שיקום חולים לאחר MI

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31.12.2003

מטרות שיקום לאחר אירוע לבבי

- חינוך והדרכת חולים לגבי חזרה לחיים "רגילים"
- מענה לשאלות החולים והמשפחה וצמצום חרדות
- הדרכה והכוונה להורדת גורמי הסיכון הלבביים
- הדרכה ועידוד התנהגות בריאה – ספורט ותזונה
- הפסקת עישון והתנהגות בריאותית מזיקה
- מעקב רפואי בקהילה

Cardiac patients who have been actively involved in rehabilitation programs have lower overall and cardiovascular mortality rates and a lower rate of sudden death

Current Trends in Cardiac Rehabilitation

- Aggressive Coronary risk Modification for secondary prevention
- Primary prevention in families of those with atherosclerotic vascular disease
- Home individualized cardiac rehabilitation exercise or
- ECG / Medical Staff monitored cardiac rehab exercise
- Behavior modification and compliance intervention

Getting Back Into Your Life After a Heart Attack :Heart Attack

(What do patients want to know?)

?How soon can I get back into my regular activities

Why is exercise so important?

What kind of exercise is good?

How often should I exercise?

What can I do to speed my recovery and stay healthy?

When can I go back to work?

What about sex?

http://www.familydoctor.org/x1596.xml

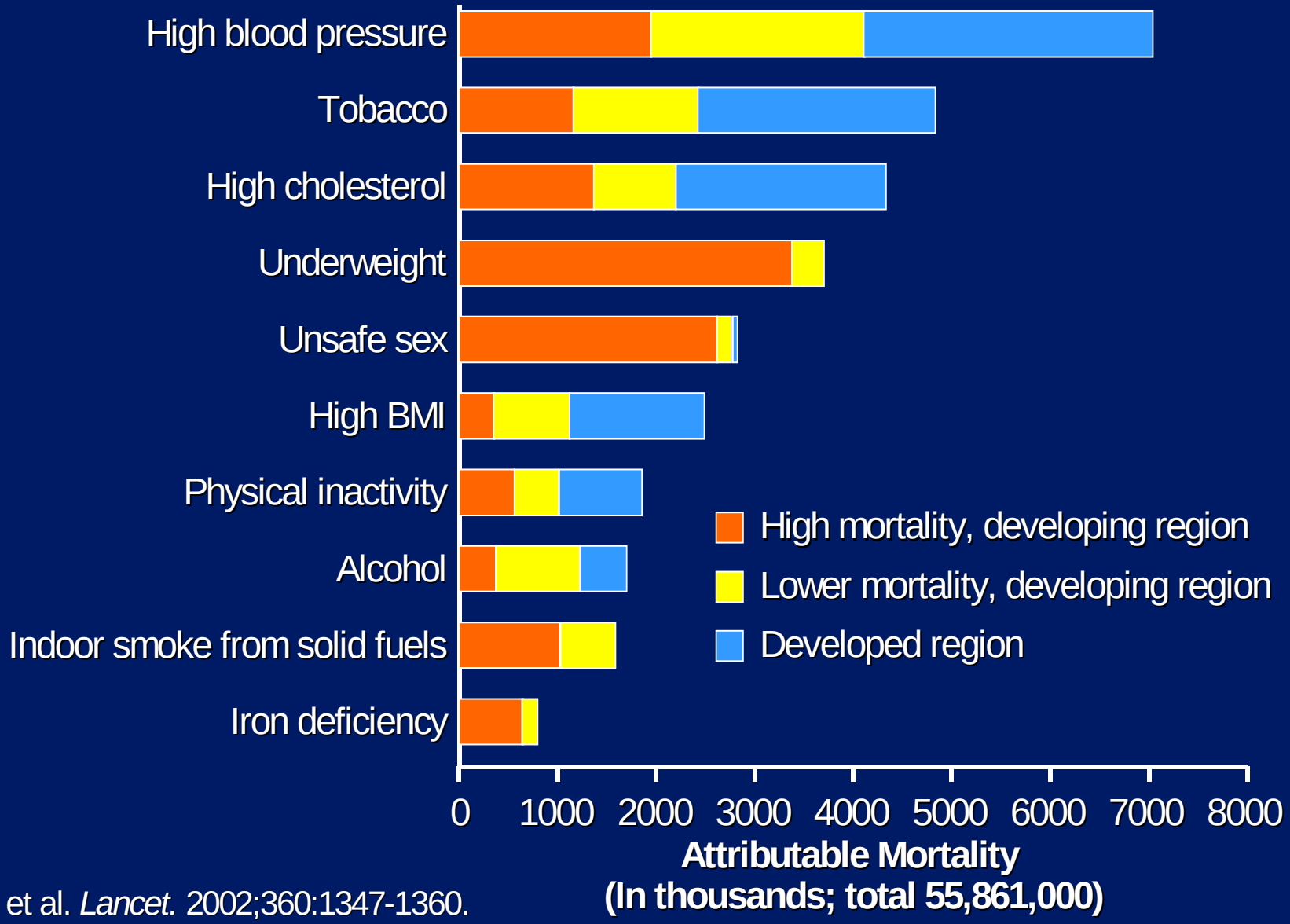
Depression After a Heart Attack

- As many as 65% of people who have a heart attack report feeling depressed. Women, people who have been depressed before, and people who feel alone and without social or emotional support are at a higher risk for feeling depressed after a heart attack.
- Being depressed can make it harder for you to recover. However, depression can be treated. http://www.familydoctor.org/x1492.xml

Risk factors for another heart attack

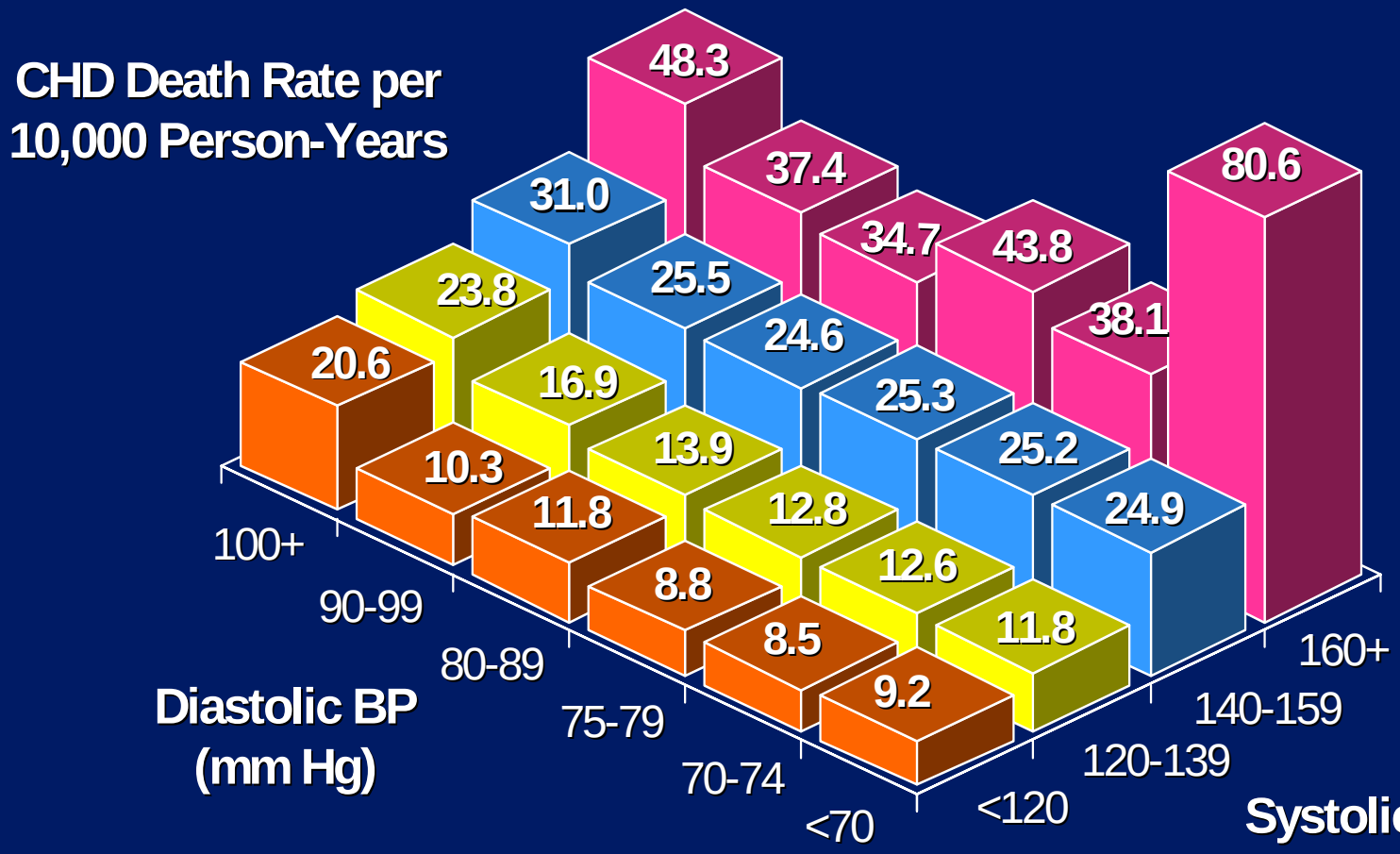
- Not exercising
- Being overweight
- High cholesterol level
- High blood sugar level if you have diabetes
- High blood pressure
- Smoking
- Too much stress in your life

Global Mortality 2000: Impact of Hypertension and Other Health Risk Factors



Ezzati et al. *Lancet.* 2002;360:1347-1360.

Effect of Systolic BP and Diastolic BP on CHD Mortality: MRFIT Screenees (N=316,099)*

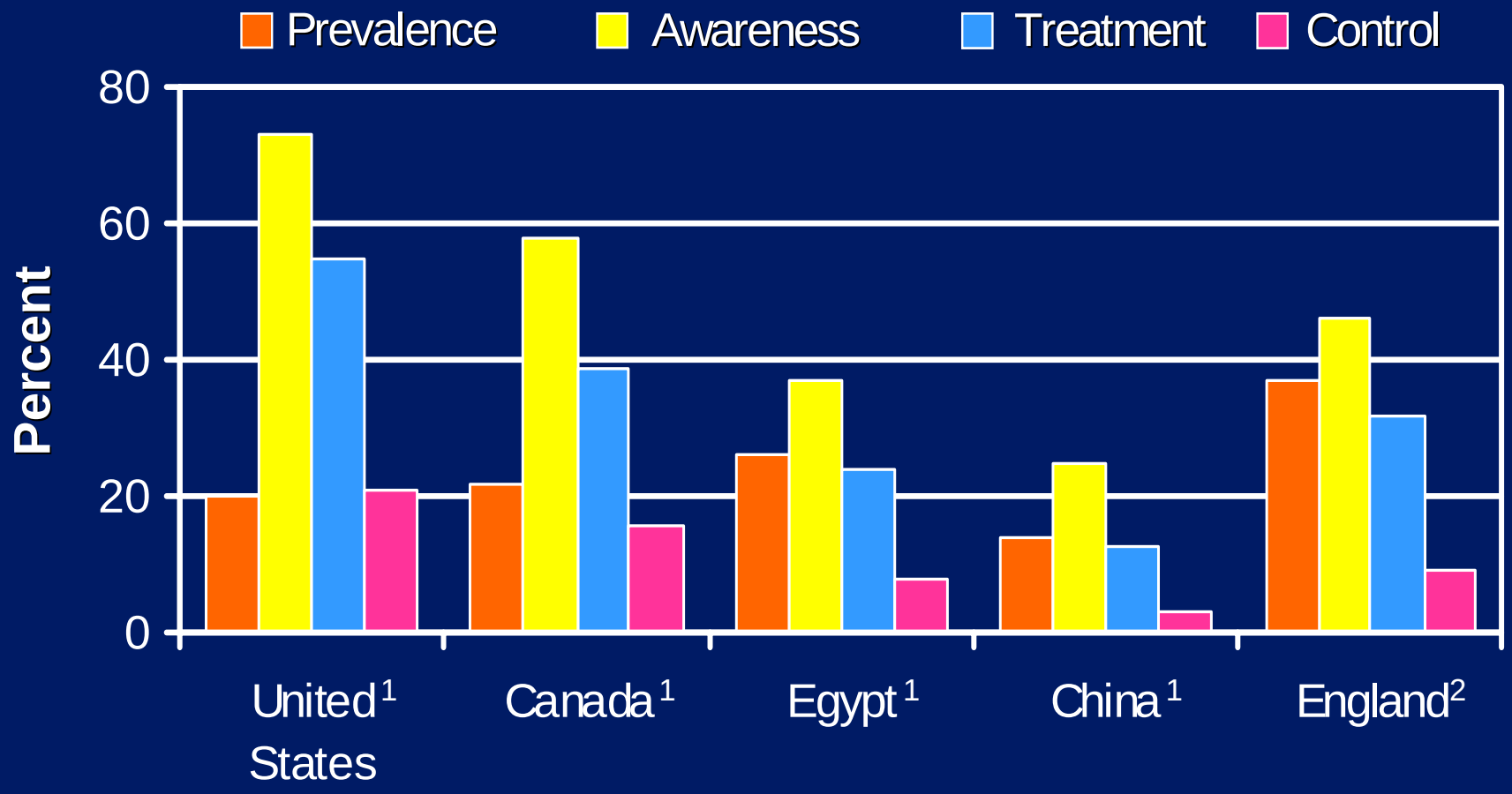


*Men aged 35-57 years followed for a mean of 12 years.

Neaton et al. *Arch Intern Med*. 1992;152:56-64.

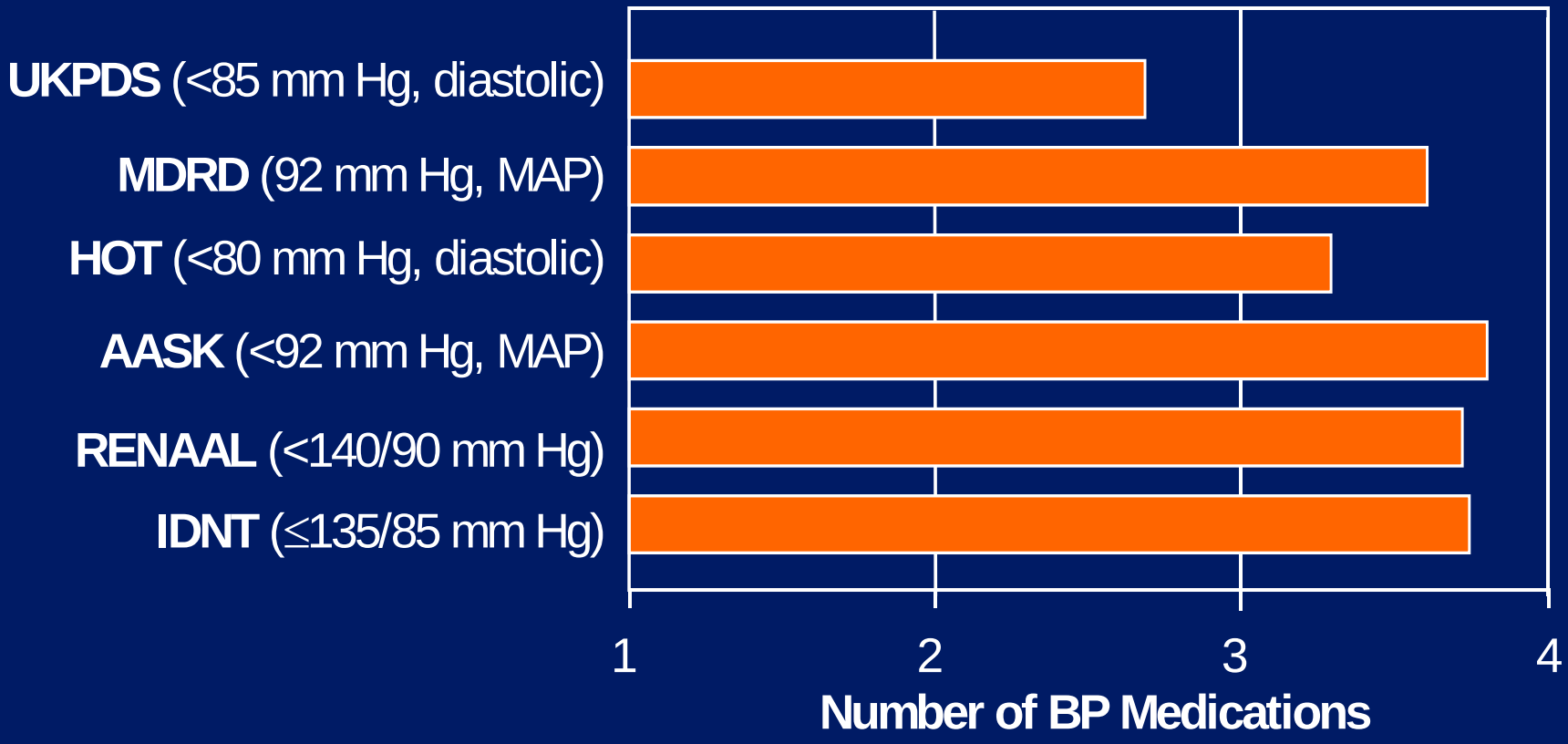
Hypertension Awareness, Treatment, and Control: Worldwide

Comparison of Hypertension Surveys in 5 Countries



[1]Mulrow. *Hypertension Primer*. 1999; [2]Primatesta et al. *Hypertension*. 2001;38:827-832.

Hypertension in High-Risk Patients: Number of Agents Required to Achieve BP Goal



UKPDS=United Kingdom Prospective Diabetes Study; MDRD=Modification of Diet in Renal Disease; HOT=Hypertension Optimal Treatment; AASK=African American Study of Kidney Disease; RENAAL=Reduction of Endpoints in NIDDM with the Angiotensin II Antagonist Losartan; IDNT=Irbesartan Diabetic Nephropathy Trial; MAP=mean arterial pressure.

Bakris et al. *Am J Kidney Dis*. 2000;36:646-661; Brenner et al. *N Engl J Med*. 2001;345:861-869; Lewis et al. *N Engl J Med*. 2001;345:851-860.

Barriers to Hypertension Control

Survey of PCPs of Patients With Uncontrolled HTN in Large US Health System*

- Self-reported adherence with JNC VI guidelines—14% always, 62% usually
- PCPs satisfied with BP values, despite 93% of systolic BP values being at or above 140 mm Hg
- Physicians reported 150 mm Hg was lowest systolic BP and 91 mm Hg lowest diastolic BP for recommending pharmacotherapy
- 48% of surveyed physicians believed risk of MI and stroke greater with BP of 135/95 vs 150/80 mm Hg

*Board-certified internists in Henry Ford Medical Group.

Oliveria et al. *Arch Intern Med*. 2002;162:413-420.

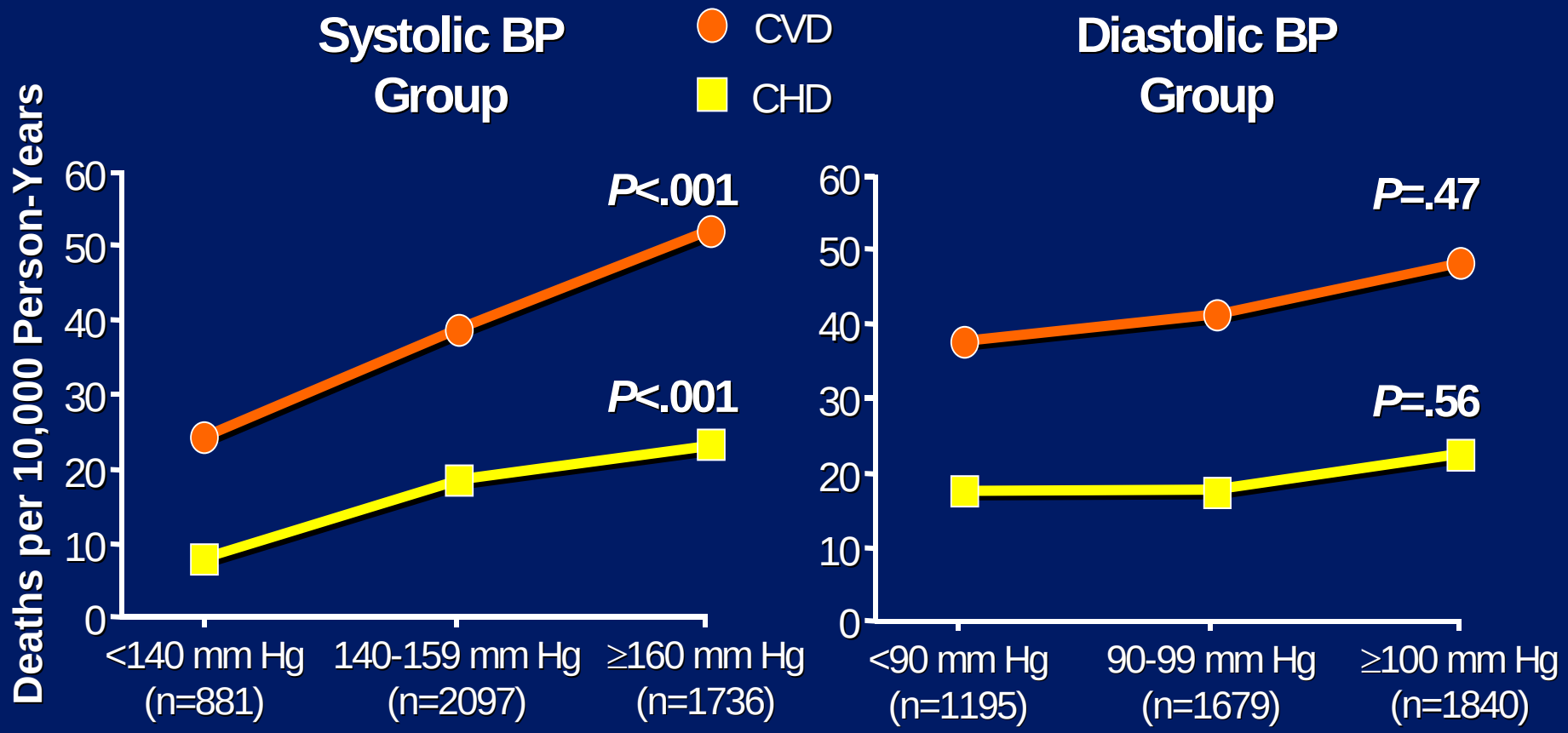
Barriers to Hypertension Control: New England VA Study

- 800 hypertensive veterans followed for 2 years
- 40% of patients had BP ≥160/90 mm Hg despite average of >6 visits for hypertension per year
- Clinicians more likely to increase BP medication for diastolic BP elevation than for systolic BP elevation:
  - Rx increased 22% of time if systolic BP ≥165 mm Hg and diastolic BP <90 mm Hg
  - Rx increased 35% of time if diastolic BP ≥90 mm Hg and medications changed at previous visit

Berlowitz et al. *N Engl J Med*. 1998;339:1957-1963.

Systolic BP, Not Diastolic BP, Predicts CVD and CHD Mortality

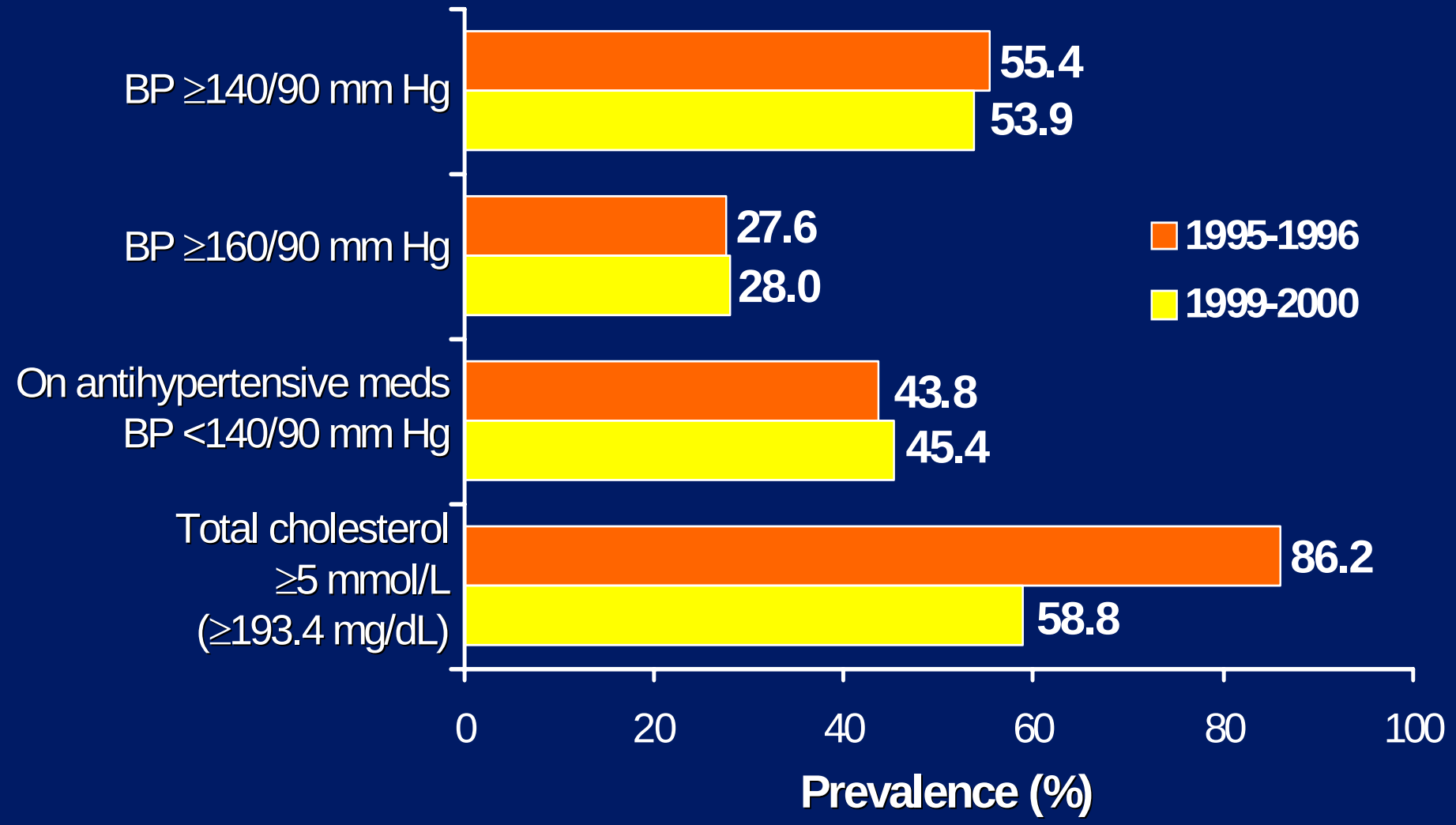
Observational Study of 4714 Middle-Aged Hypertensive Men



Benetos et al. *Arch Intern Med*. 2002;162:577-581.

State of BP Control in Europe: EUROASPIRE

3500 Patients With CHD in 9 European Countries



EUROASPIRE I and II Group. *Lancet*. 2001;357:995-1001.

Back to Work – How & When

Ministry of Health recommendations 8.2003

1. Uncomplicated MI - within 4 weeks
2. S/P CABG - within 7 weeks
3. S/P PCI - within one week (office)

And with two weeks (physical labor)

Additional Recommendations if CHF or Valvular Heart Disease (Cardiologist opinion required)