

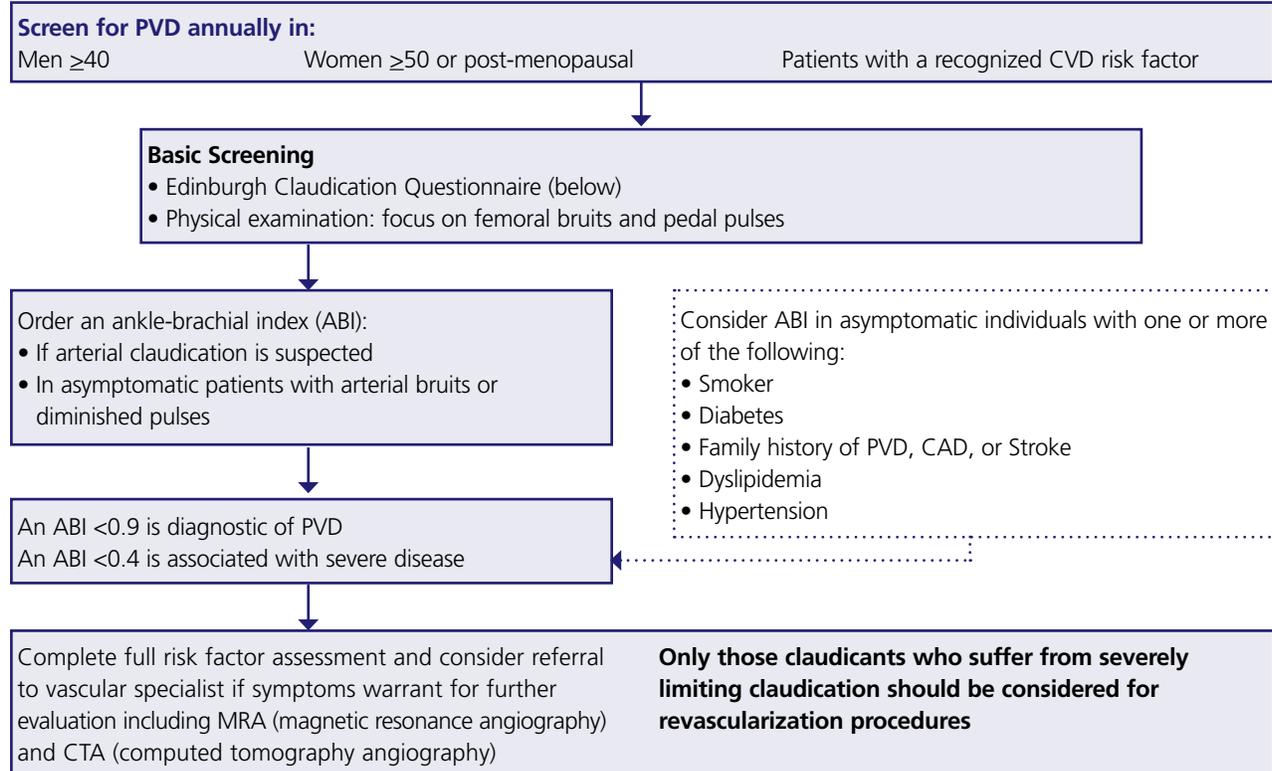


CORONARY AND OTHER ATHEROSCLEROTIC VASCULAR DISEASE

A growing body of important clinical trial evidence confirms that, in patients with coronary and other atherosclerotic vascular disease, comprehensive risk factor management improves survival, reduces risk for further events, decreases the need for further revascularization procedures, and improves quality of life. AHA, 2011

SCREENING FOR PERIPHERAL VASCULAR DISEASE (PVD)

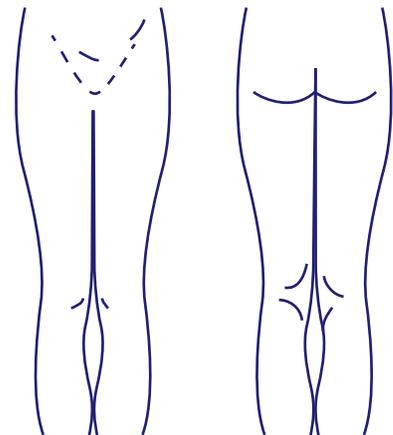
Source: Abramson B, Huckell V et. al. Canadian Cardiovascular Society Consensus Conference: Peripheral arterial disease. Can J Cardiol. 2005; 21(12): 997-1006.²⁸



The Edinburgh Claudication Questionnaire

* A positive questionnaire diagnosis of claudication is made only if the "correct" answer is given to all questions.

Questions	Correct Answer
1. Do you get pain or discomfort in your leg(s) when you walk? ○ Yes ○ No ○ Unable to walk • If you answered "yes" to question 1, please answer the following questions:	Yes
2. Does this pain ever begin when you are standing still or sitting?	No
3. Do you get it when you walk uphill or hurry?	Yes
4. Do you get it when you walk at an ordinary pace on the level?	Yes
5. What happens if you stand still? • Usually continues more than 10 minutes? • Usually disappears in 10 minutes or less?	No Yes
6. Where do you get this pain or discomfort? • Mark the places with "X" on the diagram	





MANAGEMENT OF CORONARY AND OTHER ATHEROSCLEROTIC VASCULAR DISEASE

Source: Adapted from Smith S, Allan J, Blair S et al. AHA/ACC Guidelines for Secondary Prevention for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2006 Update: Endorsed by the National, Heart, Lung, Blood Institute. *Circulation*. 2006; 113:2363-2372. ²⁷

Abramson B, Huckell V et. al. Canadian Cardiovascular Society Consensus Conference: Peripheral arterial disease. *Can J Cardiol*. 2005; 21(12): 997-1006. ²⁸

Smith, S.C., et al. AHA/ACCF secondary prevention and risk reduction therapy for patients with coronary and other atherosclerotic vascular disease: 2011 update. *Circulation* 2011; 124:2458-2473 ⁴⁴

Risk Factor	Target	Intervention
Smoking	<i>Smoke-free</i>	<p>See Smoking Cessation Guideline</p> <ul style="list-style-type: none"> • Ask about tobacco use at every visit. • Advise every tobacco user to quit. Advise of risks of continued smoking to PVD/ CAD patients “<i>The most important thing you can do to improve your heart health is to quit smoking</i>”. • Assess the tobacco user’s readiness to quit. • Assist by counselling and pharmacotherapy - see smoking cessation recommendations. • Arrange follow-up, referral to specialized programs or community programs. • Urge avoidance of exposure to environmental tobacco smoke at work and home.
Physical Activity	<i>30-60 minutes, 4-7 days/week</i>	<p>See Physical Activity Recommendations</p> <ul style="list-style-type: none"> • Encourage 30 to 60 minutes of moderate-intensity aerobic activity such as brisk walking on most days of the week, supplemented by an increase in daily lifestyle activities. • Encourage resistance training 2 days per week. • Refer to Cardiac Rehabilitation Program (patients with recent event) or Heart Wise Programs (all patients).
Weight Management	<p><i>Target weight</i> BMI 18.5 to 24.9 kg/ m²</p> <p><i>Waist circumference:</i> ≤88 cm (35”) for women and ≤102 cm (40”) for men</p> <p><i>Start with targeting weight loss of 5 – 10% of body weight.</i></p>	<p>See Obesity and Weight Management Recommendations</p> <ul style="list-style-type: none"> • Assess BMI and/ or waist circumference (see Appendix B for instructions on proper waist line measurement). • Discuss weight issues with patients who are outside of the BMI and waist circumference limits. • Encourage weight maintenance or reduction through appropriate balance of physical activity, caloric intake. • Refer to behavioural programs as necessary.
Hypertension	<p><i><140/90 mmHg;</i> <i>or</i> <i><130/80 mmHg if patient has diabetes</i></p>	<p>See Hypertension Guideline</p> <ul style="list-style-type: none"> • Assess BP every 3 to 6 months. • Ensure patient knows his/ her BP values and targets. • Initiate or maintain lifestyle modification. • Add BP medication as needed to achieve targets.
Dyslipidemia	<p><i>LDL-C <2.0 mmol/L</i> <i>or a 50% decrease in LDL-C;</i> <i>TC/HDL-C Ratio <4.0</i></p>	<p>See Dyslipidemia Guideline</p> <ul style="list-style-type: none"> • Conduct fasting lipid profile in all patients every 12 months. • Ensure patient knows his/ her lipid values and targets. • If required, initiate LDL-lowering drug therapy. • Ensure adequate titration to achieve targets. • Start recommended dietary therapy. • Promote daily physical activity and weight management. • After obtaining required target, recheck annually.



Risk Factor	Target	Intervention
Glycemic Control/ Diabetes	If diabetic: HbA1c <7% (<6.5% if possible without hypoglycemia)	<ul style="list-style-type: none"> • Screen for diabetes annually or as clinically indicated. • If diabetic: <ul style="list-style-type: none"> • Initiate lifestyle and pharmacotherapy to achieve near normal HbA1c. • Initiate pharmacotherapy as per recommendations from Canadian Diabetes Association.²⁹
eGFR/ ACR	If proteinuria or CKD: Target ACR <40	<ul style="list-style-type: none"> • Screen with eGFR/ ACR according to guideline. • If target exceeded: <ul style="list-style-type: none"> • ACEI or ARB to maximum tolerated dose and modify CV risk factors to target ACR <40; and, • If ACR >60, refer to nephrology.
Antiplatelet / Anticoagulant	ASA 80 – 325 mg/day Clopidogrel 75 mg/day Prasugrel 10 mg/day Ticagrelor 90 mg/twice daily	<ul style="list-style-type: none"> • Start ASA and continue indefinitely unless contraindicated. • Clopidogrel 75 mg daily is recommended as an alternative for patients who are intolerant of or allergic to aspirin. • Start a P2Y12 receptor antagonist (clopidogrel 75 mg daily, prasugrel 10 mg daily, or ticagrelor 90 mg twice daily) and continue for 12 months in patients receiving a bare-metal stent or drug-eluting stent for treatment of acute coronary syndrome. • For patients with symptomatic atherosclerotic peripheral artery disease of the lower extremity, start and continue ASA or clopidogrel.
ACE Inhibitors		<ul style="list-style-type: none"> • Start and continue ACE inhibitors indefinitely in all patients with: <ul style="list-style-type: none"> • Left ventricular ejection fraction <40% and in those with hypertension, diabetes, or CKD; and, • Consider for all other patients. • Optional use of ACE inhibitors in: <ul style="list-style-type: none"> • Low-risk patients with normal ejection fraction in whom cardiovascular risk factors are well controlled and revascularization has been performed. • Use ARB in patients who: <ul style="list-style-type: none"> • Are intolerant of ACE inhibitors and have heart failure or ejection fraction <40%; and, • Consider in other patients who are ACE inhibitor intolerant.
Beta Blockers		<ul style="list-style-type: none"> • Start and continue indefinitely in all patients who have had myocardial infarction, acute coronary syndrome or left ventricular dysfunction with or without heart failure symptoms, unless contraindicated.
Depression	Depression Screening	<ul style="list-style-type: none"> • Screen patients with recent coronary artery bypass graft surgery or myocardial infarction for depression.
Influenza Vaccination	Annually	<ul style="list-style-type: none"> • All patients with CVD should have an influenza vaccination on an annual basis.



COMMUNITY RESOURCES – CORONARY ARTERY DISEASE

SPECIALTY CLINICS / PROGRAMS:

Cardiac rehabilitation programs are designed to assist in achieving and maintaining a heart healthy lifestyle and to help patients return to everyday life. There are a number of program options available to residents living in the Champlain region.

CARDIAC REHABILITATION PROGRAM OPTIONS

Clinic/Program: University of Ottawa Heart Institute (UOHI)

Cardiac Rehabilitation Programs
40 Ruskin Street, Ottawa, ON K1Y 4W7
Tel: 613-761-4572 Fax: 613-761-5336

Description: All of our program options include: coronary risk factor assessment, access to follow-up evaluation after three and twelve months, access to nutrition workshops, referral to services such as: nutritional counseling, stress management, smoking cessation, vocational counseling, psychological counseling, social work counseling.

(1) On-Site Supervised Program

- 2-3-month program
- Supervised on-site, twice-weekly exercise sessions (1 hour/ session)
- Medical assessment by cardiac rehabilitation physician
- Classes are supervised by a physiotherapist and a nurse.
- Different class intensities based on your needs.

(2) Case-Managed Home Program

Provides flexibility for those unable to participate in hospital-based program

- 3-month program
- Tailored program focused on your personal heart health goals
- Weekly phone call that lasts approximately 30 minutes each
- Individual home exercise program - **no supervised exercise sessions**

(3) Brief Program

- Only for those patients that are able to exercise independently with **no supervised exercise sessions** and no on going follow-up
- Exercise evaluation and tailored home exercise program

Appropriate for: Patients with myocardial infarction, acute coronary syndrome, recent PCI and/ or bypass surgery.

Hours: Vary

Language: English, French

Cost: N/A

Referral: Physician referral required.
Please contact phone number 761-4572 and a referral form will be sent by fax.



Clinic/Program: **Pembroke Regional Hospital Cardiac Rehabilitation Program**

705 Mackay Street, Pembroke, ON
Tel: 613-732-2811 ext. 8091 Fax: 613-732-6350

- Description:**
- 3-6 month program, modeled after UOHI on-site program
 - Supervised on-site, twice-weekly exercise sessions
 - Education sessions
 - Medical assessment
 - Referral to a dietitian or social worker as needed
 - Case-managed home program also available

Appropriate for: Patients with myocardial infarction, acute coronary syndrome, recent PCI and/ or bypass surgery.

Hours: Vary

Language: English

Cost: N/A

Referral: Physician referral required.
Complete referral form; attach most recent tests; fax to clinic; and advise patient that hospital will contact directly with intake appointment time and send out an information package to the patient.

Clinic/Program: **Hawkesbury & District General Hospital Supervised Program**

1111 Ghislain Street, Hawkesbury, ON
Tel: 613-632-1111 ext. 177
Contact: Natalie Aupin

- Description:**
- 12-week walking program
 - Supervised on-site, twice-weekly exercise sessions
 - Education sessions (4 Fridays in a row)
 - Bilingual staff
 - One to one prevention clinic

Appropriate for: Patients with myocardial infarction, acute coronary syndrome, recent PCI and/ or bypass surgery.

Hours: Vary

Language: English, French

Cost: N/A

Referral: Contact clinic for information or physician referral.

Clinic/Program: **Cornwall Community Hospital Respiratory & Heart Failure Rehabilitation Program**

840 McConnell Ave., Cornwall, ON K6H 5S5
Tel : 613-938-4240 ext. 3104
Contact: Sylvie Bélanger

- Description:**
- 3-month program, attend two times per week
 - Education and disease management training
 - Personalized advice
 - Endurance training

Appropriate for: Anyone with any type of respiratory disease or heart failure

Hours: Vary

Language: English, French

Cost: N/A

Referral: Physician or nurse practitioner referral.

**Clinic/Program: Brockville Cardiovascular Program: Cardiac Rehabilitation and Vascular Risk Management**

75 Charles Street, Brockville, Ontario, K6V 1S8

Phone: 613-345-5645 ext. 1414 Fax: 613-345-8348

Contact: Margriet Debruyne, ext. 1166

Description: This program provides individualized exercise, education (Diabetes, nutritional), and counselling designed to help clients reduce their risk of facing future cardiac problems.**Appropriate for:** Cardiac patients requiring secondary prevention and cardiac rehabilitation**Hours:** Exercise days – Tues & Thurs: 9:00 a.m. to 5:30 p.m., Wed & Fri: 9:00 a.m. - 12:00 p.m.
Assessment day – Fri: 1:00 p.m. - 3:00 p.m.**Language:** English**Cost:** N/A**Referral:** Physician referral is required.
Please fax referral along with pre-treatment and most recent lipid profile, diabetic profile, reports on angiogram, angioplasty, surgery, or other cardiac procedures. Once referral is received, patients are contacted and arrangements to attend intake are made.**COMMUNITY-BASED PROGRAMS:**

Clinic/Program: FrancoForme

University of Ottawa Heart Institute (UOHI)

40 Ruskin Street, Ottawa, ON K1Y 4W7

Tel: 613-798-5555 ext. 19270 Fax: 613-761-5336

Satellite Locations: various sites across the region

Description:

- 3-month program
- Tailored program emphasizing heart healthy lifestyle
- Coronary risk factor assessment
- Total of 15 appointments, approximately 30 minutes each
- 3 appointments at UOHI, remainder by phone
- Individual home exercise program - **no supervised exercise sessions**
- Follow-up evaluation scheduled at 3 and 12 months

Appropriate for: Franco-Ontarians living in the Champlain region at risk for CVD and those with diagnosed heart disease.**Hours:** By appointment. Initial assessment conducted face-to-face; or via Telehealth from any regional hospital all other contacts delivered via telephone by appointment.**Language:** French only**Cost:** N/A**Referral:** Physician referral required.
Download referral form: www.francoforme.ca



Clinic/Program: Heart Wise Exercise

University of Ottawa Heart Institute
40 Ruskin Street, Ottawa, ON K1Y 4W7
Tel: 613-761-5240
Email: heartwise@ottawaheart.ca
For locations, visit the UOHI website: www.heartwiseexercise.ca or
www.ottawaheart.ca/UOHI/doc/HeartWise.pdf

Description: Exercise programs in the Ottawa and Champlain Region at various recreation facilities. Heart Wise exercise programs meet criteria set by the University of Ottawa Heart Institute (UOHI) and community partners ensuring the programs are appropriate for people with heart disease.

Appropriate for: People concerned about their heart health; with or without heart disease

Hours: Vary by program

Language: English, French

Cost: Varies

Referral: Approval by a physician is required before being accepted into a Heart Wise Program.

Clinic/Program: Heart Delicious Nutrition Workshops
Prevention and Wellness Centre (PWC)

University of Ottawa Heart Institute
40 Ruskin Street, Ottawa, ON K1Y 4W7
Tel: 613-761-4753 or 1-866-399-4432
Website: http://www.ottawaheart.ca/content_documents/2011_-_Jul-Aug_ENG.pdf

Description: **ABCs to Heart Healthy Eating:** Develop the skills for heart healthy eating to reduce or control your blood cholesterol. Learn how to read food labels and get the facts on fat, cholesterol, fiber and salt.

Heart Healthy Eating with Diabetes: Get the lowdown on meal planning, managing your diabetes and heart healthy eating. For people wishing to control or prevent diabetes.

French Workshop – Healthy Eating from A to Z: Offered only in French. Learn how to read food labels and get the facts on fat, cholesterol, fiber and salt.

Nutrition Tips for Weight Management: Learn to set realistic goals for healthy weight management. Acquire the skills to develop balanced meals, portion sizes and techniques for weight loss and maintenance.

Appropriate for: Patients, families, or members of the public who want to learn more about healthy nutrition

Hours: Refer to schedule online or contact PWC for details.

Language: English, French

Cost: N/A

Referral: Registration required by telephone
