The role of General Practice in Post-MI care

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Declarations of interest

Areas of expertise

• CCG Clinical Director
• Member of NHS England Primary Care patient safety expert group
• Member of Clinical Senate
• NICE Quality standards Advisory Committee
• NICE Post-MI GDG

Potential conflicts

• In the past I have worked with and accepted training & research grants for all Pharmaceutical companies that have cardiology products, but not for the last 3 years
The role of General Practice after someone has a myocardial Infarction

• Titrate medication to optimal levels.
• Check LV function is assessed.
• Ensure cardiac rehabilitation has begun and completed.
• Promote lyfe-style changes
• Conduct an audit and Significant Event Analysis
• Manage the emotional impact & transition
Titrating medication to optimal levels

- Dual anti-platelets for a year, then aspirin
- High intensity statin (Atorvastatin 80mg) for a year, then medium intensity
- Optimal β-blocker for a year
- Optimal ACEI
- Aldosterone antagonist if LV dysfunction
Offer dual antiplatelet therapy [aspirin and another antiplatelet] For treatment with Prasugrel or Tacagrelor see TA182 & 236

If Aspirin intolerant consider Clopidogrel monotherapy

NSTEMI continue Clopidogrel for 12 months

Continue Aspirin indefinitely

Bare metal or drug eluting stent, Clopidogrel for 12 months then Aspirin indefinitely

Medical management - use clopidogrel for 1-12 months then Aspirin indefinitely

STEMI

CABG - continue previous platelet therapy for 12 months then Aspirin indefinitely

Another indication for anticoagulation use single antiplatelet. Combine with Clopidogrel if PCI and stent, Aspirin if angioplasty, CABG or medical treatment. After 12 months balance the risk of continued antiplatelet benefit and risk of bleeding.

Adapted from NICE Guideline on Post MI care
Check LV function

- Assess for all people who have had an MI by echocardiogram. If LV dysfunction exists treat according to the NICE heart failure guideline.[NICE CG 108 Chronic Heart Failure]

- This should be done before discharge, but if not then ensure LV function is assessed
Cardiac Rehabilitation

• Cardiac Rehabilitation is underutilised – In UK participation rates range from 18% to 90%

• Cardiac rehabilitation in patients after MI reduces all-cause (24%) and CV (27%) mortality rates provided it includes an exercise component.

• After MI, cardiac rehabilitation is cost effective. £6,400/life year gained and £2,700/QALY gained.

• There is no evidence that stable patients are harmed by the exercise component of cardiac rehabilitation.

• Explore specific obstacles e.g. travel, location, cultural issues
Promote Life-style change

• Diet – Advise people to eat a Mediterranean-style diet. Insufficient evidence to recommend Omega-3 supplementation.

• Exercise – Advise people to be physically active for 20–30 minutes a day to the point of slight breathlessness.

• Smoking – Stop it

• Return to work and daily activity – No studies.

• Sexual activity – Reassure patients that after recovery from an MI, sexual activity presents no greater risk of triggering a subsequent MI than if they had never had an MI. Uncomplicated recovery after MI can resume sexual activity when they feel comfortable to do so, usually after about 4 weeks.

• Driving – consult DVLA guidance
Audit of the system:
n=47; age 65yr; 3m:1f (J Yung, medical student)

<table>
<thead>
<tr>
<th>Service</th>
<th>Data (%)</th>
<th>Standard (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of diagnosis and advice</td>
<td>13</td>
<td>75</td>
</tr>
<tr>
<td>Assessment of left ventricular function</td>
<td>87</td>
<td>80</td>
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<tr>
<td>Titration of ACEi</td>
<td>57</td>
<td>80</td>
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<tr>
<td>Dual antiplatelet</td>
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<tr>
<td>Beta-blockers</td>
<td>91</td>
<td>95</td>
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<tr>
<td>Statins</td>
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<td>100</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>70</td>
<td>85</td>
</tr>
</tbody>
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Manage the emotional impact

NICE says–

• Psychological intervention reduces the risk of depression, anxiety and non-fatal MI, but does not affect total mortality or cardiac mortality.

• There is limited evidence that involving spouses may have beneficial effects on family anxiety.

• Offer stress management in the context of comprehensive cardiac rehabilitation.

• Do not routinely offer complex psychological interventions such as cognitive behavioural therapy.
Ivan says –
Explore their Ideas Concerns Expectations, Health Beliefs & Emotional reaction

What happened when you went into hospital?
It must have been a very frightening experience?
Why do you think it happened/ why you/ why now?
What’s the most worrying aspect of all this for you?
How have things changed for you now?
What has this meant for your family?
What are the main changes you’re going to make to your lifestyle now?

NB – DNA appointments may represent denial, so proactively contact
Summary

- Manage the bio–medical aspects
- Encourage cardiac rehabilitation
- Life–style changes
- Address ICE including health beliefs
- Identify and manage psychosocial impact
- Recognise emotional stages
- Include carers & family
- Audit the system including SEAs
Thank you & any questions?