

HEART | MIND

In preparing this first Newsletter for 2020, we have been conscious that Australia has experienced weather events of an unprecedented nature that carry significant risk for the health and mental health of the population generally, and for people living with heart disease in particular.



From the Director

Many rural areas have been subject to years of drought, causing long term stress to those who are both directly and indirectly impacted. Early this year this long-term stressor was compounded by the shock and acute stress caused by fires, the ferocity of which had not been seen before. The fires were quickly followed by extreme flooding. Most of us have heard the figures: 33 lives lost; 2439 homes lost in NSW alone; 1 billion native animals lost; and 21 percent of Australian temperate broadleaf and mixed forests burnt compared with an annual average of 5%. Major cities experienced days of smoke pollution from the fires which in some cases exceeded the highest known levels of urban industrial pollution, causing severe stress to those living with already compromised breathing capacity and creating a new cohort of people living with impaired lung function.

The emotional and physical stress caused by these events has a negative impact on the heart and vascular system. Chronic and acute stress is also associated with anxiety and depression, which the Centre's research has shown are important risk factors for repeat cardiac events. In this Newsletter you can read of our research showing that one of the key risk factors for people experiencing anxiety or depression after a cardiac event is a history of depression, which is characteristic of people living with chronic stress.

Often, however, these stressor effects experienced at an individual level can be lost in the big picture, which is why it is important that the Centre continues to draw attention to the emotional and psychological needs of people living with heart disease and why we are working with success, to be Australia's centre of excellence in cardiac psychology.

As you read this, we are coping with another major health event which will also impact people living with heart conditions – COVID-19. The virus's main target is the lungs. But that can affect the heart, especially for someone with heart failure whose heart has to work harder. Many people are anxious about how they will manage during this time. If you or anyone you know is struggling with the emotional and psychological impacts of these major stressors on top of having to manage a cardiac condition, then don't hesitate to call the Centre on 03 9326 8544 or email us on wellbeing@australianhearthealth.org.au to talk to one of our counsellors.

Professor Alun C Jackson
Director

IN THIS ISSUE

02 The Cardiac Wellbeing Program

03 Research Update

04 Training Update

05 Board Update

06 Getting Back on Track with EASSE

The Cardiac Wellbeing Program

As you will remember from our last few newsletters, we have recently launched our Cardiac Wellbeing Program. We offer a range of client services including face-to-face counselling, telephone support and online lifestyle programs. All our support services have been especially designed for people who have had a recent cardiac event, and all are delivered by our team of experienced cardiac psychologists.

We are very excited to announce that we have received a generous grant from the HCF Research Foundation to deliver our online 'Back on Track' program as part of a research trial over the next two years. You can help us by supporting this trial or even participating in it.

The trial is titled: "Getting 'Back on Track' after a heart event: Trial of an online self-management program"

 *back on track*
PROGRAM

What is the Back on Track program?

The Back on Track program is an online self-management program designed to help people improve their wellbeing after a cardiac event. Back on Track is a unique recovery program because it is based on the principles of self-management and patient-centred care, has an emotional focus as well as a behavioural one, and is delivered online, allowing people to complete the modules in their own time, at their own pace, and in the comfort of their own homes.

“

Self-management is where the person with the disease works with the support of the healthcare team to achieve the best health outcomes they can.

- Dr Rosemary Higgins, ACHH Cardiac Psychologist

”

Who can participate in the Back on Track trial?

The Back on Track trial is for people who have had a heart event such as a heart attack or heart surgery in the past 12 months. We are hoping to have up to 300 people enrol over the next year.

What is involved in being in the Back on Track project?

People who enrol in the trial will be given access to the Back on Track online program. The program begins with a goal setting module, followed by four lifestyle modules. Participants can choose the lifestyle modules relevant for them and do them in any order. As part of the trial, some participants will also be given two 45-minute telephone or video calls with one of our cardiac psychologists. Participants will also complete an online questionnaire before and after the program.

How to register for the trial

If you or anyone you know would like to be part of the Back on Track trial, you can register on our website: www.australianhearthealth.org.au. For more information about the Back on Track project, you can email us at backontrack@australianhearthealth.org.au



What people are saying about the Back on Track program?

"This program really helped me change my life for the better!"

"It was easy to use and was available 24/7".

"Doing the program gave me more confidence to manage my mood and my lifestyle".

Research Update

Much of the research undertaken by the Centre focusses on emotional and psychological recovery after an acute cardiac event. As you will be aware from our previous newsletters, it is not uncommon for people to experience anxiety or depression after having a heart attack or heart surgery.

Post-event anxiety and depression are particularly problematic. Not only do they impact on people's quality of life, but they also compromise people's recovery. Unfortunately, people with anxiety and depression are more likely to experience another heart event and are at risk of earlier death. It is imperative, therefore, to identify these people early on so that support can be provided for them.

In a paper recently published in the journal *Frontiers in Psychology*, we described the prevalence and predictors of anxiety and depression in a sample of over 900 cardiac patients. We were invited to prepare the article for a special issue of the *Frontiers* journal titled "Minding the Heart".

frontiers
in Psychology

ORIGINAL RESEARCH
published: 29 January 2020
doi: 10.3389/fpsyg.2019.02070

Anxiety and Depression After a Cardiac Event: Prevalence and Predictors

Barbara Murphy^{1,2,3*}, Michael Le Grande^{1,2}, Marlies Alvarenga^{1,4}, Marian Worcester^{1,5} and Alun Jackson^{1,2,6}

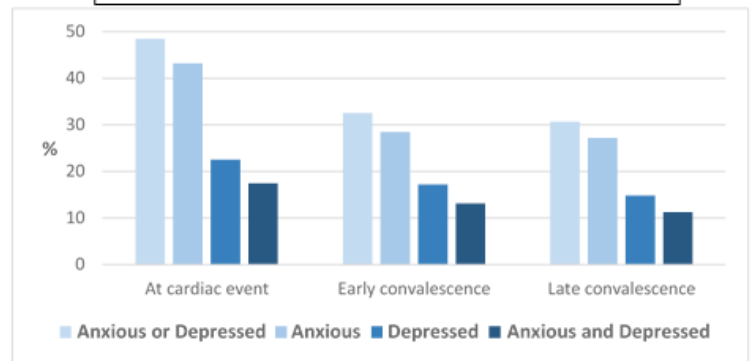
¹ Australian Centre for Heart Health, Melbourne, VIC, Australia, ² Faculty of Health, Deakin University, Burwood, VIC, Australia, ³ Department of Psychology, The University of Melbourne, Parkville, VIC, Australia, ⁴ Faculty of Health, Federation University Australia, Ballarat, VIC, Australia, ⁵ Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, VIC, Australia, ⁶ Centre on Behavioral Health, The University of Hong Kong, Hong Kong, Hong Kong

In our study, which involved patients admitted to six metropolitan or regional hospitals, we assessed patients' anxiety and depression close to the time of their acute event, and again on two further occasions over the next 12 months.

We found that 43% of patients were anxious around the time of their event, while 22% were depressed. For many, these symptoms persisted over the next 6-12 months. Anxiety rates were 28% and 27% for early and late convalescence respectively. Depression rates were 17% and 15% respectively.

Some people had 'comorbid anxiety and depression', meaning they had both conditions at the same time. Comorbid anxiety with depression after a cardiac event predicts poorer outcomes than either disorder occurring alone, with a higher rate of treatment resistance.

Rates of anxiety and depression at three timepoints



Who is at risk of anxiety and depression after a heart event?

We wanted to know which people are most at risk of experiencing anxiety and/or depression after a heart event. Our analysis showed that the key risk factors were history of depression, financial strain, poor self-rated health, low socioeconomic status, younger age (<55 years), and smoking.

Living alone or being unpartnered, two indicators of social isolation, were also identified as important albeit less significant risk factor, as were obesity and diabetes.

Red flags

- History of depression
- Financial strain
- Poor self-rated health
- Low socioeconomic status
- Younger age (under 55)
- Smoking
- Social isolation
- Obesity
- Diabetes

Take home message

These risk factors or 'red flags' are easily identifiable at the time of the heart event and can be used to guide the targeting of support programs for patients at risk. By identifying patients early, during hospitalisation or at discharge, those at risk can be supported, potentially mitigating or even preventing future mental health problems.

Importantly, our Cardiac Wellbeing Program provides counselling for people who need support in their recovery or are experiencing post-event anxiety or depression.

If you or anyone you know needs psychological support in relation to their heart condition, please phone (03) 9326 8544 to arrange a consultation with one of our cardiac psychologists.

Training Update

In November 2019 we ran our 3-day training program on Multidisciplinary Management for Chronic Heart Failure which has been regularly offered since 2004. The CHF training program provides evidence-based information about multidisciplinary management of heart failure to help practitioners develop individually tailored programs for patients.

The CHF training program attracted 21 participants. The majority (75%) were registered nurses, with the remaining being physiotherapists, exercise physiologists, and allied health workers. Participants came from all over Australia. Our training programs are designed to appeal to health professionals from beyond the metropolitan areas. It was pleasing to note that over half the attendees at the CHF training program were from rural or remote health services.

The training programs are an ideal vehicle for research translation. We ensure that our own research findings are integrated into the curriculum of the courses. We also ensure that the courses are consistent with the latest guidelines for practice. A feature of our recent course was that the content in all of the sessions was revised to ensure that it was in keeping with the new Heart Failure Guidelines published in late 2018.

Spotlight on our expert facilitators

The program was delivered by a multi-disciplinary team of fourteen professionals who specialise in cardiology, cardiac surgery, cardiac nursing, physiotherapy, exercise physiology, pharmacy, occupational therapy, cardiac psychology, behaviour change, and palliative care.

We welcomed **Dr Adam Livori** who presented on this course for the first time.

From an initial degree in nuclear medicine, Adam went on to complete a Bachelor of Pharmacy and an honours degree in radiopharmacy. He worked on an innovative DHHS Funded Telehealth Project to establish cardiology pharmacist clinics in the Ballarat Region prior to becoming Lead Pharmacist-Medical Specialties and Ambulatory Care in Cardiology at Ballarat Health Services.



We also welcomed as a first-time presenter, **Ms Cia Connell**, who provided an authoritative overview, as one of the authors, of the Heart Failure Guidelines. Cia is Manager, Clinical Evidence at the National Heart

Foundation. Cia has been a Senior Clinical Pharmacist-cardiology and cardiothoracic surgery at Alfred Health and has published on topics such as post-operative atrial fibrillation and pharmacological aspects of heart failure treatment and percutaneous coronary intervention.

What participants say about our CHF training program

Participants provide feedback on our course content and whether their learning objectives have been met. Participants are always extremely enthusiastic about the sessions, about what they have learned and how they intend to apply their new knowledge in their work practice.

"Thank you for organising this program. It has been so beneficial and I will encourage other staff to participate!"

“

This training program was great! Great presentations, very informative and interactive. I have learnt a lot!

”

Thank you for providing a valuable training program with well respected presenters. Full of useful information!

Update on our Board Members

The Centre benefits from the strong leadership provided by its Board and the expertise they bring in medical research and health services management, cardiology, fundraising, financial management, media and policy development.

The Centre Board and staff were saddened by the death of our Board member Andrew McCallum at the end of last year shortly after his diagnosis of brain cancer. His calm and considered input to the Board's deliberations will be sorely missed. 2019 also brought to a close Johnnie Walker's Board participation due to ill health. As with Andrew, Johnnie brought to the Board diverse and valuable experience in industry, government and in not for profit organisations. His contribution will be greatly missed.

In 2020 we will welcome two new Board members: Dr Tangerine Holt and Dr Alan Hutchinson.



Tangerine is currently Academic Program Director (Business and Management Cluster) at the Melbourne School of Professional and Continuing Education (MSPACE), University of Melbourne, and an Adjunct Professor at La Trobe University. She was previously Director of

Higher Education, Markets and Growth at KPMG, and CEO and Executive Director of the Australian-American Fulbright Commission. She is a Board Member of the Australian Regenerative Medical Institute Advisory Board (ARMILAB).



Alan is President of Heartbeat Victoria and has enjoyed a long and successful career in educational administration and leadership. He holds a University of Melbourne Doctor of Education degree in public policy analysis and evaluation; is a Fellow of the Australian

Council for Educational Leaders and a Fellow of the Institute of Managers and Leaders.

Alan's appointment to the Board follows the signing of a Memorandum of Understanding (MoU) between the Centre and Heartbeat Victoria Council Inc. The mission of Heartbeat Victoria is to advise and promote associated support groups in conducting peer support activities for people living with heart disease, to ensure that they have a better understanding of the impact of their heart disease or condition; how they might seek ongoing services and support in their local area; and how to raise funds to improve cardiac services. The MoU will enable the two organisations to work together on co-designing support programs and recruitment of participants for our research studies.

Why are bequests important?

Gifts in wills, or bequests, help us to plan our research and program delivery over a longer period. The bequest gives us certainty around a portion of our funding that can then be allocated over a known period as in the case of our outreach cardiac rehabilitation programs, where we were able to make a two-year commitment to offering these programs.



Making a gift as a legacy of your own, or as a memorial to a loved one, is a great way to contribute to the Centre's work.

If you would like to confirm a bequest, or if you want to talk about the process for making provision for the Centre in your will, please phone Emma Llewelyn on 03 9326 8544.

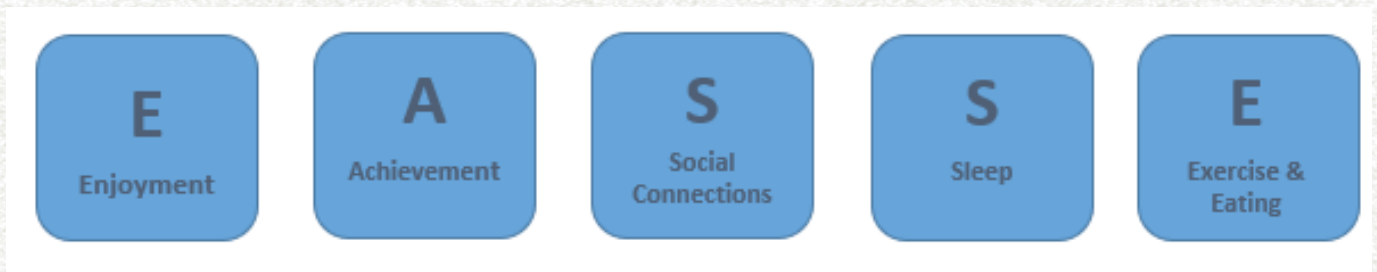
If you would like to specify a particular area of research that you wish to support through a bequest, please phone the Director, Professor Alun Jackson on the same number.

Getting Back on Track with EASSE

Managing your mood and emotional wellbeing after a heart event

Having a heart event can trigger a range of emotions such as anxiety, fear, worry, sadness, confusion and anger. It can also make people feel that they have lost control of their life. There are things people can do to help them get back on track in their mood and emotional wellbeing, and help regain control.

The EASSE model can help people organise their life to better manage their mood and focus on their right sort of activities when recovering from a heart event such as a heart attack or heart surgery. It is important to have a combination of Enjoyment and Achievement activities, to have strong Social connections, a regular Sleep pattern and to Exercise regularly. Planning day to day activities can help people get back on track with their emotional recovery.



Enjoyment activities

Enjoyment activities are relaxing and nurturing, and give you a sense of pleasure, fun and joy.

Achievement activities

Achievement activities are more challenging and difficult, and give you a sense of competence, confidence and mastery.

Social connections

Spending time with others gives you pleasure, helps you feel better, provides support and makes you feel that you belong.

Sleep

One of the best ways to feel better emotionally and physically is to have a good sleep pattern.

Exercise & Eating

Exercise gives you a feeling of wellbeing and reduces depression. Healthy eating improves your mood.

Choosing activities that are right for you

Different activities will suit different people and different stages of recovery. Soon after a heart event, an enjoyment activity might be as simple as having a cup of tea with a close friend, whereas later on it might involve going out to a social event. Similarly, an early achievement activity might be as simple as responding to a 'get well' card or phone message, whereas later on it might involve getting back to work.

Having a good sleep pattern

Sleep is often disrupted after a cardiac event. People can have trouble getting off to sleep, or getting back to sleep after waking during the night. Daytime sleepiness is also common soon after a heart event. Some people will experience more severe symptoms such as obstructive sleep apnoea (OSA), which may require treatment.



Pacing yourself with resuming social connections and exercise

Many people find that they are more socially withdrawn after a heart event, and some feel that no-one else can quite understand what they've been through. This is quite normal. However, reconnecting with family and friends can assist recovery. Similarly, getting back to pre-event levels of exercise and physical activity can help with improving both emotional and physical wellbeing. It is important that people pace themselves and set goals at the level that feels right for them.

Moving from 'fast food' to 'slow food'

It's not just what you eat but how you eat that is important. Healthy eating can be an important part of connecting or re-connecting socially, it gives you more energy and motivation for exercise and other activities, and helps you maintain good sleep patterns. 'Slow food' is the idea of incorporating healthy and mindful eating patterns into your whole lifestyle.

The **EASSE model** is useful for anyone at any time! It can help people reduce feelings of anxiety and depression and improve their emotional wellbeing.

However, if you or anyone you know needs assistance in recovering from a heart event, please contact the Centre for support and assistance on (03) 9326 8544.

AUSTRALIAN CENTRE FOR HEART HEALTH

03 9326 8544

heart@australianhearthealth.org.au

www.australianhearthealth.org.au