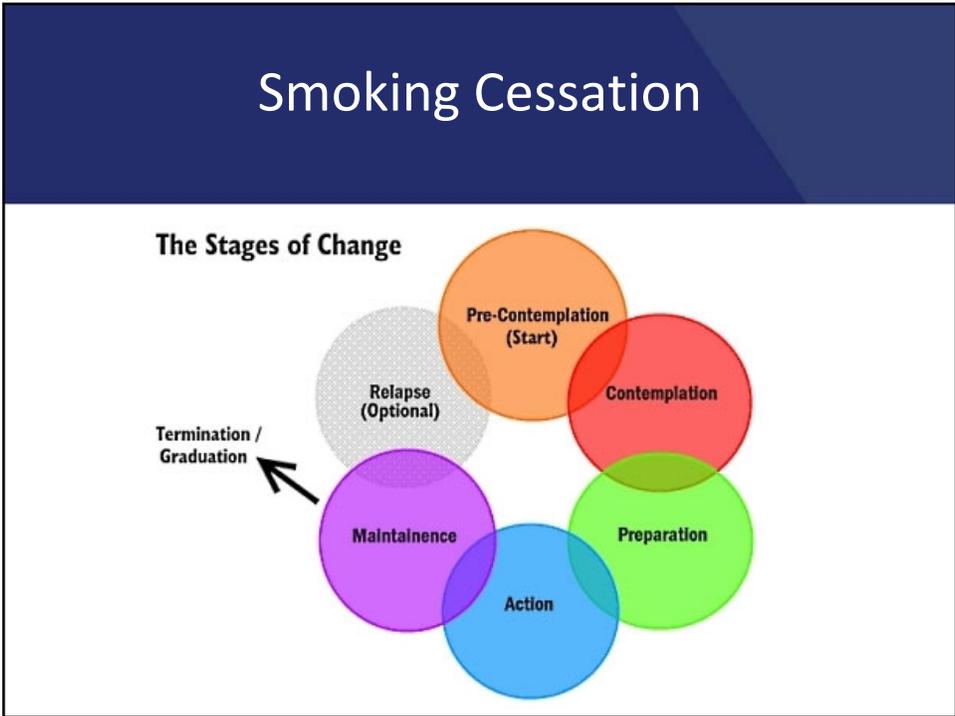
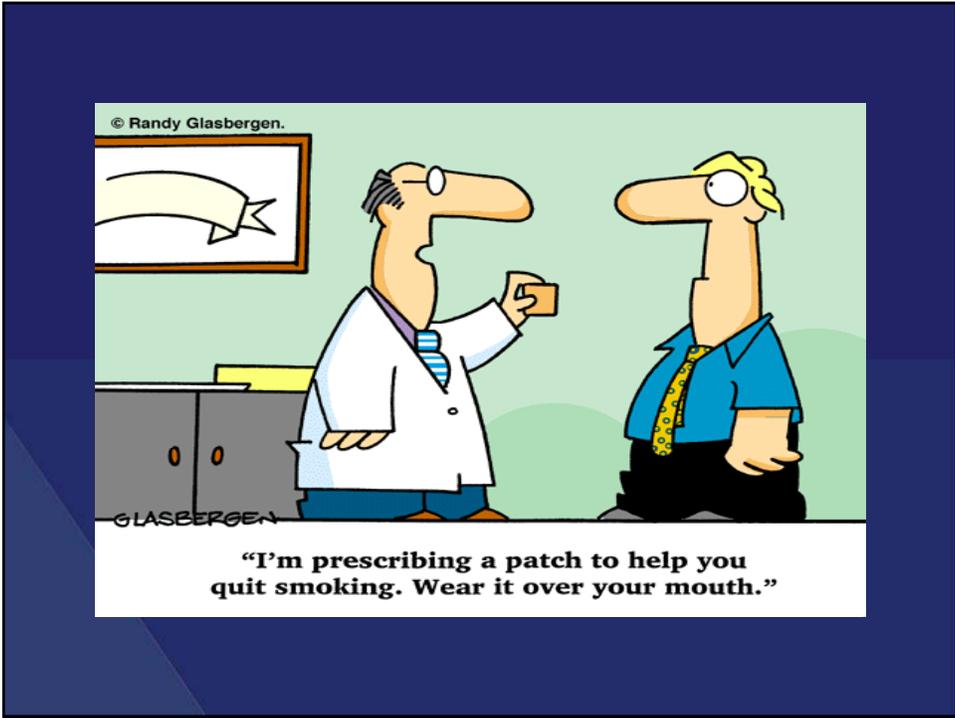
Obesity and Weight Loss

- Make them know that it has nothing to do with their appearance and everything to do with the diseases that are spawned by obesity
- Figure out the patient's ideal body weight in your head, then set an initial goal that is halfway between the current weight and the ideal body weight
- Convince the patient that weight loss will lead to reduction of meds and diagnoses



Morbid Obesity

- Get to know the patient and set a realistic goal then reinforce weight loss
- Scale therapy - in the office or at home
- Know the ins and outs of weight loss programs
- When it does not happen, start a dialogue with the patient about weight loss surgery
- Bariatric surgery reduces morbidity and mortality related to CAD and CVD



Smoking Cessation

- The relative risk of mortality for quitters vs smokers after MI/CABG/PCI is 0.64 (95% CI 0.58-0.71)
- Calculate how much the patient pays a month for cigarettes and show them how much they will save
- Prepare to alter your argument based on the patient's responses
- At the end, take the pack of cigarettes out of their front pocket and throw it in the trash



5As of Smoking

- Ask about Tobacco Use
- Advise Quitting
- Assess Readiness to Quit
- Assist Smokers Ready to Quit
- Arrange Follow-Up

- 1-800-QUIT-NOW

Medication Noncompliance

- Noncompliance increases the risk of hospitalization for CAD, CVA, CHF, and MI.
- Figure out the obstacles to compliance for your individual patient and try to find solutions
- Cost is the most common cause of noncompliance with medications
 - Cost of noncompliance > cost of smoking > cost of meds



Strategies to Curb Noncompliance

- Maximize your doses and use combinations
 - No change in cost or number of pills
- Eliminate non-essential meds and supplements (including PRNs) to reduce the total number of pills
- Use med coupons and assistance programs
- Have your staff put in the extra effort and the patient will be forever loyal



Practice What You Preach

- Patients are more savvy than we give them credit for
- They pick up on doctors who smoke, are overweight/obese, and are in poor health due to poor health habits
- Practicing what you preach:
 - decreases a patient's tendency toward denial and excuses
 - increases the patient's desire to "satisfy"



Conclusion

- Pick Your Fights
- Develop Strategies to Curb Poor Health Habits
- Avoid Obstacles especially in Difficult Patients
- Anticipate Common Patient Behaviors
- Specify Individual Goals for Exercise, Diet, Weight Loss, and Smoking Cessation
- Identify Noncompliance and Combat it
- Educate Patients with Handouts and Other Material
- Practice What You Preach



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Thank You

