



Coronary Heart Disease and Exercise in ABORIGINAL AND TORRES STRAIT ISLANDER POPULATIONS

Using exercise in the treatment of coronary heart disease (CHD) for Aboriginal and Torres Strait Islander patients

Benefits of exercise in CHD treatment:

- Helps maintain or achieve a healthy weight
- Reduces blood pressure
- Reduces bad cholesterol (LDL and total) and increases good cholesterol (HDL)
- Prevents blood vessels from narrowing further
- Prevents blood clotting
- Helps maintain a normal heart rhythm



Precautions for patients with CHD when starting an exercise program:

Patients should not start an exercise program if:

- The chest pain has been progressively getting worse. For example, shorter distances causes chest pain or the severity of the pain becomes worse
- The chest pain happens at rest
- Chest pain happens at a consistent distance of walking, context or activity
- The chest pain has not changed, or become more painful
- The chest pain lasts no more than five minutes, and goes away with rest

Patients experiencing stable chest pain may start an exercise program if:

- No chest pain occurs at rest

If concerned about exercise safety, consult a general practitioner or an accredited exercise physiologist before starting a new exercise regimen

Exercise recommendations for health professionals working with Aboriginal and Torres Strait Islander CHD patients

- Group exercise (e.g. walking groups) may be more effective in increasing physical activity than individual exercise plans
- Gender specific exercise groups may have better uptake than mixed groups
- Team based sports in the community may encourage regular physical activity

| TYPE OF EXERCISE | INTENSITY | DURATION | FREQUENCY |
|---|--|---|-------------------|
| Aerobic e.g. walking, swimming | Moderate requires some effort, however the patient should still be able to talk while exercising | 30-60 min per day Can be broken into shorter 5-10 min sessions throughout the day | 3-5 days per week |
| Strength Conditioning e.g. weights exercises | Weights should be light enough to lift 12-15 times | Exercises for all major muscle groups at 8-10 repetitions making 1 set Start with 1 set and increase to 3 sets gradually **Avoid static/isometric exercises | 2-3 days per week |



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Identifying patients at higher risk of CHD in Aboriginal and Torres Strait Islander communities

Gender

- Females are more likely to have cardiovascular disease than males in the Aboriginal and Torres Strait Islander population.

Age

- Aboriginal and Torres Strait Islander patients are at higher risk of their first cardiac event occurring at a younger age. In an Aboriginal specific cohort research study, the average age of the first cardiac event was 50 years old.

Location

- Aboriginal and Torres Strait Islander patients living in remote locations were more likely to have cardiovascular disease than people living in non-remote places.

Smoking Habits

- Smoking significantly increases the likelihood of a cardiac event. Smoking status should be checked by health professionals at each visit.

Waist Circumference (WC)

- WC is a good measure of visceral fat which is more predictive of cardiovascular disease than fat distributed on the extremities
- Male patients with a WC greater than 102 cm are at high risk for cardiovascular disease
- Female patients with a WC greater than 88 cm are at high risk for cardiovascular disease



Important points when talking about CHD with Aboriginal and Torres Strait Islander patients

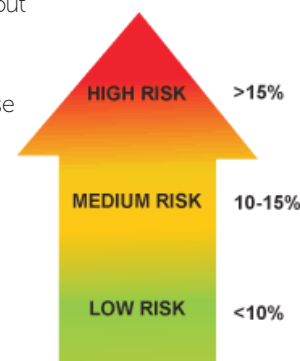
- Have patients repeat back to you their understanding of CHD and any medications they are taking
- Teach patients to recognise emergency cardiac symptoms that require immediate medical attention
- Explain that cardiac symptoms can present as nausea, shortness of breath, jaw pain, abdominal pain, or extreme fatigue even without chest pain.
- Make a plan together about how to get to an emergency room if these symptoms happen. Start with calling 000 (triple zero).
- Talk about small lifestyle changes in physical activity and diet for the patient to action

Assessing the risk of a cardiovascular event

Australian Absolute Cardiovascular Disease Risk Calculator www.cvdcheck.org.au

Starting at age 35 for Aboriginal and Torres Strait Islander patients without any known cardiovascular disease

Estimates the minimum risk of developing cardiovascular disease in the next 5 years



References and further information:

Exercise is Medicine Australia: www.exerciseismedicine.com.au

Heart Foundation: www.heartfoundation.org.au/for-professionals/aboriginal-health

Find an Accredited Exercise Physiologist: <http://essa.org.au>

1. Wang, Z., & Hoy, W. E. (2013). Lifetime risk of developing coronary heart disease in Aboriginal Australians: a cohort study. *BMJ Open*, 3(1), e002308. doi:10.1136/bmjopen-2012-002308

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 5. Mayo Clinic Staff. "Angina Symptoms." *Mayoclinic.org*. 2015. Web.

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