Council on Cardiovascular Nursing

Program Committee Report
Marge Funk, PhD, RN, FAAN, FAHA

The Program Committee has been working hard to develop invited programs for Scientific Sessions 2008 to be held on Nov. 8–12, New Orleans, La. Programs include one Saturday Symposium, two Sunday Morning Programs, one Ask the Experts Session, one Audience Response Session, six to nine Cardiovascular Seminars, and eight How-To Sessions. We will also combine clinically focused invited presentations with oral research abstract presentations. The purpose of this format is to enhance the translational aspects of our research and the evidence base of our invited sessions, and to bring clinicians and researchers together. Session topics will be finalized after abstracts are accepted.

Tentative topics for the early evening Cardiovascular Seminars include:
- palliative care, cardiomyopathy, risk and causality, translational research, cardiovascular complications of recreational drugs, implanted cardiac devices in patients with heart failure, fetal programming, integrative therapies to manage anxiety, and management of sexual dysfunction. If relevant abstracts are accepted on any of these topics, we will consider converting these sessions to combined clinically focused invited presentations and oral research abstract presentations to be held during the day. In July, we will develop additional combined programs based on accepted abstracts.

Tentative topics for early morning How-To Sessions include managing children with pulmonary hypertension, promoting sleep in the cardiac patient, enhancing cardiovascular care using effective nurse-physician teams, providing vascular care for the cardiovascular clinician, organizing and providing international medical outreach for children with heart disease, organizing and delivering home care services for patients with heart failure, assessing outcomes in cardiovascular advanced practice nursing, and managing sedation for infants and children undergoing cardiac procedures.

We look forward to seeing Council members at Scientific Sessions. This year, please consider bringing at least one nurse who has never been to Sessions. The programs we offer should appeal to a broad spectrum of clinicians, researchers and educators whose work addresses the prevention and management of cardiovascular disease and stroke across the lifespan.

Pediatric Cardiovascular Nursing Subcommittee Report
Patricia O’Brien, RN, MSN, PNP

The research networking lunch with the theme of nurse-physician collaboration had excellent attendance and a very lively discussion about research issues. The multisite research project on feeding strategies in infants with single ventricle has enrolled over 110 infants with a goal of 150. Preliminary data is being analyzed, and enrollment should be complete by the end of the year.

A scientific statement on transitioning adolescents to adult care will be jointly sponsored with CVN and CVDY. The writing group has been formed and includes many nursing representatives. A scientific statement on anticoagulation issues in children with heart disease is being sponsored by CVDY and Kathy Hinoki, a member of the pediatric subcommittee, has been selected to participate in the writing group.

CVN Stroke Committee Report
Elaine Miller, DNS, RN, CRRN, FAHA, FAAN

Once again the State-of-the-Art Stroke Nursing Symposium, a preconference to the International Stroke Convention, was a great success with over 940 health professionals in attendance. Internationally recognized speakers presented the latest information on stroke and the delivery of quality care. Topics included “Nursing Care in the Acute Phase of Ischemic and Hemorrhagic Stroke,” “Primary and Secondary Stroke Prevention,” “Stroke Recovery, Rehabilitation and Community Integration,” and “Development of Acute Stroke Nursing Programs.” Program planning for next year’s symposium is already in progress and abstract submission takes place from June 16 to Aug. 11, 2008. Mark your calendar now for next year’s State-of-the-Art Stroke Nursing Symposium (San Diego, Feb. 17, 2009), which promises to be another exceptional educational experience.
Hispanic women have higher rates of cardiovascular disease (CVD) risk factors related to obesity and overweight, including hypertension, diabetes mellitus and physical inactivity, as well as higher CVD mortality rates, compared with non-Hispanic white women (Ogden et al., 2006). National data indicate that 69.3 percent of Hispanic women ages 20–39 are overweight or obese (BMI > 25), compared with 45.6 percent of non-Hispanic white women of the same age. Research on weight gain in young women suggests that childbearing may be an important contributor to the development of obesity in women (Centers for Disease Control and Prevention, 2006). Overweight Hispanic women tend to become more sedentary with time, attributing nonparticipation in physical activity programs to dangerous neighborhoods, lack of child care and lack of time (Gonzales & Keller, 2004). Few interventions have been designed specifically to foster physical activity among Hispanic women (Keller & Gonzales, in press; Keller & Trevino, 2001; Poston et al., 2003).

For many women, the postpartum period is characterized by a decrease in physical activity and increase in the likelihood of postpartum depression (PPD) symptoms. Depression is positively related to obesity during the postpartum period, although the exact sequence by which one affects the other has not been established. Walker (1998) found that in the early months following childbirth, weight and higher BMI were related to distress about weight, and further showed that women with more depressive symptoms had higher weight gain. Depressive symptoms can interfere with resumption of normal activity levels following childbirth or with the initiation of or adherence to physical activity programs essential for losing pregnancy weight (Beck, 2002). Although physical activity has well-established beneficial effects on weight management and depression, women tend to underparticipate or decrease physical activity during childbearing years. While social support is inversely related to PPD (Howell et al., 2005), it has been consistently and positively related to higher levels of physical activity. Evidence shows that when social support is present, time devoted to physical activity increases by 44 percent and the frequency of physical activity increases by 22 percent (Kahn et al., 2002).

Our research tests a social support intervention, “Madres para la Salud,” (Mothers for Health) to explore the effectiveness of a culturally specific program using “bouts” of physical activity to effect changes in body fat and PPD symptoms in sedentary Hispanic women. This innovative program has the potential to advance our understanding of the relationship between moderate increases in physical activity and outcome variables of PPD and specific cardiovascular variables. The study aims to: (1) examine the effectiveness of the culturally sensitive social support intervention; (2) test whether the theoretical mediators of social support and walking dose, and environmental factor moderators, effect changes in the outcome variables; and (3) determine the dose-response relationship between minutes walked per week and changes in the outcome variables.

A prospective, randomized, controlled trial guides our study. Sedentary Hispanic women, ages 18 to 35, and between six weeks and six months following childbirth, are randomly assigned to the intervention or attention-control group. The intervention group has weekly walking sessions and support interventions with promotoras, Hispanic community lay health workers. This project tests an intervention that can be integrated into the daily lives of Hispanic women following childbirth, and responds to gaps in the research in four areas: 1) examining the behavioral setting of the walking protocol in a community-based setting, 2) using a culturally specific social support mechanism for increased walking effectiveness in Hispanic women, 3) testing the mechanisms for improvement in critical outcomes related to overweight- and obesity-based cardiovascular risks in a vulnerable group, and 4) testing the dose-response of movement from sedentary activity to moderate-intensity activity on critical outcomes.

References


