

Search Results

Table of Contents

Search History	page 2
1. Developing a computerised preventive programme	page 3
2. Using nurses for preventive activities with computer assisted follow up: a randomised control trial	page 3
3. Promoting health in Tower Hamlets	page 4
4. Effectiveness of health checks conducted by nurses in primary care: final results of the OXCHECK study	page 4
5. Intensive cardiovascular risk factor intervention in a rural practice: a glimmer of hope?	page 5
6. The introduction of a routine monitoring system in primary care for patients with a first episode of cardiovascular disease	page 5
7. Improving cardiovascular health in women: an opportunity for nursing.	page 6
8. Vascular risk management through nurse-led self-management programs.	page 6
9. Closing the cardiovascular disease gap.	page 7
10. The domino effect: obesity, type 2 diabetes and cardiovascular disease.	page 8
11. Matters of the heart.	page 8
12. Heart-to-heart talk.	page 9
13. Cardiovascular risk management category winner: Anita Plummer.	page 9
14. The nurse's role in discouraging clinical inertia in diabetes management: optimizing cardiovascular health among African-Americans.	page 9
15. CCCN's 35th anniversary.	page 10
16. Expand nurses' roles in primary care.	page 10
17. Nurse-coordinated multidisciplinary, family-based cardiovascular disease prevention programme (EUROACTION) for patients with coronary heart disease and asymptomatic individuals at high risk of cardiovascular disease: a paired, cluster-randomised controlled trial.	page 11
18. Managing long-term complications of HIV infection.	page 12
19. Continuing education. Role of the cardiovascular PHN... Part 3.	page 13
20. Challenges of changing lifestyle to reduce risk for cardiovascular disease.	page 13

Search History

1. MEDLINE; *NURSE'S ROLE/; 11836 results.
2. MEDLINE; *HEALTH PROMOTION/; 24746 results.
3. MEDLINE; *CARDIOVASCULAR DISEASES/; 48668 results.
4. MEDLINE; 1 AND 2 AND 3; 8 results.
5. MEDLINE; 2 AND 3; 654 results.
6. CINAHL; *NURSE'S ROLE/; 0 results.
7. CINAHL; *HEALTH PROMOTION/; 13659 results.
8. CINAHL; *CARDIOVASCULAR DISEASES/; 9119 results.
9. CINAHL; 6 AND 7 AND 8; 0 results.
10. CINAHL; 7 AND 8; 228 results.
11. CINAHL; *NURSING ROLE/; 11284 results.
12. CINAHL; 7 AND 8 AND 11; 4 results.
13. BNI, HMIC; (cardiovascular AND disease).ti,ab; 1568 results.
14. BNI, HMIC; (health AND promotion).ti,ab; 6388 results.
15. BNI, HMIC; nurse.ti,ab; 30629 results.
16. BNI, HMIC; 13 AND 14 AND 15; 9 results.
17. MEDLINE,CINAHL,BNI,HMIC; Duplicate filtered: [1 AND 2 AND 3], [7 AND 8 AND 11], [13 AND 14 AND 15]; 21 results.

1. Developing a computerised preventive programme

Citation: Practitioner, 1987, vol./is. 231/1440, 0032-6518 (1987 Dec)

Corporate/Institutional Author: CHRISP STREET PRACTICE

Abstract: This paper describes the processes involved in establishing a computerised prevention and follow-up programme, specifically for cardiovascular disease in an inner-city general practice. The system, which involved the creation of a post of health promotion nurse with specific responsibility for adult preventive health, is described in detail. After two years it is recognised that more work has been generated, but that the consultation rate has not altered appreciably, and better use is made of the consultation. Cites one reference.

Publication Type: Article

Subject Headings: [GENERAL PRACTICE](#)
[PREVENTIVE MEDICINE](#)
[HEALTH EDUCATION](#)
[SCREENING](#)
[COMPUTER APPLICATIONS](#)
[LONDON](#)

Source: HMIC

2. Using nurses for preventive activities with computer assisted follow up: a randomised control trial

Citation: British Medical Journal, 1989, vol./is. 298/6671, 0267-0623 (1989 Feb 18)

Author(s): ROBSON, J; FITZPATRICK, S; CLYER, M

Abstract: The study aimed to assess whether an organised programme of prevention including the use of a health promotion nurse noticeably improved recording and follow up of cardiovascular risk factors and cervical smears in a general practice in inner London that had access to computerised call and recall. The sample included all 3206 men and women aged 30-64 registered with the practice. The intervention group had their risk factors ascertained and followed up by the health promotion nurse and the general practitioner whereas those in the control group were managed by the general practitioner alone. The end point of the study was the recording and follow up of blood pressure and cervical smears after three years. Recording of smoking family history of ischaemic heart disease, and serum cholesterol concentrations were also examined. When the trial was stopped after two years the measurements of blood pressure in the preceding five years were 93% (1511/1620) v 73% (1160/1586) (95% confidence interval for difference 17.5 to 22.7%) for intervention and control groups respectively. For patients with hypertension the figures were 97% (104/107) v 69% (80/116) (18.2 to 38.2%). For women the proportion who had had a cervical smear in the preceding three years were 76% (606/799) v 49% (392/806) (22.5 to 31.9%). Recording of smoking, family history of ischaemic heart disease, and serum cholesterol concentrations was also higher in the intervention group compared with the control group. The authors conclude that an organised programme, which includes a nurse with specific responsibility for adult prevention, is likely to make an important contribution to recording of risk factors and follow up of those patients with known risks. Cites 30 references. [Journal abstract].

Publication Type: Article

Subject Headings: [HEALTH EDUCATION](#)
[SCREENING](#)
[NURSES](#)
[ROLES](#)
[CERVICAL SCREENING](#)
[PREVENTIVE MEDICINE](#)
[CARDIOVASCULAR DISEASES](#)
[BLOOD PRESSURE](#)
[GENERAL PRACTITIONERS](#)
[COMPUTERISED INFORMATION HANDLING](#)

Source: HMIC

3. Promoting health in Tower Hamlets

Citation: Senior Nurse, 1990, vol./is. 10/9, 0265-9999 (1990 Oct)

Author(s): GRAY, June

Abstract: Practices in Tower Hamlets combined to employ a nurse to assess individuals for cardiovascular risk factors and to advise on stopping smoking and healthy eating. Health promotion nurses value concentrating full time on screening and health promotion and the links with other community nursing services. Tower Hamlets has a high birth rate and a young population of mixed ethnic background. Core data includes family history of coronary heart disease diabetes and breast cancer. Also recorded are smoking habits, smear status height, weight, blood pressure, peak expiratory flow and cholesterol. Inner city problems are high list inflation, people moving often, immigrant family naming structures, language and illiteracy. Interviews and systematic recall take-up are discussed. Patients appreciate the time to talk in the interview. The service is flexible, allowing opportunistic screening. Cites four references.

Publication Type: Article

Subject Headings: [GENERAL PRACTICE NURSES](#)
[SCREENING](#)
[HEALTH EDUCATION](#)
[TOWER HAMLETS DHA](#)

Source: HMIC

4. Effectiveness of health checks conducted by nurses in primary care: final results of the OXCHECK study

Citation: British Medical Journal, 1995, 0959-8138

Author(s): MUIR, J

Corporate/Institutional Author: Imperial Cancer Research Fund Oxcheck Study Group

Abstract: The objective of this study area to determine the effectiveness of health checks, performed by nurses in primary care, in reducing risk factors for cardiovascular disease and cancer using a randomised controlled trial, set in five urban general practices in Bedfordshire. It studied 2205 men and women who were randomly allocated a first health check in 1989-90 and a re-examination in 1992-3 [the intervention group]; 1916 men and women who were randomly allocated an initial health check in 1992-3 [the control group]. All subjects were aged 35-64 at recruitment in 1989. Serum total cholesterol concentration, blood pressure, body mass index, and smoking prevalence [with biochemical validation of cessation]; self reported dietary, exercise, and alcohol habits were measured. Mean serum total cholesterol was 3.1% lower in the intervention group than controls; in women it was 4.5% lower and in men 1.6%, a significant difference between the sexes. Self reported saturated fat intake was also significantly lower in the intervention group. Systolic and diastolic blood pressures and body mass index were respectively 1.9%, 1.9% and 1.4% lower in the intervention group. There was a 3.9% [2.4 to 5.3] difference in the percentage of subjects with a cholesterol concentration .8 mmol/l, but no significant differences in the number with diastolic blood pressure .100mm Hg or body mass index .30kg/m.. There was no significant difference between the two groups in prevalence of smoking or excessive alcohol use. Annual rechecks were no more effective than a single recheck at three years, but health checks led to a significant increase in visits to the nurse according to patients' degree of cardiovascular risk. The study concluded that the benefits of health checks were sustained over three years. The main effects were to promote dietary change and reduce cholesterol concentrations; small differences in blood pressure may have been attributable to accommodation to measurement. The benefits of systematic health promotion in primary care are real, but must be weighed against the costs in relation to other priorities. Cites 28 references. [Journal abstract].

Publication Type: Article

Subject Headings: [CARDIOVASCULAR DISEASES](#)
[CORONARY CARE](#)
[HEART DISEASES](#)
[HEALTH PROMOTION](#)
[HEALTH EDUCATION](#)
[SCREENING](#)
[EVALUATION](#)

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

5. Intensive cardiovascular risk factor intervention in a rural practice: a glimmer of hope?

Citation: British Journal of General Practice, 1998, vol./is. 48/427(967-970), 0960-1643 (Feb 1998)

Author(s): Roberts, Adrian; Roberts, Paula

Abstract: The authors' aim was to assess the cost-effectiveness of an intensive programme of coronary heart disease (CHD) risk factor modification in a rural general practice in which doctors had a major input. A longitudinal study of changes in risk factors in a group of adult patients identified as having one or more major CHD risk factor and monitored for one to seven years was carried out. Patients were recruited from and followed up in health promotion clinics, routine practice nurse appointments, or routine doctors' surgeries. All received the practice's routine interventions to modify risk, and changes in risk factors were recorded. Time spent by members of the primary health care team on CHD health promotion was recorded over a two-year period. The authors conclude that the results show an effect on risk factors broadly similar but slightly greater in magnitude than that achieved in the OXCHECK and British Family Heart studies of nurse-delivered risk factor intervention in primary care. The results suggest that more intensive effort in lifestyle modification and health promotion, with more active involvement of doctors, could produce significant additional benefit. The cost-effectiveness of this approach compares favourably with many other accepted measures in coronary heart disease prevention. Cites 22 references. [Journal abstract - aim, method and conclusion only].

Publication Type: Article

Subject Headings: [CORONARY DISEASES](#)
[RISKS](#)
[HEALTH PROMOTION](#)
[GENERAL PRACTICE](#)
[RURAL AREAS](#)

Source: HMIC

Full Text: Available in *fulltext* at [National Library of Medicine](#)

6. The introduction of a routine monitoring system in primary care for patients with a first episode of cardiovascular disease

Citation: Journal of Advanced Nursing, 2000, vol./is. 31/6(1376-1382), 0309-2402 (Jun 2000)

Author(s): McCarney, Rob; Shapley, Mark; Goodwin, Rosemarie; Croft, Peter

Abstract: A study at a group general practice in the English midlands found that health promotion advice had not been routinely provided to some patients with cardiovascular disease and stroke. The purpose of this project therefore was to introduce a monitoring system to ensure that health promotion issues were covered systematically with patients following a first episode of cardiovascular disease. Patients with a first episode of a relevant condition would be identified by an automated search on the practice database, and contacted by the health visitor. A checklist would ensure that all appropriate issues were covered. The system was easily introduced at the practice and no difficulties were experienced with its administration. A total of 62 patients were seen during the year. A substantial number of secondary prevention issues were addressed through advice and information leaflets. The project was felt to be a useful addition to care by the workers involved. Although some of

the issues may have been addressed in routine care, early organised nurse contact ensures systematic coverage and early referrals where necessary, as well as potential psychological benefit to patients. Cites numerous references. [Journal abstract]

Publication Type: Article

Subject Headings: [CARDIOVASCULAR DISEASES](#)
[HEALTH SURVEILLANCE](#)
[PREVENTIVE MEDICINE](#)
[GENERAL PRACTICE](#)
[COMMUNITY NURSING](#)
[HEALTH VISITING](#)
[HEALTH PROMOTION](#)

Source: HMIC

Full Text: Available in *fulltext* at [EBSCO Host](#)

7. Improving cardiovascular health in women: an opportunity for nursing.

Citation: Journal of Cardiovascular Nursing, March 2004, vol./is. 19/2(145-7), 0889-4655;0889-4655 (2004 Mar-Apr)

Author(s): Hughes S; Hayman LL

Institution: Heart and Vascular Center, Akron General Medical Center, Akron, Ohio, USA.

Language: English

Country of Publication: United States

Publication Type: Journal Article; Review

Subject Headings: [Attitude to Health](#)
[Cardiovascular Diseases/ep \[Epidemiology\]](#)
[*Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[Community-Institutional Relations](#)
[Health Education](#)
[Health Knowledge, Attitudes, Practice](#)
[*Health Promotion/mt \[Methods\]](#)
[Humans](#)
[*Nurse's Role](#)
[Primary Prevention](#)
[Public Health](#)
[Risk Factors](#)
[United States/ep \[Epidemiology\]](#)
[Women/ed \[Education\]](#)
[Women/px \[Psychology\]](#)
[*Women's Health](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [EBSCO Host](#)

8. Vascular risk management through nurse-led self-management programs.

Citation: Journal of Vascular Nursing, March 2005, vol./is. 23/1(20-4), 1062-0303;1062-0303 (2005 Mar)

Author(s): Sol BG; van der Bijl JJ; Banga JD; Visseren FL

Institution: Department of Vascular Medicine, University Medical Center Utrecht, The Netherlands.

Language: English

Abstract: In current clinical practice, adequate cardiovascular risk reduction is difficult to achieve. Treatment is primarily focused on clinical vascular disease and not on long-term risk reduction. Pertinent to success in vascular risk reduction are proper medication use, weight control, healthy food choices, smoking cessation, and physical exercise. Atherosclerotic vascular disease and its risk constitute a chronic condition, which poses

specific requirements on affected patients and caregivers who should be aware of the chronicity. In patients with vascular disease, there is lack of awareness of their chronic condition because of the invisibility of most risk factors. In other patient groups with chronic illness, self-management programs were successful in achieving behavioral change. This strategy can also be useful for patients with vascular disease to adapt and adhere to an improved lifestyle. Self-management refers to the individual's ability to manage both physical and psychosocial consequences including lifestyle changes inherent to living with a chronic condition. Interventions that promote self-management are based on enhancing self-efficacy. In self-management, attention can be given to what is important and motivational to the individual patient. In this article the challenge of nursing care promoting self-management for patients with vascular risk and how this care can be applied will be explained. Nurses can play a central role in vascular risk management with a self-management approach for patients with chronic vascular disease. In vascular prevention clinics, nursing care can be delivered that includes medical treatment of vascular risks (hypertension, hypercholesterolemia, hyperglycemia, and hyperhomocystinemia) and counseling on promoting self-management (changes in diet, body weight, smoking habits, and level of exercise). Nursing interventions based on self-management promotion can provide a new and promising approach to actually achieve vascular risk reduction.

Country of Publication: United States

Publication Type: Case Reports; Journal Article; Review

Subject Headings: [Adaptation, Psychological](#)
[Cardiovascular Diseases/et \[Etiology\]](#)
[*Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[Chronic Disease/px \[Psychology\]](#)
[Health Behavior](#)
[Health Knowledge, Attitudes, Practice](#)
[*Health Promotion/mt \[Methods\]](#)
[Humans](#)
[Hypercholesterolemia/co \[Complications\]](#)
[Hypercholesterolemia/pc \[Prevention & Control\]](#)
[Hyperhomocysteinemia/co \[Complications\]](#)
[Hyperhomocysteinemia/pc \[Prevention & Control\]](#)
[Hypertension/co \[Complications\]](#)
[Hypertension/pc \[Prevention & Control\]](#)
[Life Style](#)
[Male](#)
[Middle Aged](#)
[*Nurse's Role](#)
[Patient Care Planning](#)
[Patient Education as Topic](#)
[*Risk Management/mt \[Methods\]](#)
[*Risk Reduction Behavior](#)
[*Self Care/mt \[Methods\]](#)
[Self Care/px \[Psychology\]](#)
[Sick Role](#)
[Smoking/ae \[Adverse Effects\]](#)
[Smoking/pc \[Prevention & Control\]](#)
[Social Support](#)

Source: MEDLINE

9. Closing the cardiovascular disease gap.

Citation: Minority Nurse, 01 March 2005, vol./is. /(24-29), 10767223

Author(s): Wessling S

Language: English

Publication Type: journal article

Subject Headings: [Cardiovascular Diseases](#)
[Cardiovascular Diseases](#)
[Cultural Competence](#)
[Health Education](#)
[Health Promotion](#)
[Minority Groups](#)
[Nursing Role](#)
[Blacks](#)
[Community Health Nursing](#)
[Community Health Services](#)
[Female](#)
[Health Services, Indigenous](#)
[Hispanics](#)
[Louisiana](#)
[Male](#)
[Native Americans](#)
[Oklahoma](#)
[Pennsylvania](#)
[Whites](#)

Source: CINAHL

10. The domino effect: obesity, type 2 diabetes and cardiovascular disease.

Citation: Br J Community Nursing, August 2005, vol./is. 10/8(358-61), 1462-4753 (2005 Aug)

Author(s): Green, V

Abstract: The links between obesity, type 2 diabetes and cardiovascular disease and the role of the district nurse in reducing the risks through health promotion, lifestyle advice and screening. The importance of early identification of diabetes, assessment of cardiovascular risk and control of blood glucose, blood lipids and blood pressure are discussed. 17 refs.

Subject Headings: [Obesity](#)
[Diabetes Health Promotion](#)
[Cardiovascular Disorders : Prevention and Screening](#)
[District Nursing](#)

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)

11. Matters of the heart.

Citation: Nursing Older People, December 2006, vol./is. 18/11(16-8), 1472-0795;1472-0795 (2006 Dec)

Author(s): Short R

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Cardiology](#)
[Cardiovascular Diseases/ep \[Epidemiology\]](#)
[Cardiovascular Diseases/et \[Etiology\]](#)
[*Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[Europe/ep \[Epidemiology\]](#)
[Food Habits](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[Humans](#)
[Life Style](#)
[*Nurse's Role](#)

*Patient Care Team/og [Organization & Administration]
 Primary Health Care/og [Organization & Administration]
 *Risk Reduction Behavior
 Societies, Medical

Source: MEDLINE
Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [ProQuest](#)

12. Heart-to-heart talk.

Citation: Minority Nurse, 01 September 2007, vol./is. /(46-49), 10767223
Author(s): Budzi D
Language: English
Abstract: By providing culturally sensitive health education, nurses can play a leadership role in preventing cardiovascular disease disparities in African American communities.
Publication Type: journal article
Subject Headings: Blacks
 Cardiovascular Diseases
 Cardiovascular Diseases
 Cultural Sensitivity
 Health Education
 Health Promotion
 Nursing Role
 Transcultural Nursing
 Behavioral Changes
 Cardiovascular Risk Factors
 Health Knowledge
 United States
 Whites
Source: CINAHL

13. Cardiovascular risk management category winner: Anita Plummer.

Citation: Practice Nurse, December 2007, vol./is. 34/10(14-5), 0953-6612 (2007 14 Dec)
Author(s): Robinson, F
Abstract: The work of the 2007 Sharing Good Practice cardiovascular risk management category award winner in developing a nurse-led weight management programme for patients with chronic disease. The stages of implementation of the health promotion initiative are presented. 1 ref.
Subject Headings: Cardiovascular Disorders : Prevention and Screening
 practice nursing
 chronic illness
 Obesity
Source: BNI
Full Text: Available in *fulltext* at [EBSCO Host](#)
 Available in *fulltext* at [EBSCO Host](#)

14. The nurse's role in discouraging clinical inertia in diabetes management: optimizing cardiovascular health among African-Americans.

Citation: Journal of National Black Nurses Association, December 2007, vol./is. 18/2(vii-viii), 0885-6028;0885-6028 (2007 Dec)
Author(s): Appel SJ; Giger JN
Language: English

Country of Publication: United States

CAS Registry Number: 0 (Hypoglycemic Agents); 657-24-9 (Metformin)

Publication Type: Editorial; Review

Subject Headings: [*African Americans/eh \[Ethnology\]](#)
[Blood Glucose Self-Monitoring](#)
[Cardiovascular Diseases/eh \[Ethnology\]](#)
[Cardiovascular Diseases/et \[Etiology\]](#)
[*Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[Diabetes Mellitus, Type 2/co \[Complications\]](#)
[Diabetes Mellitus, Type 2/eh \[Ethnology\]](#)
[*Diabetes Mellitus, Type 2/pc \[Prevention & Control\]](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[Humans](#)
[Hypoglycemic Agents/tu \[Therapeutic Use\]](#)
[Life Style](#)
[Metformin/tu \[Therapeutic Use\]](#)
[*Nurse's Role](#)
[Practice Guidelines as Topic](#)
[Prediabetic State/co \[Complications\]](#)
[Prediabetic State/eh \[Ethnology\]](#)
[*Prediabetic State/pc \[Prevention & Control\]](#)
[Risk Reduction Behavior](#)
[Self Care](#)

Source: MEDLINE

15. CCCN's 35th anniversary.

Citation: Canadian Journal of Cardiovascular Nursing, 2008, vol./is. 18/3(3-5), 0843-6096;0843-6096 (2008)

Author(s): Price P; Parent N

Language: English; French

Country of Publication: Canada

Publication Type: Editorial; Introductory Journal Article

Subject Headings: [Canada](#)
[*Cardiovascular Diseases/nu \[Nursing\]](#)
[Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[Humans](#)
[*Nurse's Role](#)
[Self Care](#)
[*Societies, Nursing/og \[Organization & Administration\]](#)
[*Specialties, Nursing/og \[Organization & Administration\]](#)

Source: MEDLINE

16. Expand nurses' roles in primary care.

Citation: Australian Nursing J, April 2008, vol./is. 15/9(24-7), 1320-3185 (2008 Apr)

Author(s): Carrigan, C

Abstract: Preventive care health promotion and an expanded role for practice nurses, with reference to the increase in deaths due to cardiovascular and heart disease, obesity, smoking and other lifestyle based diseases. Problems and solutions in caring for people with long-term conditions in general practice are discussed. A comparison of practice nurse responsibilities in the UK and Australia is briefly provided.

Subject Headings: [practice nursing](#)

Nursing : Role
chronic illness
Health Promotion

Source: BNI

Full Text: Available in *fulltext* at [EBSCO Host](#)
Available in *fulltext* at [ProQuest](#)

17. Nurse-coordinated multidisciplinary, family-based cardiovascular disease prevention programme (EUROACTION) for patients with coronary heart disease and asymptomatic individuals at high risk of cardiovascular disease: a paired, cluster-randomised controlled trial.

Citation: Lancet, June 2008, vol./is. 371/9629(1999-2012), 0140-6736;1474-547X (2008 Jun 14)

Author(s): Wood DA; Kotseva K; Connolly S; Jennings C; Mead A; Jones J; Holden A; De Bacquer D; Collier T; De Backer G; Faergeman O; EUROACTION Study Group

Institution: Department of Cardiovascular Medicine, National Heart and Lung Institute at Charing Cross Campus, Imperial College, London, UK. d.wood@imperial.ac.uk

Language: English

Abstract: BACKGROUND: Our aim was to investigate whether a nurse-coordinated multidisciplinary, family-based preventive cardiology programme could improve standards of preventive care in routine clinical practice. METHODS: In a matched, cluster-randomised, controlled trial in eight European countries, six pairs of hospitals and six pairs of general practices were assigned to an intervention programme (INT) or usual care (UC) for patients with coronary heart disease or those at high risk of developing cardiovascular disease. The primary endpoints-measured at 1 year-were family-based lifestyle change; management of blood pressure, lipids, and blood glucose to target concentrations; and prescription of cardioprotective drugs. Analysis was by intention to treat. The trial is registered as ISRCTN 71715857. FINDINGS: 1589 and 1499 patients with coronary heart disease in hospitals and 1189 and 1128 at high risk were assigned to INT and UC, respectively. In patients with coronary heart disease who smoked in the month before the event, 136 (58%) in the INT and 154 (47%) in the UC groups did not smoke 1 year afterwards (difference in change 10.4%, 95% CI -0.3 to 21.2, p=0.06). Reduced consumption of saturated fat (196 [55%] vs 168 [40%]; 17.3%, 6.4 to 28.2, p=0.009), and increased consumption of fruit and vegetables (680 [72%] vs 349 [35%]; 37.3%, 18.1 to 56.5, p=0.004), and oily fish (156 [17%] vs 81 [8%]; 8.9%, 0.3 to 17.5, p=0.04) at 1 year were greatest in the INT group. High-risk individuals and partners showed changes only for fruit and vegetables (p=0.005). Blood-pressure target of less than 140/90 mm Hg was attained by both coronary (615 [65%] vs 547 [55%]; 10.4%, 0.6 to 20.2, p=0.04) and high-risk (586 [58%] vs 407 [41%]; 16.9%, 2.0 to 31.8, p=0.03) patients in the INT groups. Achievement of total cholesterol of less than 5 mmol/L did not differ between groups, but in high-risk patients the difference in change from baseline to 1 year was 12.7% (2.4 to 23.0, p=0.02) in favour of INT. In the hospital group, prescriptions for statins were higher in the INT group (810 [86%] vs 794 [80%]; 6.0%, -0.5 to 11.5, p=0.04). In general practices in the intervention groups, angiotensin-converting enzyme inhibitors (297 [29%] INT vs 196 [20%] UC; 8.5%, 1.8 to 15.2, p=0.02) and statins (381 [37%] INT vs 232 [22%] UC; 14.6%, 2.5 to 26.7, p=0.03) were more frequently prescribed. INTERPRETATION: To achieve the potential for cardiovascular prevention, we need local preventive cardiology programmes adapted to individual countries, which are accessible by all hospitals and general practices caring for coronary and high-risk patients.

Country of Publication: England

CAS Registry Number: 0 (Antihypertensive Agents); 0 (Hydroxymethylglutaryl-CoA Reductase Inhibitors)

Publication Type: Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings: [Aged](#)
[Antihypertensive Agents/tu \[Therapeutic Use\]](#)
[*Cardiovascular Diseases/et \[Etiology\]](#)

[*Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[*Coronary Disease/co \[Complications\]](#)
[Coronary Disease/dt \[Drug Therapy\]](#)
[Diet](#)
[Family](#)
[Female](#)
[*Health Behavior](#)
[*Health Promotion/mt \[Methods\]](#)
[Humans](#)
[Hydroxymethylglutaryl-CoA Reductase Inhibitors/tu \[Therapeutic Use\]](#)
[*Life Style](#)
[Male](#)
[Middle Aged](#)
[*Nurse's Role](#)
[Patient Compliance](#)
[Risk Factors](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

18. Managing long-term complications of HIV infection.

Citation: Nursing, August 2008, vol./is. 38/8(44-50; quiz 50-1), 0360-4039;1538-8689 (2008 Aug)

Author(s): Kirton CA

Institution: North General Hospital, New York, NY, USA.

Language: English

Abstract: Now that advances in treatment have transformed HIV into a chronic, manageable disease, patients are facing cardiovascular and metabolic complications you might not have expected 15 years ago. Here's how to help your patient manage them.

Country of Publication: United States

Publication Type: Journal Article; Review

Subject Headings: [Antiretroviral Therapy, Highly Active/ae \[Adverse Effects\]](#)
[Antiretroviral Therapy, Highly Active/mt \[Methods\]](#)
[*Cardiovascular Diseases/pc \[Prevention & Control\]](#)
[Cardiovascular Diseases/vi \[Virology\]](#)
[Chronic Disease](#)
[Dyslipidemias/pc \[Prevention & Control\]](#)
[Dyslipidemias/vi \[Virology\]](#)
[HIV Infections/co \[Complications\]](#)
[HIV Infections/nu \[Nursing\]](#)
[HIV Infections/pc \[Prevention & Control\]](#)
[*HIV Infections](#)
[*Health Promotion/og \[Organization & Administration\]](#)
[Humans](#)
[Life Style](#)
[Long-Term Care](#)
[Metabolic Syndrome X/pc \[Prevention & Control\]](#)
[Metabolic Syndrome X/vi \[Virology\]](#)
[*Nurse's Role](#)
[Obesity/co \[Complications\]](#)
[Obesity/pc \[Prevention & Control\]](#)
[Risk Factors](#)
[*Risk Reduction Behavior](#)
[Smoking/ae \[Adverse Effects\]](#)
[Smoking/pc \[Prevention & Control\]](#)

Source: MEDLINE

19. Continuing education. Role of the cardiovascular PHN... Part 3.

Citation:	World of Irish Nursing & Midwifery, 01 March 2009, vol./is. 17/3(37-38), 13938088
Author(s):	O'Connor I; Scully T; Cahalane C
Language:	English
Publication Type:	journal article
Subject Headings:	Cardiovascular Diseases Cardiovascular Nursing Community Health Nursing Health Behavior Health Promotion Nursing Role Cardiovascular Risk Factors Health Policy Home Visits Ireland Outpatients Patient Education Primary Health Care Rehabilitation, Cardiac Self Care Support Groups
Source:	CINAHL
Full Text:	Available in <i>fulltext</i> at EBSCO Host

20. Challenges of changing lifestyle to reduce risk for cardiovascular disease.

Citation:	Journal of Cardiovascular Nursing, May 2010, vol./is. 25/3(223-7), 0889-4655;1550-5049 (2010 May-Jun)
Author(s):	Berra K
Institution:	Stanford Heart Network, Stanford University School of Medicine, California, USA. kberra@stanford.edu
Language:	English
Abstract:	Changing lifestyle factors to reduce cardiovascular disease risk is an important role for nursing in the care of persons at high risk of developing cardiovascular disease and for those with established disease. Nurses are faced with numerous challenges when implementing effective lifestyle change. This article will review the importance and effectiveness of behaviorally focused lifestyle change, discuss the challenges that changing lifestyle presents, describe effective clinical models to facilitate change, and discuss the important role that nurses play in achieving prevention through lifestyle change.
Country of Publication:	United States
Publication Type:	Journal Article; Review
Subject Headings:	Attitude to Health Cardiovascular Diseases/ep [Epidemiology] Cardiovascular Diseases/et [Etiology] *Cardiovascular Diseases/pc [Prevention & Control] Clinical Competence Counseling Health Behavior Health Knowledge, Attitudes, Practice *Health Promotion/og [Organization & Administration] Humans *Life Style

Models, Nursing
*Nurse's Role
Nursing Assessment
Patient Education as Topic
Psychological Theory
Risk Factors
*Risk Reduction Behavior
Self Care/mt [Methods]
Self Care/px [Psychology]
*Self Care
Social Support
United States/ep [Epidemiology]

Source:

MEDLINE