

Australian Nurses' Cardiovascular and Hypertension Association Inc.



THE KOROTKOFF SOUND

Newsletter of The Australian Nurses' Cardiovascular and Hypertension Association
Volume 10, Issue 2, July 2005

Welcome all members and sorry for the delay in Issue 2 of the Korotkoff Sound. As I sit at my desk and watch the rainfall, after 3 to 4 months with barely a drop, it has been glorious. For those that have been hanging out for snow I can see it on the Brindabella Mountains surrounding Canberra so you can now sigh with relief, that, yes there will be snow for the ski season.

The latest update on the ANCHA 10th Annual Conference was discussed at the executive meeting on the 21st June 2005. Sponsorship Letters were sent out to various Drug companies and Blood pressure manufactures. Two replies from Drug companies have come in with a promise of \$250 each for the ANCHA conference.

The planned theme for this year's conference is "Environmental Causes of Essential Hypertension and there Prevention". Diane Cowley had approached Dr Paul Kroner as a guest speaker, and has agreed to talk on this topic. Other guest speakers approached were, Dr Stella McGinn "Pregnancy and Hypertension", Dr Bruce Cooper "Sleep apnoea and Hypertension", and Prof Stokes "Systolic Hypertension in the Elderly – the role of Nitrates".

The conference is to be held in Melbourne in conjunction with HBPRCA, which are at present reviewing Bio21 – Molecular Science and Biotechnology Institute Melbourne University for their conference. Meetingsfirst have suggested Rydges North Melbourne, Cnr Harker and Flemington Rd North Melbourne, which is 10mins from Bio21 for the ANCHA conference.

To review Bio21 there website is: www.bio21.com.au and for Rydges North Melbourne there website is: www.rydges.com/locations

If looking for cheaper accommodation, there is The Nunnery (Backpackers), Nicholson St, Fitzroy over looking the Royal Exhibition Buildings and Museum. They have a Guesthouse, B&B in style comprising of Double/Twin, Family and single rooms or Townhouse, B&B in style and all Double/Twin. You can catch Tram 96 from Spencer ST Station, getting of at stop 13 and you are practically on the front door step of the Nunnery. Five minutes walk and you are in Brunswick Street for glorious food and shopping. The website is: www.totaltravel.com.au/travel/vic/melbournearea/directory/accommodation and look for The Nunnery. I thought this might help members looking for accommodation before the conference and be able to plan ahead.

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Diane Cowley has been nominated to represent ANCHA on the BP Working Party and will be sending her application, in the near future. Diane is now away overseas for a well-earned holiday. We wish her safe travelling and to have fun. To follow is the "The Presidents Report" from Diane Cowley

PRESIDENTS REPORT

Hello All. The 2006 ANCHA conference plans are well on the way and Jennifer Seabrook from Meeingsfirst is organising the venue. There will be a variety of topics from the speakers on the day. ANCHA will again join the High Blood Pressure Research Council of Aust (HBPRCA). Please check out the website for the HBPRCA program when it is completed and on-line. There will be a clinical session (set for Wednesday afternoon at this stage) that should be of great interest. The cost of the clinical session for General Practitioners is \$40.00 and Jennifer Seabrook will liaise for a similar (if not better) price for ANCHA members who would like to attend.

I had nominated myself, and have been selected or elected to participate on the National Blood Pressure and Vascular Disease Advisory Committee (NBPVAC). Nervous – yes! I would like to assist with the development of a handbook with guidelines for nurses for blood pressure measurement, home blood pressure education and ambulatory blood pressure monitoring. I hope I can do a good job for ANCHA members.

If you would like some ANCHA flyers in your work area contact ANCHA Secretary Helen Tully. Email: HTully@doh.health.nsw.gov.au

Next week I embark on a two-month backpackers holiday around Wales, Scotland, Greece, Washington, 3 weeks Canada and Alaska, Hawaii and New Zealand. If you have any queries please contact Helen. Keep well.

Diane

Both articles, to follow, are from Dieticians that Diane and myself work within our units and I hope are of great interest to the members. The first is an article on dietary fibre and blood pressure. The second article is an overview of a Clinical Practice Improvement project that I am involved with here at TCH (The Canberra Hospital).



How dietary fibre could reduce blood pressure.

By Louise Smith,
Research Dietitian for the Centre for Diabetes and Endocrine Research (CDER)
Princess Alexandra Hospital, Brisbane.

A recent study conducted in the United States suggests that a diet rich in fibre might have a moderate effect in lowering blood pressure (1). The study involved 110 men and women with untreated high blood pressure. For three months the subjects were provided with either high or low fibre breakfast cereals and muffins. They were blinded to the fibre content. The subjects ate these items every day in conjunction with their usual diet. At the end of three months, the subjects who ate the high fibre breakfast cereals and muffins had moderately reduced their blood pressure without having lost weight or significantly changing their diet. We know from other studies that losing weight if overweight and changing to a diet high in fruit and vegetables can result in much larger reductions in blood pressure (2). The good news from this research is that even small changes in your diet can result in improvements in your blood pressure. Try eating rolled oats for breakfast or baked beans on wholemeal toast. Instead of cake or biscuits for morning or afternoon tea try eating a piece of fruit instead. During summer, add three bean mix or chickpeas to salads. And during winter try making your own vegetable soup including lentils or kidney beans.

Vegetable soup with kidney beans

3 tomatoes
2 large cans of crushed tomatoes
1 packet of vegetable dry soup mix
5 cups of water
1 bunch of spring onions
2 cups of green beans
3 green capsicums
1 kg of carrots
1 bunch celery
440 g can of kidney beans

- Chop all vegetables
- Drain kidney beans and wash under cold water
- Place chopped vegetables, water, soup mix, canned tomatoes and drained kidney beans into a large pot and stir
- Boil for 2 minutes
- Reduce heat and simmer until vegetables are to your liking

Soup can be kept in the fridge for up to four days or divide up in to individual serves and frozen.



1. He J, Streiffer RH, Muntner P, Krousel-Wood MA, Whelton PK. Effect of dietary fibre intake on blood pressure: a randomised, double-blind, placebo-controlled trial. *J Hypertens* 2004;22(1):73-80.
2. Appel LJ, Moore TJ, Obarzanek E, Vollmer WM, Svetkey LP, Sacks FM, et al. A clinical trial of the effects of dietary patterns on blood pressure. DASH Collaborative Research Group. *N Engl J Med* 1997;336(16):1117-24.

Clinical Practice Improvement Project - Dietetic advice to outpatients of The Canberra Hospital Renal Unit with hypertension

Controlling hypertension is the most important intervention to slow the progression of renal disease. Patients with chronic kidney disease are considered as in the highest risk group for cardiovascular disease. Hypertension is a risk factor for the progression of kidney disease and for cardiovascular disease.

All recent evidence based hypertension guidelines address lifestyle modification as an integral part of the management of hypertension. Australian guidelines as The National Heart Foundation of Australia Hypertension Management Guide for Doctors 2004 state that lifestyle modifications are the first-line intervention for high blood pressure management even where drug therapy is instituted. Effective nutritional and other lifestyle measures may abolish or reduce the need for anti hypertensive medication. Nutrition measures involve weight reduction, limitation of alcohol intake, reduced salt intake, reduced saturated fat intake, and increased fruit and vegetable consumption.

Dietary and other therapeutic lifestyle modifications are recommended as part of a comprehensive strategy to lower blood pressure and reduce cardiovascular risk in chronic kidney disease. Individuals with chronic renal disease have significant co-morbid conditions in addition to high blood pressure for which dietary modifications are recommended including diabetes, cardiovascular disease, obesity and hyperlipidaemia. Consultation with a dietitian is important in identifying the most important dietary modifications relevant to each individual patient and for monitoring outcomes and reinforcing appropriate dietary recommendations.

It was identified that outpatients of The Canberra Hospital Renal Unit with hypertension are not receiving dietetic advice. Dietitians reported that they did not receive any referrals for dietary advice on the basis of hypertension. Nephrologists stated that they did not refer any patients for dietary advice regarding the management of hypertension.

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Mission Statement

To increase by 100% within 6 months, the outpatients of The Canberra Hospital Renal Unit with hypertension (blood pressure > 140/90 mm Hg, excluding dialysis and diabetic patients) receiving dietetic advice.

A team was formed in March 2005 of people that have knowledge of the process to be improved and who represent groups likely to be affected by the project. Accordingly the team consisted of a senior dietitian from Acute Support, Community Health, ACT Health and a senior dietitian from Continuing Care, Community Health, ACT Health, a nephrologist from the Renal Unit at The Canberra Hospital and The Canberra Hospital Renal Unit Hypertension nurse.

Quality improvement tools were used to determine possible reasons for lack of dietetic consultation. A flow chart of patients' journey to consultation with a dietitian was the first step, followed by a cause and effect analysis and prioritisation of where to start the improvement effort.

Process improvement will not occur unless there is a change to the process. Changes are to be implemented and their effect tested. The effects of change will then be studied through analysing data collected to evaluate the success of an intervention. Further actions will be based on evaluation of the changes implemented.

Karen Corke
Dietician

I hope that you enjoy the latest newsletter and I do apologise for its lateness. The next Newsletter is planned for September.