Background: The HARP Cardiac Coach program at Royal Melbourne Hospital has evolved to include a Greek and Italian service, developed in response to the diverse local community and supported by evidence that Culturally and Linguistically Diverse (CALD) groups both perceive health and respond to health care services and information differently.

Methods: We retrospectively analysed cardiovascular risk profiles at recruitment in to and discharge from the program. Patients (n=383) over 2 weeks. After baseline measures and discharge from the program; at entry and discharge from the program, waist circumference, weight, height, lipid profile, HbA1C, smoking status and physical activity. A comparison of the proportion of patients meeting the defined targets across the English, Italian and Greek cohorts was performed, with multivariate logistic regression analysis applied to adjust for differences in baseline variables.

Results: There were baseline differences in age, smoking history, total cholesterol and cholesterol fractions, diastolic blood pressure, weight and physical activity between the cohorts. At discharge, the proportion of patients meeting targets within each cohort were similar.

Conclusion: A phone based integrated disease management program can be adapted to CALD patients, achieving comparable outcomes as compared with an English speaking cohort. Health services need to respond to their local needs and be flexible in program delivery in order to benefit as many patients as possible.

Conclusions: Initial data suggest that it is feasible to conduct a randomised-controlled trial for individuals at increased CVD risk to identify potential triggers of acute CVD and take targeted medication at the time of these triggers.

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Angina Management is Poor After Percutaneous Coronary Intervention

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Background and aim: Self-management of coronary heart disease (CHD) is critical after elective percutaneous coronary intervention (PCI). While elective PCIs should reduce patients’ stable angina symptoms, recurring pain is a common problem post procedure and effective self-management of this seemed poor. The aims of the study were to identify how patients self-managed their angina symptoms after undergoing PCI and to explore barriers to their effectiveness in this.

Methods: This mixed methods study used an explanatory, sequential design. In phase one quantitative data were collected from a convenience sample (n=93) approximately three months after elective PCI using a validated self-administered survey tool. Quantitative data were subject to univariate, bivariate and multi-variate analysis. Phase one findings were used to purposively select ten participants from the original sample for interview in phase two of the study. Thematic analysis was used to analyse qualitative data.

Results: Participants had a mean age of 66.25 years (SE±10.56), were mostly male (n=70/75.3%) and Caucasian (n=80/86%). After PCI, 74.2% (n=69) of participants managed their angina symptoms inappropriately. Around 17% (n=80/86%) would summon an emergency ambulance to help them deal with any recurrence of symptoms, however slight or short-lived. Older age, the existence of co-morbidities, low self-efficacy, lack of support from healthcare providers, less threatening perceptions of CHD and fear compromised participants’ effective self-management of angina symptoms.

Conclusion: Self-management of angina symptoms is suboptimal after elective PCI and a plethora of factors contribute to that. Careful evaluation of patients’ self-management skills is required to inform effective self-management strategies.

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