

Follow Your Heart: optimal care after a heart attack – a guide for you and your patients

Myocardial infarction (MI) forms part of the spectrum of acute coronary syndromes (ACS), characterised by a combination of three diagnostic criteria: clinical history, electrocardiogram (ECG) changes and appropriate troponin changes.¹ ACS therefore encompasses unstable coronary artery disease from unstable angina to transmural myocardial infarction.² All patients with ACS should be offered the same preventative opportunities as MI patients.³



Inpatient care

Integrated Communication

A comprehensive discharge summary, to include an individualised management plan, should be received by primary care, the patient and cardiac rehabilitation.

The hospital discharge summary should contain:³

- Accurate Read Coded diagnosis in patient summary
- Results of investigations performed and recalls for future investigations required
- Documentation of any in-hospital complications and resulting intervention (e.g. drug sensitivities)
- Details of medication prescribed and need for repeat prescribing
- Guidance on up-titration of medication doses
- Recommendations on testing the patient's relatives

From the hospital discharge summary ensure vital information is on the practice database.

The patient's individualised management plan should be reviewed to ensure that it:³

- Is culturally sensitive
- Contains evidence-based information
- Includes input from the patient and carers / family
- Provides recommendations on daily living (e.g. driving, returning to work)
- Documents what to expect of primary care services

Primary care

Cardiac Rehabilitation and Ongoing Care

Menu-based programme encouraging patients to resume a normal, but healthier lifestyle, while achieving clinical outcomes

The Cardiac Rehabilitation programme should introduce:³

- The concept of risk
- The importance of cardiovascular risk factors
- The usefulness of agreed individualised targets

The programme should also address specific areas of concern to post-MI patients and their carers / family, with an emphasis on new or ongoing symptoms, to allay misconceptions and encourage the resumption of a normal but healthier lifestyle.³

The desired outcome is for improved adherence to an agreed management plan, including the use of cardioprotective drugs to help prevent further cardiac events.

Lifestyle Modification

Eat a healthy, balanced diet:⁴

- Mediterranean-style diet⁵
- Reduce intake of saturated fats⁶
- Eat at least 5 portions of fruit and vegetables per day⁷
- Choose wholegrain and high fibre foods⁸
- Eat at least 2 portions of oily fish a week to provide omega-3⁹ (supplement as indicated)
- Reduce salt intake¹⁰
- Consider foods enriched with plant sterols or stanols¹¹

Limit alcohol intake to:¹²

- ≤ 1-2 units/day (women)
- ≤ 2-3 units/day (men)

Both men and women should have at least two alcohol-free days per week.

Physical activity:¹²

- Aim for at least 20-30 minutes of moderate activity each day to the point of mild breathlessness

Do not smoke¹³

Manage weight:¹³

Advice should be provided to individuals with BMI of >25kg/m² or those with an increased waist circumference.

Targets and Therapeutic Interventions

Targets

Blood pressure:

- < 130/80mmHg¹³
- < 125/75mmHg for patients with CKD¹⁴

Cholesterol:

- TC < 4.0mmol/L^{13,15}
- HDL-C > 1.0mmol/L (males) and > 1.2mmol/L (females)¹⁶
- Non-HDL-C < 2.8mmol/L¹⁷
- LDL-C < 2.0mmol/L¹³

Ideally, blood tests should be fasting for LDL-C¹³

Blood sugar:

- HbA1c < 6.5%¹³

Weight:

- BMI < 25kg/m²
- Waist circumference¹⁶
 - Europeans: Male < 94cm / Female < 80cm
 - South Asians & Chinese: Male < 90cm / Female < 80cm

Therapeutic Interventions

All post-MI patients should be recommended the following, unless contraindicated:³

- Lipid-lowering therapy
- ACE inhibitors or ARBs if intolerant
- Anti-platelet agents
- Beta-blockers

For particular post-MI patients, consider:³

- Warfarin
- Aldosterone antagonists

Follow up¹⁸

Organise annual assessment to ensure all intervention targets are met.

Implement structured care for long term conditions, in line with practice arrangements.

Review personal circumstances of the patient as well as their medication on an ongoing basis.

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