Abstract:

Synthesis of Evidence: Heart disease is the leading cause of death of women in the United States. Approximately, every minute, a woman in the United States dies from heart disease. Eight times as many women will die from myocardial infarctions alone this year than will die from breast cancer (Lloyd-Jones, Adams, & Carnethon et al, 2009). Coronary artery disease (CAD) kills more women than all cancers combined, however the clinical picture in women is different enough from men that the diagnosis can be missed or delayed. After menopause, mortality rates from CAD in women nearly equal those of men. Yet the clinical picture in women is different enough from that in men that it can obscure the correct diagnosis. Research suggests that gaps in knowledge related to risk recognition, prevention, and management of cardiovascular disease in women must be addressed to optimize the cardiovascular health of women. More rigorous testing of the impact of guidelines themselves on identifying risk factors, preventing/reducing risk factors, slowing the progression of risk factors, and reducing the burden of CAD is needed. The development and testing of effective methods to implement guidelines in various healthcare settings, at sites of employment, and in communities should also be considered for research priorities (Cheek, 2003).

Proposed Change: The proposed change led by an APN conducting a DNP practice inquiry project included developing a cardiovascular risk assessment tool for women in clinical practice, testing the feasibility of incorporating an APN education/counseling intervention for cardiovascular risk in women into an ambulatory care cardiology practice, and evaluating the relationship of an APN education/counseling for cardiovascular risk in women on selected outcomes (improving diet, managing stress, decreasing depressive symptoms, smoking cessation, increasing physical activity, decreasing high blood pressure, and decreasing cholesterol).

Implementation Strategies: After informed consent was obtained, all participants had an appointment with an advanced practice nurse with cardiovascular expertise, and received an intervention with screening, education/counseling at the initial/baseline visit. There was a follow-up telephone visit at 90 days, and a follow-up in-person visit at 6 months with education/counseling. Once the patient’s risks were identified, an education program was delivered based on their individual needs. The education was targeted at improving diet, managing stress, identifying depression, smoking cessation, and increasing physical activity. Many women can significantly reduce their risk of heart disease if they have the information they need, know the questions to ask their healthcare providers, and receive the support to make changes in their lives.

Evaluation: The tools used for this project included the Framingham Risk Score Risk Assessment Tool for estimating 10-year risk of developing cardiovascular heart disease. The Patient Health Questionnaire (PHQ-9) was used to screen for depression. An education tool was developed based on the American College of Cardiology Foundation/American Heart Association (ACCF/AHA) practice guidelines. Information about behavior change related to physical activity was collected with the Rapid Assessment of Physical Activity (RAPA) tool. Information about behavior change related to cigarette smoking and diet was collected using the Behavioral Risk Factor Surveillance System (BRFSS, 2003).

Biographical Sketch
Susan E. Shirato is a full-time faculty member in the Undergraduate Program at the Jefferson School of Nursing, Thomas Jefferson University. Her areas of expertise are gender and cardiovascular disease prevention. She has published and presented nationally on a variety of cardiovascular topics. Most recently, Ms. Shirato presented at the International Council on Women’s Health Issues (ICOWHI), an international multidisciplinary nonprofit association dedicated to the goal of promoting health, health care, and well-being of women throughout the world through participation, empowerment, advocacy, education, and research. In addition, she is a Doctor of Nursing Practice student at the Jefferson School of Nursing, Thomas Jefferson University and a board certified critical care nurse since 1995. Ms. Shirato is best qualified to present at this conference.