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What You Need to Know About Heart Attack & Stroke When Working with Clients/Patients

Recorded August 8, 2017

Course Type: Recorded 1 Hour Webinar

Course Level: All Levels

Course Objectives

After completing this course, you will be able to:

1. Discuss statistics and prevalence for heart attack and stroke.
2. Explain 6 myths about risk/cause for heart attack and stroke.
3. Describe signs and symptoms of a heart attack and stroke.
4. List recommendations for diet and exercise for clients with cardiovascular disease.
5. Discuss motivation and lifestyle change for clients with cardiovascular disease.

Course Description

Lifestyle Medicine is the best medicine and our clients/patients need our guidance to help them optimize health and maximize the quality of life. As a professional, it is critical to understand current information as it relates to assisting those at higher risk for, or an intrinsic desire to prevent, Heart Attack (HA) and Stroke (S).

About the Presenter

Steve Feyrer-Melk, PhD, MEd

Steve Feyrer-Melk, MEd, PhD, is a powerful, passionate, and trusted authority in Lifestyle Medicine who is bringing an innovative, refreshing, and successful approach to proactive health care.

For nearly 30 years, Dr. Steve has effectively advanced a distinctive and practical approach for implementing Lifestyle Medicine, therefore placing him in a class by himself. He co-founded the Optimal Heart Attack & Stroke Prevention Center with America's first Female Concierge Cardiologist, where Dr. Steve crafts and hones real-world programs for immediate impact.

Capitalizing on his know-how as the Chief Science Officer for a health technology and app company with world-wide reach, Dr. Steve uses his knowledge of leading-edge technology so practitioners can effectively and efficiently incorporate Lifestyle Medicine concepts. His methods are data-driven to optimize patient care, patient experience, and practice success.

Dr. Steve also serves as the Chief Science Officer of Nudge, LLC, a lifestyle medical technology company in Richmond, Virginia.

Course Outline

Cardiovascular Disease

Heart Disease and Stroke

What you Need to know

Part 1. Heart Disease and Stroke Statistics

Part 2. Deadly Myths

Part 3. What is heart Attack or Stroke

Part 4. Recommendations

Part 5. Behavior Change-Motivational Environment

Heart Disease and Stroke Statistics 2017 Update

Deadly Myths

Stress Tests determine risk

Cholesterol causes heart attacks

Mild Disease – moderate to low risk does not lower risk of deadly heart attack

“Normal” blood sugar is Normal- damage still occurring

My dentist keeps my mouth healthy and pretty

We are all the same

What is a heart Attack?

Signs and symptoms for men and women

Sudden clot is the killer

What is a Stroke?

Stroke Warning Signs

TIA

Recommendations

Physical Activity

General Key Points

Non-physicians

Some patients use as slow down time.

Listen to the MDs.

Not diagnosing

Always Some Level of Activity Recommended

Majority of HA patients = small level of dysfunction

Quality of life issue.

Symptom limiting is a “great rule of thumb”

Common Sense

Success through Simplicity

Match the Patient – Get to know them

General Components

Warm-up & Cool-Down

Cardiovascular endurance

Muscular Strength

Balance

Flexibility

Always Some Level of Activity Recommended

Majority of HA patients = small level of dysfunction

Quality of life issue.

Symptom limiting is a “great rule of thumb”

Common Sense

General Heart Attack Points

Disability –

Left Ventricular Function Issues (Lack of O₂- Dead Muscle)

Heart Rhythm Problems

Usually Mild problems with heart muscle – weak.

> Mild problems – Symptom Limiting!

Shortness of Breath

Light headedness

Fatigue

Post HA may have chest pain – treated with medication

Risk of Cardiac event during supervised exercise

Risk for Individuals with CHD who exercise

Physical Activity & Medications

- Beta Blockers -

Beta Blockers - Pt. with heart muscle dysfunction or heart rhythm issues

Slow HR to provide increased filling

Longer time to fill

Pt. can feel like they hit a wall.

PA can help get them off the drug.

Slow HR to provide increased filling

Longer time to fill

Physical Activity & Medications

- Diuretics -

Diuretics - Fluid control – swelling or hypertension.

Susceptible to Dehydrated

Counsel on water and NOT waiting til thirsty.

Pt. can feel like they hit a wall.

PA can help get them off the drug.

Slow HR to provide increased filling

Longer time to fill

Physical Activity Post Heart Attack

After “Sign-off” from Doctor

Best Workout = Walking

around your house

around your yard

going up and down stairs.

3 – 4 min, break 2 min, repeat.

Gradual working up to 30 to 45 minutes at once

Physical Activity & Post Heart Catheterization

Phase 1 in hospital – talk about Cardiac Rehab

~ 2 weeks to “get – going”

Cleared by MD

Treadmill test to assess heart rhythm problems

Physical Activity & Pacemakers

Get restrictions from the MD.

Majority of Pacemaker patients only bottom rate set to avoid a below normal rate.

When exercise – normal rhythm kicks in.

IF Pacemaker dependent

Both chambers paced in coordination.

Physical Activity & Valve Patients

Valve issues

Usually leaky valves or “tight”

Get restrictions from the MD.

Majority of Valve patients symptom limited advice.

Physical Activity & Post Cardiac Event

Three Phases

Physical Activity/Exercise for Patients

-FITT Principle-

Physical Activity/Exercise for Patients

-Frequency-

Physical Activity/Exercise most days per week.

Lowest frequency = 3 nonconsecutive days

Physical Activity/Exercise for Patients

-Intensity-

Gauge patients 3 ways

Rating of Perceived Exertion (RPE)

The “Talk Test”

Target Heart Rate (THR) & METS.

Physical Activity/Exercise for Patients

-"Talk Test"-

Physical Activity/Exercise for Patients

-Target Heart Rate & METS*-

Physical Activity/Exercise for Patients

-Time-

Physical Activity/Exercise for Patients

-Type-

Physical Activity/Exercise for Patients

-Risks & Complications-

Additional Tips for CVD Patients

Post Stroke Physical Activity/Exercise Recommendations

Target to the consequence of the stroke

Functional disability

Rehab in hospital

Rehab facility

Physical Therapy (~3x week)

Prepare for post therapy function to be ongoing lifestyle

Physical Therapy (~3x week)

Target to the consequence of muscle disability. Function & Strength very important.

Benefits of Walking

Resistance Training

Avoid Yoga

Restrictions?

Symptom Limiting

Over all CVD health Guidelines

Nutrition

AHA version of the Atkins Diet

Mediterranean Atkins Diet

DASH Eating Plan

Daily water intake

Alcohol

No Smoking

% Body fat

Behavioral change-motivational environment

Keep it simple

Question and Answer Segment

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