Thursday, October 25

18:30  PUBLIC FORUM: Improving Access and Participation of Women in Cardiac Rehab: Observations from the ECHO Project
Dr. Tracey Colella, RN ACNP PhD
Advanced Practice Leader, Cardiac Rehab Program, UHN - Toronto Rehab
Moderator: Dr. Paul Oh
Location: TBA
Sponsored by: Cardiac Health Foundation of Canada

This session will provide an insight into the barriers that women face in accessing and participating in cardiac rehab. A patient story to illustrate this theme will be presented and audience members will be invited to contribute their experiences and perspectives. Findings from a provincial project funded by ECHO examining access to cardiac and stroke rehab will be discussed – this will include a literature synthesis, focus groups of patients and professionals. Audience members will be invited to provide advice and feedback to the study findings. A synthesis of the evening will be presented to the CACR, CRNO and CCN for policy and practice considerations.

Tracey JF Colella is the Advanced Practice Leader in the Cardiac Rehabilitation & Secondary Prevention Program at Toronto Rehab/University Health Network. Her role supports the integration of best practice, research and promotes inter-professional collaborative practice to ensure optimal patient outcomes. She is a cardiovascular acute care nurse practitioner and completed her PhD in Nursing at the University of Calgary where her dissertation focused on "The effect of a professionally-guided telephone peer support intervention on early recovery outcomes following coronary artery bypass graft surgery: A randomized controlled trial". Other research interests include gender differences and access to rehabilitation services, secondary prevention of chronic diseases, health services utilization and psychosocial outcomes. She is an Associate Professor in the Bloomberg Faculty of Nursing at the University of Toronto.

Friday, October 26

08:30 - 17:00  CACR ANNUAL BOARD OF DIRECTORS MEETING

19:00 – 21:00  Workshop: Increasing Awareness, Developing Advocacy, Influencing Policy
Sponsored by Cardiac Health Foundation of Canada
Moderator: Dr. Paul Oh
Speakers: Mr. Alex Holton (Ride for Rehab), Dr. Andrew Pipe (Champlain Cardiovascular Disease Prevention Network) Dr. Nick Giacomantonio (The Heartland Tour)
Location: MTCC, Rm 801 AB
Sponsor: The Cardiac Health Foundation of Canada

Overall Summary
This session will provide different perspectives and experiences in creating awareness of the importance of healthy living, cardiac rehabilitation and cardiovascular health. Each of the presenters has been a passionate advocate for promoting healthy lifestyles and has had success in engaging the public, media and decision makers in implementing meaningful change and developing programs across the country. The findings from the Ontario Integrated Vascular Strategy that encompasses recommendations for health system evolution across the continuum to improve cardiovascular health will be presented.

In 2006 at age twenty three, Alex Holton underwent emergency open heart surgery to repair an eight centimeter aortic dissection. Following the procedure he struggled with depression, feelings of inadequacy, and uncertainty regarding how to return to a normal, active life. After discussing these issues with his cardiologist Alex was referred to the cardiac rehab program at the Toronto Western Hospital. There he found a safe, encouraging, and judgment free space full of people with similar experiences to his own.
For Alex, cardiac rehab was a place where the issues and feelings surrounding his health could be normalized and addressed. The experiences and tools Alex gained through cardiac rehab inspired him and his partner Vanessa Parlette to organize and execute, The Ride for Rehab: A 7260 km cross-Canada cycling trip, raising funds for the Cardiac Health Foundation of Canada and connecting cardiac rehab centres from Vancouver, British Columbia to St John’s, Newfoundland. This journey took place between May and September, 2011 and raised a total of $33,792.36 for the CHFC.

Presentation Summary - The Ride for Rehab: A 7260 km journey to good health
Alex Holton will give a verbal and visual summary of the Ride for Rehab and the process of mounting a patient led advocacy and fundraising campaign.

Objectives of Session
1. To provide a patient’s perspective on the benefits of Cardiac Rehab and its implementation coast to coast.
2. Give first hand perspective into the challenges of organizing and executing the Ride for Rehab awareness and fundraising campaign.
3. Speak to the benefits and effectiveness of patient-led campaigns.

Dr. Andrew Pipe graduated from Queen’s University in 1974. Currently Chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute, Dr. Pipe is a Professor in the Faculty of Medicine at the University of Ottawa. He is currently involved in clinical research assessing new approaches to smoking cessation, strategies designed to facilitate exercise adoption, and novel initiatives to prevent cardiovascular disease. Dr. Pipe has addressed audiences in over 30 nations and is frequently consulted on issues related to tobacco use and smoking cessation, drug use in sport, and physical activity and health.

In addition to his clinical responsibilities, Dr. Pipe has been extensively involved in sports and sport medicine for many years. He is currently President of the Commonwealth Games Association of Canada. Dr. Pipe served as a physician at 8 Olympic Games and has been the Team Physician for Canada’s National Men’s Basketball Team since 1978. A member of the Canadian Olympic Hall of Fame, he served as Chair of the Canadian Centre for Ethics in Sport from its inception until 2003.

Dr. Pipe is the recipient of the International Olympic Committee’s Award for “Sport, Health and Wellbeing” and honourary degrees from Queen’s University (LLD), Brock University (DSc) and University of Guelph (DSc). He was formerly Vice Chairman of the Board of Trustees at Queen’s University. In 2002 he was named to the Order of Canada.

Presentation Summary - Advocacy in Action: The CCPN Experience
The role of advocacy in transforming understanding and community and professional behaviour will be addressed using the experience of the Champlain Cardiovascular Disease Prevention Network (CCPN). An understanding of ‘local’ epidemiology is essential to the provision of programmes that meet the community’s needs.

Objectives of Session
At the conclusion of the session, participants will:
1. Appreciate the role of advocacy in achieving health goals and influencing the social environment of public policy;
2. Appreciate that advocacy is a fundamental component of professional behavior;
3. Appreciate the opportunities afforded to us all to be “health advocates”;
4. Appreciate the role that Cardiac Rehabilitation programmes can play in influencing professional practice, community behaviours and public health.

Saturday, October 27

07:30 – 08:15 KELLOGG’S BREAKFAST EVENT
Hall G - Level 8000

08:15 – 09:30 Conference Opening Remarks – Bob Reid, CACR President, Paul Oh, Conference Chair
Nutrition Symposium: Cholesterol-lowering properties of soluble fibres: Application of psyllium, barley and oat fibres
Speaker: Dr. Todd Rideout, University of Buffalo
Location: MTCC Rm 801 AB

Dr. Rideout is an assistant professor in the Department of Exercise and Nutrition Sciences at the University at Buffalo
and serves as an adjunct professor in the Department of Human Nutritional Sciences at the University of Manitoba. After completing his Doctorate at the University of Guelph, Dr. Rideout initiated a post-doctoral fellowship at the University of Manitoba’s Richardson Centre for Functional Foods and Nutraceuticals. Dr. Rideout’s current research interests focus on diet and nutraceutical-based strategies that effectively prevent and treat dyslipidemia and associated arterial health conditions. Dr. Rideout has specific interest in examining the lipid-lowering effects of combination diet therapies and in identifying patient-specific factors that influence the variable responsiveness of blood lipids to the consumption of dietary bioactive compounds.

Presentation Summary
Cardiovascular disease is the second leading cause of death among Canadians. Given that life-style interventions, such as diet and exercise, serve as initial treatments for hypercholesterolemia, identifying dietary constituents that facilitate efficacious reductions in circulating LDL-cholesterol is a high research priority. For example, fibre is a nutrient that is most often associated with beneficial effects on laxation. However, specific dietary fibres from barley, oats and psyllium have been shown to elicit benefits that extend beyond bowel regularity by inducing clinically relevant reductions in circulating LDL-cholesterol levels. In addition, various jurisdictions, including the Government of Canada, have recognized the cholesterol-lowering properties of psyllium, barley and oat fibres and have permitted the use of health claims that permit their hypocholesterolemic effect to be displayed on food labels. Recent research has demonstrated that food-based cholesterol-lowering therapies can act as adjuncts to pharmacological cholesterol-lowering medications and facilitate greater clinical outcomes than when either therapy is utilized independently. The clinical utility of psyllium, barley and oat fibres in reducing cholesterol will be enhanced from current research aimed at identifying the underlying genetic and metabolic basis for hypercholesterolemia and subject specific responses to lipid-lowering therapies.

Objectives of Session
1. Inform Canadian healthcare practitioners of the practical application of oat, barley and psyllium fibres for facilitating clinically relevant reductions in LDL-cholesterol.
2. Discuss fibre-induced cholesterol-lowering mechanisms of action.
3. Provide information regarding methods for identifying foods containing efficacious levels of psyllium, oat and barley fibres as well as government regulations for foods that carry a cholesterol-lowering health claim that is based on fibre content.
4. Discuss the use of psyllium, barley and oat fibres as adjuncts to cholesterol-lowering medications and food-derived bioactives as well as personalized therapy.

9:30 - 10:30 20th ANNUAL TERRY KAVANAGH LECTURE
Sponsored by Cardiac Health Foundation of Canada
Topic: "Marathon Running and Cardiovascular Health: The Risk-Protection Paradox"
Speaker: Dr. Barry Franklin, William Beaumont Hospitals, Royal Oak, Michigan
Moderator: Dr. Bob Reid
Location: MTCC Rm 801 AB

Barry Franklin, Ph.D., MAACVPR, FACSM, FAHA is Director of Preventive Cardiology and Rehabilitation, William Beaumont Hospital, Royal Oak, Michigan, and Professor of Internal Medicine and Biomedical Engineering, Oakland University William Beaumont School of Medicine, Rochester, Michigan, USA. He has served as president of the American Association of Cardiovascular and Pulmonary Rehabilitation (1988-1989) and of the American College of Sports Medicine (1999-2000). He is a past chair of the American Heart Association (AHA) Council on Nutrition, Physical Activity and Metabolism and the AHA Advocacy Coordinating Committee. Recently, he completed his 2-year tenure as a member of the AHA national Board of Trustees and Administrative Cabinet. He is a past editor in chief of the Journal of Cardiopulmonary Rehabilitation and currently holds editorial appointments with 15 other scientific and clinical journals, including the American Journal of Cardiology, Sports Medicine, American Journal of Health Promotion, and The Physician and Sportsmedicine. Dr. Franklin has written or edited more than 500 scientific and clinical publications, including 25 books. Since 1976, he has given over 1,000 invited presentations to state, national and international, medical and lay audiences.

Presentation Summary
This presentation will provide an overview on the evolution of marathon running with specific reference to the pathophysiologic mechanisms underlying exertion-related acute cardiac events, unequivocal evidence of atherosclerotic coronary artery disease in marathon runners, as well as the absolute and relative risks of this popular recreational activity. The value of routine exercise testing prior to participation, AED accessibility, CPR trained staff, and prophylactic practices (e.g., a high density of emergency staff strategically placed over the last quarter of the race) will also be discussed.

Objectives of Session
1. To review numerous reports that have now discounted the ‘Bassler hypothesis’ that marathon running may promote ‘immunity to coronary heart disease.’
2. To summarize relevant data highlighting the relative and absolute risks (i.e., fatal and non-fatal cardiac events) associated with marathon running.
3. To highlight the inverse relationship between cardiorespiratory fitness, expressed as METs, and all-cause and cardiovascular mortality, with specific reference to a “plateau of gain” beyond which further improvements in aerobic capacity convey little or no additional survival benefits.

4. To detail several recent reports which suggest that extreme exercise (marathon running), at least in some individuals, causes acute right heart overload and biochemical evidence of transient myocardial injury or damage.

5. To review potential strategies/interventions (e.g., pre-race aspirin administration) to reduce the likelihood and severity of exertion related cardiovascular complications.

**10:30 - 11:30 Posters, Displays and CACR Showcase**

**Location:** Foyer outside Rm 801 AB

1. A Patient Navigation Intervention Improved Enrollment in Outpatient Cardiac Rehabilitation: Results from a Randomized Controlled Trial  
   Shannon Gravely
2. Correlates of Smoking Cessation in Smokers with Cerebrovascular Disease  
   Rojimiah Edjoc
3. Referral to Cardiac Rehabilitation Following Revascularization in Ontario  
   Scott Brady
4. Satisfaction and Preference for Cardiac Rehabilitation Program Models Among Female Participants  
   Megan Cahill
5. Burden, Screening, and Treatment of Psychosocial Distress Among Women in Cardiac Rehabilitation  
   Megan Cahill
6. Exercise and Cardiac Rehabilitation Awareness, Knowledge and Behaviour Among Ambulatory Heart Failure Patients  
   Vicki Wang
7. Cardiovascular Conditions and Non-Cardiac Medical Comorbidities Respond Less Favourably to Stress Reduction Programs  
   Gerhard Dashi
8. The Prevalence and Impact of ADHD among Cardiac Rehabilitation Patients: A Pilot Study  
   Lauren Finkler
9. Change in Blood Lipid Profile Immediately following Cardiac Rehabilitation and at One Year Follow-up  
   Brenda Marra
10. Exercise and Hemodialysis: Determining the Availability of Exercise Rehabilitation Programs in Dialysis Centres Across Canada  
    Jonathan Lui
11. Exercise Adherence in People with Heart Failure: Applying the Theory of Planned Behaviour  
    Leslie Wilson
12. Psychosocial Triage System for Cardiac Rehabilitation: Save Time and Resources  
    Heather Tulloch
13. The Champlain Declaration: Mobilizing School Communities in the Creation of Healthy School Nutrition Environments  
    Laurie Dojeiji
14. Neighborhood Walkability and Physical Activity Among Family Members of People with Heart Disease who Participated in a Randomized Controlled Trial of a Behavioral Risk Reduction Intervention  
    Dana Riley
15. Gender Differences in the Association Between Depressive Symptoms, Health Related Quality of Life and Sleep Difficulties Among Participants of a Cardiac Rehabilitation Program  
    Hailey Banack
16. The Pre and Post Test Comparative Results of Two Predictive Tools Used to Estimate Functional Capacity; the 6MWT and the DASI  
    John Silbernagel
17. Improving Weight Loss Outcomes in Cardiac Rehabilitation  
    Judith Francis
18. Sustaining Cardiac Rehabilitation Outcomes over the Long Term: Can Program Entry Models Have an Influence?  
    David Kent
19. Sensitivity, Specificity, Positive Predictive Value, and Negative Predictive Value of an In-Hospital Test to Identify Previously Undiagnosed Dysglycemia  
    Jana Kocourek

**11:30 - 12:30 WORKSHOP SESSION 1 (choose one)**

1. Why are Women Still Missing from Cardiac Rehabilitation Programs?  
   Enhancing the Participation of Women in Cardiac Rehabilitation – Tracey Colella (Toronto), Judith Francis (London)
Tracey JF Colella is the Advanced Practice Leader in the Cardiac Rehabilitation & Secondary Prevention Program at Toronto Rehab/University Health Network. Her role supports the integration of best practice, research and promotes inter-professional collaborative practice to ensure optimal patient outcomes. She is a cardiovascular acute care nurse practitioner and completed her PhD in Nursing at the University of Calgary where her dissertation focused on "The effect of a professionally-guided telephone peer support intervention on early recovery outcomes following coronary artery bypass graft surgery: A randomized controlled trial". Other research interests include gender differences and access to rehabilitation services, secondary prevention of chronic diseases, health services utilization and psychosocial outcomes. She is an Associate Professor in the Bloomberg Faculty of Nursing at the University of Toronto.

Judith Francis is a clinical psychologist in the LHSC Cardiac Rehabilitation and Secondary Prevention Program in London, ON. In addition to providing psychological services to cardiac patients she has facilitated support groups for women in the program for the past 10 years. She contributed the section on women and heart disease to the most recent edition of the CACR guidelines.

**Presentation Summary**
Cardiovascular disease continues to be among the leading causes of morbidity, mortality, and health care costs among men and women globally. There is compelling evidence that women are significantly underrepresented in Cardiac Rehabilitation (CR) programs, which have been shown to reduce recurrent cardiac events and related premature death. The preponderance of evidence shows that approximately 15-30% of eligible patients participate in CR, with the rate for women being much lower at 11-20%.

A cross-province expert panel was developed in order to examine the current state of knowledge regarding cardiac secondary prevention and rehabilitation services available to women in Ontario. A three-phase approach was adopted which included the completion of a systematic review examining current best practice and factors affecting women’s referral, enrolment and participation in CR. Phase 2 entailed the completion of an environmental scan (from the health care provider perspective) which examined the current state of Ontario’s system to provide CR services to women and phase 3 investigated the opinions of health care consumers by exploring women’s experiences through focus group methodology.

This workshop will provide an overview of key findings, resulting recommendations, policy changes and potential demonstration projects where future investment may have the greatest likelihood to impact women’s access and participation in CR. An interactive approach will facilitate audience discussion regarding their challenges and successes in meeting the needs of special populations within the context of CR programs across Canada.

**Objectives of Session**
1. Identify the key outcomes related to each phase of study (funded by Echo: Improving Women’s Health in Ontario) regarding women’s access and participation in CR programs across Ontario
2. Understand the factors associated with women’s under-utilization of CR services (i.e. barriers to referral, enrolment and participation), key recommendations and potential demonstration projects to facilitate infrastructure at system and program levels
3. Identify and share strategies, challenges and successes from various program perspectives in order to positively impact women’s cardiac health and rehabilitation.

2. *Rehab meets the Heart Failure Patient- LVAD, ICD, and all: What to be concerned about and What not —* Ted Fenske, Leslie Wilson (Edmonton)

A University of British Columbia medical graduate, Ted Fenske is a Clinical Professor with the Division of Cardiology at the University of Alberta, Staff Cardiologist at the C.K. Hui Heart Centre, and Director of Cardiac Rehabilitation for the Northern Alberta Program. He has fellowship training in echocardiography and has been the Principal Teaching Physician at the Royal Alexandra Hospital. His passion is preventative cardiology demonstrated by his involvement in a number of public forums and by his authorship of While You Quit: A Smoker’s Guide to Reducing the Risk of Heart Disease and Stroke, © 2009, and While You Diet: The Skinny on Reducing Your Risk of Heart Disease and Stroke, © 2012. Formerly from Vancouver, he is proud to call Edmonton “home” where he lives with his wife, Tanya, and three sons, Oliver, Cameron, and Joel.

Dr. Fenske will be joined by members of the Northern Alberta Cardiac Rehabilitation team during the presentation for provision of a broad range of clinical experience during the discussion opportunities.

Leslie is the Program Manager for the Northern Alberta Cardiac Rehabilitation Program (NACRP). She holds a MSc. in Health Promotion from the University of Alberta, with her master’s thesis addressing those factors significantly affecting behavioral change in people with heart failure.

Leslie began her career in Kinesiology and Cardiac Care in the 90’s after graduating with honours in Kinesiology from University of Victoria. As an ACSM Exercise Specialist, she worked with the Canadian Society of Exercise Physiologists to create the cardiac...
portion of the CEP certification. Leslie is passionate about the promotion of Kinesiology and as such has devoted 5 years to the Alberta Kinesiology Association board as Treasurer and President.

Leslie is thrilled to be working with the NACRP and the Edmonton Zone Cardiac Sciences team to redesign CR services within the Edmonton Zone and open a new CR site dedicated to high risk populations. As an advocate of health promotion, Leslie seeks to promote economically responsible health care, healthy public policy and community engagement for those patients and their families with heart disease.

Presentation Summary
Present four challenging clinical scenarios involving new and complex patient groups, outlining for each the beneficial role that cardiac rehabilitation can play in their management, the practical clinical concerns to be aware of, and patient goals to focus upon.

Objectives of Session
1. Participants will review the beneficial role of cardiac rehabilitation for the expanding complex patient population, understand the key clinical concerns for delivering rehab medicine to these groups, and explore together strategies for optimizing patient-centered goals.

3. Exercise Recommendations to Optimize Outcomes after Stroke – Marilyn MacKay-Lyons (Halifax)
Location: MTCC Rm 803 B

Dr. MacKay-Lyons received her BSc (Physical Therapy) from University of Toronto, MSc (Physical Therapy) from University of Southern California, and PhD (Physiology) from Dalhousie University. She is an Associate Professor in the School of Physiotherapy, Dalhousie University, Nova Scotia, Canada and an Affiliated Scientist with the Capitol District Health Authority, and holds cross-appointments in Dalhousie University Department of Medicine and IWK Health Centre. Dr. MacKay-Lyons has extensive clinical and research experience in neuro-rehabilitation. Currently, she is leading a large multi-site clinical trial on the role of exercise and education on secondary stroke prevention and is lead author of best practice recommendations for the clinical application of aerobic exercise in stroke rehabilitation. Dr. MacKay-Lyons is on the Board of Directors of the Canadian Stroke Network, member of the Advisory Board of the Advisory Board of the Institute of Circulatory and Respiratory Health, Canadian Institutes of Health Research, Chair of the Scientific Advisory Committee and Chair-Elect of the HSFC Nova Scotia Advisory Board, and an associate editor of Physiotherapy Canada and the Hong Kong Physiotherapy Journal. She has received several awards including the Enid Graham Memorial Lectureship, Life Membership in the Canadian Physiotherapy Association, Canadian Progress Club Women of Excellence Award for Research, and Dedicated Service Award from the Heart and Stroke Foundation of Canada.

Presentation Summary
Despite low cardiovascular fitness levels of people after stroke, stroke-specific screening and exercise prescription protocols are not available. Lack of clear direction means that individuals post-stroke are currently being deprived of an intervention of demonstrated potency to restore and maintain physical and mental functions. This presentation will provide a case-based overview of the Aerobic Exercise Recommendations to Optimize Best Practices In Care after Stroke (AEROBICS). Eighteen evidence-based recommendations (7 related to screening and testing and 11 to exercise prescription) constitute the AEROBICS document. These are the first guidelines to address aerobic screening and exercise and have potential to promote safe and effective long term exercise for stroke survivors.

Objectives of Session
1. To review key benefits of aerobic exercise and physical activity after stroke.
2. To outline the new recommendations for screening and prescription of aerobic exercise after stroke.
3. To identify strategies for clinical implementation of the recommendations

4. Recommandations des exercices pour optimiser les résultats après un AVC – Marc Laflamme (Ottawa)
Location: MTCC Rm 810

Marc Laflamme est un physiothérapeute qui travaille au Centre de prévention et de réadaptation Minto de l’Institut de cardiologie de l’Université d’Ottawa depuis l’an 2000. Il enseigne aussi la Réadaptation cardiaque au niveau de la Maîtrise à l’Université d’Ottawa. En plus de ses baccalauréats en Sciences de l’activité physique et en Physiothérapie, il détient une certification comme Spécialiste clinique de l’exercice du American College of Sports Medicine, et plus récemment, il a obtenu son certificat en Counseling intensif d’arrêt du tabagisme de l’Université de Toronto, en plus de trois spécialisations, par l’entremise du projet TEACH. Marc œuvre dans le domaine de la santé et de l’activité physique depuis presque 20 ans et continue à encourager ses clients à adopter un mode de vie sain.

Sommaire de la présentation
Offrir un survol des nouvelles recommandations AEROBICS (Aerobic Exercise Recommendations to Optimize Best Practices In Care after Stroke).
Objectifs de la session
1. Promouvoir l’implantation d’interventions visant l’exercice aérobique suite à un événement cérébrovasculaire en faisant part aux professionnels de la santé des meilleures pratiques basées sur la recherche en matière de réadaptation cardiovasculaire, pour ainsi permettre le développement de protocoles cliniques pour améliorer la forme physique suite à un AVC.

12:30 - 14:00 Lunch (provided)
CACR ANNUAL GENERAL MEETING
Walk of Life Presentations and Graduate Scholarship Awards
Awards sponsored by Cardiac Health Foundation of Canada
CACR Leadership Awards
Location: MTCC Rm 801 AB

Posters, Displays and CACR Showcase
Posters, Displays, Showcase area open Saturday 09:30 - 16:30; Sunday 09:30 - 13:00

14:00 - 15:00 CONCURRENT ORAL SESSIONS (3)
CACR Annual Scientific Oral Presentations (9) (determined through abstract competition)

Group 1: MTCC Rm 802 AB
Effect of Cardiac Rehabilitation Referral Strategies on Utilization Among Men and Women
Shannon Gravely
Cardiac Rehabilitation Program Outcomes: Preliminary Findings from a Systematic “Dillman” – Based Follow-up Pilot Project
Patricia O’Farrell
Distinct Trajectories of Steps Per Day During and After Cardiac Rehabilitation: Results from the Social Ecological Correlates During and After Cardiac Rehabilitation (Search) Trial
Chris Blanchard

Group 2: MTCC Rm 810
Is Social Desirability Associated with Self-Reported Physical Activity in Cardiac Patients?
Darren Mercer
The Effect of Cardiac Rehabilitation on Heart Rate Recovery Differs According to Sex
Annalise Corcelii
The Association between Physical Activity and Depression after Cardiac Surgery
Scott Kehler

Group 3: MTCC Rm 801 AB
Differences in Social Cognitive Correlates of Cardiac Rehabilitation Exercise Adherence as Function of Problem-Solving Style
Parminder Flora
Randomized Control Trial to Assess the Efficacy of Automated Telephone Follow-up for Smoking Cessation Following Hospitalization: Main Outcomes and Predictors of Long-Term Cessation
Kerri-Anne Mullen
Development and Psychometric Validation of a New Tool to Assess Educational Needs in Cardiac Rehabilitation Patients
Gabriela Ghisi

15:00 – 15:30 Posters, Displays and CACR Showcase
Posters, Displays, Showcase area open Saturday 09:30 - 16:30; Sunday 09:30 - 13:00

15:30 - 16:30 WORKSHOP SESSION 2 (choose one)

1. Exercise Prescription in Lower Intensity Populations – Rick Stene (Saskatoon), Marja-Leena Keast (Ottawa)
Location: MTCC Rm 803 B

Rick Stene has worked in the field of Cardiac Rehabilitation and Chronic Disease management for the past 30+ years. 5 years at the Kinsmen Rehfit centre in Winnipeg and over 26 years as a manager with the Saskatoon Health Region. He is an Associate Clinical Professor in the College of Kinesiology and lecturer in the College of Medicine and School of Physical Therapy; co-authored the first CACR guidelines; and was actively involved in the ACSM ES certification in Western Canada. He feels fortunate to have the opportunity to “wear a number of hats”: working within an acute care teaching hospital, developing and coordinating a wide variety of community based CDM – Exercise programs for the health region (Cardiac Rehabilitation, Pulmonary Rehabilitation,
Diabetes, Diabetes prevention, Chronic Kidney Disease, Heart Failure clinic, rural programs, home programs), and having a close association with the university and students.

Marja-Leena is a physiotherapist and ACSM exercise specialist, who was born in Finland and graduated from Physiotherapy School in Helsinki, Finland in 1976. She worked as a physiotherapist in Finland, Sweden and England, where she also studied special education and dance therapy. After moving to Canada in 1981 she joined the Cardiac Rehabilitation Team in the Heart Institute in 1984. She has worked both in the inpatient and outpatient Cardiac Rehabilitation setting and has extensive experience in the assessment and treatment of the outpatient Cardiac Rehabilitation clientele presenting various conditions. As well as her clinical work, she has been involved in the Physiotherapy student education, staff education, research, program restructuring and quality assurance. Marja-Leena is currently involved with research on Nordic Walking in CHF population and the use of 6 minute walk testing in the Cardiac Rehabilitation setting. She is also a certified Nordic Walking instructor.

Presentation Summary
This presentation will review exercise prescription for cardiac patients without Treadmill testing. It will review the current literature practical examples from the Ottawa Heart program and the Saskatoon Health Region’s program. Time will be left at the end for comments and discussion.

Objectives of Session
1. To understand rationale for routine entry Graded Exercise Testing (GXT) to Cardiac Rehabilitation.
2. To Review the current literature on exercise prescription without GXT.
3. To present case studies to promote group discussion.

2. Measuring and Modifying Self Efficacy – Larry Brawley (Saskatoon), Mary Forhan (Toronto)
Location: MTCC Rm 810

Lawrence R. Brawley (PhD) is a Tier 1 Canada Research Chair in Physical Activity for Health Promotion and Disease Prevention at the University of Saskatchewan. His research concerns the social psychology of adherence to physical activity. Specifically, he has investigated individual difference moderators of self-regulatory efficacy, b) the effect of self-regulatory efficacy on persistence, c) understanding/ changing maintenance physical activity, d) establishing generalizability of a group-mediated cognitive behaviour change interventions, and e) successfully using messages to persuade individuals to be more active. He is interested in translating this knowledge into best practice for both asymptomatic and symptomatic individuals.

Dr. Brawley’s research is funded by CIHR, the Saskatchewan Health Research Foundation, and SSHRC. He has been actively conducting social-behavioural research with the collaboration of the Saskatoon Health Region’s cardiac rehabilitation program for the last 7 years as well as with investigators involved in similar intervention research in the USA.

Dr. Mary Forhan is a post-doctoral research fellow supported by a Junior Personnel Award from the Heart and Stroke Foundation of Canada. Mary is an occupational therapist by training with clinical and research experience in the areas of rehabilitation science, quality of life research, and health services research with a focus on chronic disease prevention and management. Mary has a PhD in Rehabilitation Science. Her current research is exploring factors contributing to treatment adherence in cardiac rehabilitation for patients with obesity and diabetes.

Parminder K. Flora (MA - Toronto) is completing her PhD in the College of Kinesiology, University of Saskatchewan. She is a recipient of a 2012 CACR award for her dissertation research on social problem-solving effectiveness among cardiac rehabilitation initiates facing the problem of exercises lapses and will be speaking about this work at this year’s CACR conference. She also recently presented about some of her problem-solving research at the World Congress on Active Aging in Glasgow, Scotland.

Parminder is the research coordinator of a cognitive-behavioural counselling intervention currently being conducted for cardiac rehabilitation in Saskatoon. She has been directly involved in developing the materials for and delivering the counselling to intervention participants.

Presentation Summary
Adherence to physical activity for patients in a cardiac rehabilitation program (CRP) is critical for three important reasons. These are achieving a reduction in cardiac risk factors in the shorter term, reducing hospital readmission rates, and increasing survival in the longer term. Strong evidence suggests that self-efficacy beliefs predict patients’ relative success in adherence to CR exercise. Understanding that self-efficacy beliefs are markers of different aspects of CRP experience is important for practitioners and researchers in cardiac rehabilitation. Self-efficacy beliefs can concern individuals’ confidence in executing different skills and abilities related to cardiac rehabilitation such as a) completing prescribed exercise, b) regulating CRP attendance and adherence to home-based activity, and self-managing cardiovascular disease. CR participants’ confidence in these skills can vary and thus influence their motivation to adhere and how they feel and think about exercise as they pursue this lifestyle change. This interactive workshop will provide opportunities for participants to identify aspects of self-efficacy critical to the motivation to adhere to CR physical activity. Different measures of self-efficacy that would be useful as markers of progress will be discussed for a) the
exercise regimen, b) adherence to behavior change and potential dropout risk. Finally, counseling strategies delivered within CRP that increase self-efficacy for independently managing exercise and for sustaining this change after CRP will be offered.

Objectives of Session
1. Develop a working understanding about different self-efficacy beliefs
2. Demonstrate the value of measuring self-efficacy in the clinical environment
3. Increase awareness about methods used to measure self-efficacy
4. Identify ways in which to influence self-efficacy with clients

3. Exercise and Atrial Fibrillation – Nick Giacomantonio (Halifax), Darren Warburton (Vancouver)
Location: MTCC Rm 801 AB

Dr. Nicholas Giacomantonio received his MD from Memorial University. He took internal medicine and Cardiology at Dalhousie and joined the Dalhousie staff in 1999 where he is currently Associate Professor of Medicine. He is a Level III Echocardiographer. He is active in under and post graduate medical education and was awarded the Community of Scholars Award for Excellence in Medical Education. He is currently Director of Cardiac Rehabilitation and the Community Cardiovascular Hearts in Motion Program. His research interests include Cardiac Rehabilitation and Prevention with a $1.5 million research grant for the Hearts in Motion Program and $600,000 for further studies in Cardiac Rehabilitation. He founded the HeartLand Tour in 2007, a public awareness campaign using the bicycle as a vehicle to educate about the unnecessary burden of vascular risk and promote the development of Cardiac Rehabilitation programs along with a strategy for "HeartSafe Community Partnerships". He is currently on the board of directors for CACR; on the committee to develop a National Registry for Cardiac Rehabilitation; Captain of the Prevention Tract for the Canadian Cardiovascular Congress 2010; and President of the Cardiac Cycle Society of Nova Scotia. He partners with the Heart and Stroke Foundation of Nova Scotia, EMS/EHS and Medtronic in his research.

Dr. Darren Warburton (PhD) is the co-Director of the Physical Activity Promotion and Chronic Disease Prevention Unit at the University of British Columbia (UBC). He is also the founder and director of the Cardiovascular Physiology and Rehabilitation Laboratory at UBC and was the director of the Sport Cardiology and Musculoskeletal Assessment Research Team (SMART 2010) for the 2010 Olympic and Paralympic Games. He is also currently the co-director of the Physical Activity Support Line (www.physicalactivityline.com). Darren was a Canadian Institutes of Health Research (CIHR) New Investigator and Micheal Smith Foundation for Health Research Clinical Scholar. He is currently a national board member of CACR, and his heading the International Collaboration of Clinical Exercise Prescriptions and is a founding member of the International Collaboration in Cardiovascular Rehabilitation and Prevention (ICCPR).

His research spans the spectrum of elite athletic performance, childhood health, quality of life in the elderly, and the treatment of patients with chronic disease and/or disability (including individuals with heart disease, severe obesity, mental illness, cancer, diabetes, and spinal cord injury).

Darren has an impressive publication record in leading peer-reviewed journals including over 70 articles in the last three years. His laboratory has also received considerable research support. For further information on his research program please visit www.healthandphysicalactivity.com.

Workshop Summary
Dr. Nick Giacomantonio and Dr. Darren Warburton will address the recent evidence supporting the role exercise plays in the primary and secondary prevention of atrial fibrillation. Dr. Giacomantonio will begin the session with a discussion of a recent systematic review of the health benefits of exercise rehabilitation in persons living with atrial fibrillation. He will discuss how a strong body of evidence indicates that moderate intensity exercise can be effective for treating and managing atrial fibrillation, by improving quality of life, exercise capacity, and the ability to carry out activities of daily living. He will also highlight how long-term moderate intensity exercise participation (amongst the general population and individuals at risk) is associated with a reduced incidence of atrial fibrillation. He will also discuss the paradoxical findings regarding a potentially increased incidence of lone atrial fibrillation in endurance-trained athletes. Drs. Giacomantonio and Warburton will emphasize the areas requiring further research.

Dr. Warburton will end the workshop with a hands-on presentation of newly created clinical exercise prescriptions for persons living with atrial fibrillation. Audience feedback and evaluation of these forms will be welcomed greatly.

Objectives of Session
At the end of this session, participants will be able to:
1. Demonstrate a clear understanding of the etiology of atrial fibrillation, and current treatment practices,
2. Outline how exercise rehabilitation assists in the treatment of atrial fibrillation,
3. Describe how routine moderate intensity exercise is effective at reducing the risk for atrial fibrillation in the general population and in those individuals at increased risk.
4. Demonstrate a working knowledge of the new clinical exercise prescriptions for persons living with atrial fibrillation, and the rationale behind the development of the new prescriptions.

4. Managing Stress and Improving Sleep – Jaan Reitav (Toronto)
Location: MTCC Rm 802 AB

Dr. Jaan Reitav is a Clinical and Health Psychologist with over 25 years of experience in treating patients with the full spectrum of stress disorders. Dr. Reitav earned his doctorate in Clinical Psychology from York University in 1984. He attained his Specialist accreditation in Behavioral Sleep Medicine from the American Academy of Sleep Medicine in 2003. Dr. Reitav is a full Professor at the Canadian Memorial Chiropractic College in the Department of Clinical Diagnosis. He has been the Psychologist with the Cardiac Rehab and Secondary Prevention Program at Toronto Rehab, University Health Network in Toronto for seven years. Dr. Reitav has provided an integrated group program for heart patients, focusing on stress reduction and better self-care. This group program has proven popular and effective with over 500 participants during the past five years. His current focus is on developing tools, strategies and skills for heart patients that are both accessible and effective. Dr. Reitav was a contributing author to the last edition of the Canadian Guidelines for Cardiac Rehabilitation. The CACR Guidelines set standards for managing Psychological and Behavioral problems of heart patients generally, and have included recommendations for providing stress programs for many years. Dr. Reitav also published a chapter for allied health professionals in Cardiac Rehab entitled Managing Sleep Problems among Cardiac Patients, in Stress Proof the Heart, Ellen Dornelas (Ed.), (2012).

Presentation Summary
Across the last decade multiple lines of evidence have established stress as one of the top three concerns for rehabilitation of heart patients. This year alone three important texts have been published to translate the latest research evidence to better clinical management practices by family doctors, allied health professionals, and psychiatrists. The CACR has been at the forefront of recognizing the importance of these issues in rehabilitation of cardiac patients, with a longstanding recommendation that Stress Reduction Programs (SRPs) be offered at Cardiac Rehab centres. The growing awareness of stress as an emerging primary risk factor for recurrence of heart events has underlined the importance of assessing and providing effective treatment options for a range of disorders on the stress spectrum. This workshop will summarize what has been learned from five years of running a SRP with cardiac patients at Toronto Rehab, UHN. Two meta-analyses of the efficacy of stress programs are reviewed to identify the key outcome target for such programs. Workshop participants will engage in a process of designing key features for an effective SRP.

Finally, we consider the evidence gathered from hundreds of participants who have completed the TRI SRP. We consider whether the SRP is equally effective for women and men, and also how effective it is for different conditions on the stress spectrum. The review of practical lessons learned will provide participants with the background knowledge to implement such programs at their centres. SRPs are readily implemented and are effective in reducing heart stress risks and improving quality of life.

Objectives of Session
Participants at this workshop will learn:
1. To identify the one critical target outcome for implementing an effective SRP
2. To identify the range of clinical conditions in the stress spectrum
3. How to design a SRP by considering variables like program structure, duration, relaxation skills selection, and training intensity requirements
4. Outcomes and Response Rates: do men and women respond equally?
5. Resources available to help you set up a SRP group

18:00
ANNUAL BANQUET AND SOCIAL EVENING (ticket required, max. 145)
The Loose Moose (146 Front St. West)
Dinner and live band
**What's in a name? How to read food labels and what to look for on food packaging**

Kathleen Turner is a Registered Dietitian working at the University of Ottawa Heart Institute. She graduated from the University of Guelph with a degree in Human Nutrition. She has been working in the field of dietetics since 2002. As a dietitian she has worked in a variety of fields including cardiac surgery, hypertension, weight management and diabetes. Through her work in family practice, diabetes and cardiac rehab she has played an integral role in developing new programs and education materials. Throughout her career she has had experience in designing and facilitating nutrition workshops. She is currently working with clients who are living with heart disease. She continues to work with clients on an individual and group basis to achieve their nutrition goals.

Kathleen is passionate about healthy eating and making small changes to achieve big results.

**Presentation Summary**

Reading food labels, ingredient lists and deciphering front of package labeling is often difficult for patients. This presentation will simplify the information and allow health care practitioners to give patients easy, simple tips when reading food labels and ingredient lists. This talk will also discuss front of package labeling and health claims.

**Objectives of Session**

1. To provide easy practical tips to give patients when reading food labels
2. To familiarize health care practitioners with front of package labeling and what this means for patients

**Saturated Fatty Acids: Bridging the gap between science and popular media.**

Maria Ricupero is a Registered Dietitian and Certified Diabetes Educator with more than ten years of experience working in cardiac rehabilitation and diabetes. She has a Master of Health Science degree in Nutrition Communication from Ryerson University. Maria specializes in communicating the science of nutrition and delivers her message in a way that is easily accessible to many. Her research interests include exploring the lived experiences of people who attempt to lose weight and are living with a chronic health condition.

At Toronto Rehab, Maria offers nutrition education and coaching to individuals and groups by facilitating the process of adopting positive behaviour changes using the techniques of motivational interviewing and cognitive behavioural therapy. Maria also shares her expertise with media and has appeared in print, radio and television. She is an active member of the College of Dietitians of Ontario and Dietitians of Canada.

**Presentation Summary**

Saturated fatty acids have been identified as increasing total and LDL cholesterol levels, which are well known risk factors for cardiovascular disease (CVD). However, reducing saturated fat intake to less than 10% of total calories is debatable and may not decrease the risk of cardiovascular morbidity and mortality rates. To add to the confusion, popular media has sparked controversy regarding the beneficial effects of medium-chain triglycerides (MCT) (i.e. coconut oil) for everyday use. This presentation will highlight the latest scientific findings on saturated fatty acids and cardiovascular health. Knowledge of the science will assist health professionals to communicate clear, accurate and practical information on saturated fatty acids to patients.

**Objectives of Session**

1. To become familiar with the latest evidence on saturated fatty acids and cardiovascular health.
2. To adopt a critical perspective when receiving health information from the popular media.
3. To learn helpful tips to share with patients regarding the practical application of fats/oils in the diet.

**The Heart-Felt Truth about Soluble Fibre**

Daphna Steinberg is a Registered Dietitian who specializes in nutrition care of cardiac patients at Sunnybrook Health Sciences Centre and Neonatal Intensive Care and Pediatrics at North York General Hospital in Toronto. She obtained her Bachelor of Applied Science in Food & Nutrition at Ryerson University in Toronto, and completed her Dietetic Internship at Sunnybrook in 2004. She has worked in a variety of areas including HIV, long-term care, private practice, and the ICU setting. She is regularly involved in teaching dietetic interns, Masters’ students, and internationally trained dietitians. She lectures annually at University of Toronto. Daphna is an executive member of the Diabetes, Obesity and Cardiovascular Network of Dietitians of Canada. She has published research in the area of Solution-Focused Counselling and sits on the Health Advisory Board for Chatelaine Magazine. She has a new baby boy, loves dogs and is an avid reader of fiction.

**Presentation Summary**

This presentation will include a definition of soluble fibre, its food sources, and potential mechanisms of action. Cardiac benefits of soluble fibre including lipid lowering, blood pressure, and blood glucose will be discussed. Tips for practitioners will be provided, and health claims will also be covered.

**Objectives of Session**
1. Define soluble fibre and its potential mechanisms of action
2. Identify sources of soluble fibre
3. Understand the cardiac benefits of soluble fibre
4. Obtain basic tips to help patients increase their soluble fibre intake

09:00 – 10:00 PLENARY SESSION
Location: MTCC Rm 801 AB
Measuring Performance and Improving Quality in Cardiac Rehab
Cardiac Rehabilitation Quality Indicator Project – Sherry Grace (Toronto)
CACR CR Registry – Paul Oh (Toronto)

Dr. Sherry L. Grace holds her primary appointment as an Associate Professor in the Faculty of Health at York University. She is also Director of Research at the Peter Munk Cardiac Centre Cardiovascular Rehabilitation & Prevention Program and a Scientist at the Toronto General Research Institute, both of the University Health Network. Her research interests center on cardiac rehabilitation and cardiac psychology, specifically equity and continuity in secondary prevention for chronic disease. She has published approximately 100 peer-reviewed papers. She serves as Chair of the Cardiac Rehabilitation Quality Indicators working group of the Canadian Cardiovascular Society, and Vice-Chair of the Canadian Cardiac Rehabilitation Registry Research Committee.

Presentation Summary
The Canadian Cardiovascular Society, with financial support from the Public Health Agency of Canada, is building national consensus on cardiac rehabilitation and secondary prevention quality indicators. In this session, an overview of the indicator development process, the proposed indicators, and the assessment of these indicators within the Canadian Cardiac Rehabilitation Registry will be presented.

Objectives of Session
Upon the completion of this lecture the participants will be able to:
1. Identify key indicators of cardiac rehabilitation quality
2. Appraise the availability and nature of evidence to support proposed cardiac rehabilitation quality indicators
3. Understand how to use quality indicators to assess their program quality, and
4. Consider the quality of their cardiac rehabilitation program.

10:00 - 10:30 CACR Showcase and Posters

10:30 – 12:00 PLENARY SESSION
The Brain-Heart Connection
Exercise for your brain’s sake: Cardiac effects are secondary
Dr. John Ratey, Harvard
Simon Bacon, CACR (moderator)
Sponsored by Cardiac Health Foundation of Canada
Location: MTCC Rm 801 AB

John J Ratey, MD, is an Associate Clinical Professor of Psychiatry at Harvard Medical School, Research Synthesizer, Speaker, and Author. He has lectured and published 60 peer reviewed articles on the topics of Aggression, Autism, ADHD, and other issues in neuropsychiatry. Dr. Ratey has authored 8 books including “A User’s Guide to the Brain” (2000) and he co-authored “Driven to Distraction” (1994) and two other books that began the interest in ADHD. Each year since 1995, Dr. Ratey has been selected by his peers as one of the Best Doctors in America.

Most recently, Dr Ratey has penned, Spark: The Revolutionary New Science of Exercise and the Brain. In Spark, Dr. Ratey guides the reader to an understanding of neurobiology and inspires the reader to reach for their potential, and embrace exercise that is crucial for the brain and body to operate at peak performance. Spark is fueling a movement to re-engineer school practices and medical recommendations to establish curriculum, lifestyles and corporate practices based on scientific principles. Providing the scientific foundation and research data, Dr Ratey has been drafted into the groundswell of those whose mission it is to revitalize schools, combat the obesity crisis, stave off the encroaching epidemic of Sedentarism, by returning to evolutionary principles of physical exercise and proper diet thereby combating syndrome X, the underlying causation of much chronic disease. Spark reveals how exercise prepares the brain to learn, improves mood and attention, lowers stress and anxiety, staves off addictions, controls the effects of hormonal changes and guards against the effects of aging.

Presentation Summary
I will be presenting on how exercise has positive effects on the brain. How simple aerobics and strength training fire up the nerve cells and cause many positive changes in the brain chemistry and electrical activity. Exercise helps to achieve emotional regulation and helps to optimize our cognitive functions. I will present the neurochemical changes that result from exercise that has an immediate and chronic effect on us. I will suggest that we can rebrand exercise to be seen as having an effect on our well-being immediately as well as having its associated long term effects on brain and heart health.

Objectives of Session
The attendee will be able to explain to patients why they can optimize their lives by exercising regularly and at the same time have the well-known protective effects on their cardiovascular system.

The attendee will be able to explain to patients on the specific changes that occur in the brain that act similarly to our antidepressants and our stimulants so that a bout of exercise can produce similar effects holistically.

12:00 – 12:30  CACR CLOSING CEREMONY
WHAT HAVE WE LEARNED AND WHERE ARE WE GOING IN 2013?
CACR President – Bob Reid
2013 Conference Chair – Kerri-Anne Mullen

Kerri-Anne has been with the University of Ottawa Heart Institute’s Division of Prevention and Rehabilitation since 2006. She currently manages the Ottawa Model for Smoking Cessation Network, assisting healthcare organizations across Canada to implement and evaluate clinical approaches to the treatment of tobacco addiction. Kerri received her BSc in Health Sciences from the University of Ottawa, her MSc in Kinesiology and Community Health from the University of Illinois, Urbana-Champaign, and is currently completing her PhD in Population Health at the University of Ottawa. Her research focuses on the health, healthcare, and economic impacts of health interventions, particularly clinical tobacco cessation programs. From 2009-2011, Kerri held a Canadian Institute for Health Research fellowship in Population Intervention for Chronic Disease Prevention. She is presently a member of the Board of Directors of the Canadian Association of Cardiac Rehabilitation and will be chairing the 2013 conference in Montreal.

12:30 - 14:00  Lunch, Poster Presentations and Exhibition
14:00 – 16:00  CCC OPENING CEREMONY/HSFC LECTURE

Special Thanks to our Sponsors:

![Kellogg's](image)
![Bristol-Myers Squibb](image)
![ORTHOCANADA](image)