

Heart Care for Life: Developing the Program That Works Best for You

Barry L. Zaret, MD, and Genell J. Subak-Sharpe, MS. 285 pp \$26.00. ISBN: 0-3001086-9-9. New Haven, Conn: Yale University Press; 2006.

Fifty years ago, there was nothing but bad news for patients with cardiovascular disease. Now, there is good news and bad news. How do we choose which to emphasize? The good news is that mortality from cardiovascular disease has been cut in half over the past 40 years. The bad news is that more than 70 million Americans—one of every five—have one or more forms of cardiovascular disease.

Barry L. Zaret and Genell J. Subak-Sharpe combine their experience and knowledge to address the bad news in the light of the good news. They do this by providing patients practical advice on how to make small lifestyle changes that can make a big difference in living with cardiovascular disease. Zaret served as chief of the section of cardiology at Yale University School of Medicine (New Haven, Conn) from 1978 to 2004, and is a world expert in the field of nuclear cardiology. Subak-Sharpe has produced or collaborated on more than 40 books on health and medicine. Together, they have written this book with two basic concepts.

First, they aim to strike a balance between core medical values, which they call *constants*, and the individual variants of personalized patient care, which they call *variables*. Second, they foster a sense of hope for patients by describing new technological and healthcare advances. A fundamental part of this approach is the empowerment of individuals to assume an active role and a sense of responsibility in their care. The balancing of constants and variables will resonate with osteopathic physicians

who strive to keep the focus on the individual patient while implementing evidence-based guidelines for his or her care. The motivation behind providing hope for the future reflects a mind/body/spirit view of patient care.

Where does this book stand among the many patient-centered books on cardiovascular disease? It stands out in the writing itself, which asserts authority, erudition, and precision. Also, a remarkable number of cardiovascular abnormalities are mentioned, and an extensive glossary, index, and bibliography are provided for further reference. Several sections are featured that are not found in the typical book on cardiovascular disease, including information on cardiovascular disease and eating disorders, in minority populations, and in young athletes, as well as advice for travelers who have cardiovascular disease. Illustrative cases are presented, and all have positive outcomes, with physicians helping patients overcome the barriers to successful lifestyle changes and the right medical therapy.

Boxes provide an opportunity for readers to review practical points in patient care. They summarize issues discussed by the authors, or they expand topics by providing quizzes or instructions on how to individualize the general information. In addition, the description of diagnostic imaging modalities is broken down into categories that describe results to patients, such as what the results show, and advantages and disadvantages of the test. There are many spectacular imaging modalities in the world of cardiology, including standard invasive coronary angiography, computed tomographic angiography, and positron emission tomography, all of which might provide reassuring information for patients about the degree to which physicians are capable of establishing definite cardiac diagnoses.

The book's limitation lies primarily in its brevity. It is more a micropedia than an encyclopedia of information.

Many citations are extremely short, and it is not clear what benefits these represent to the reader. Tables are used to compare complicated approaches, such as the different types of diets that are available to patients; however, it seems that the author's intent is to provide just enough information for the patient to take to the dietitian, since the tables themselves really do not contain enough information to allow patients to decide which diet might work the best for them. In addition, the illustrations represent a lost opportunity. The line diagrams are effective but not compelling, and the echocardiogram images are of poor quality.

The book shows its greatest strength when it focuses on its two basic concepts. As we counsel our patients, one of our challenges is to be fully up to date on the vast information available to us from epidemiologic studies and randomized, controlled trials. We then need to collaborate with our patients to define the approach that is best suited for them, from the basic diagnostic tests to the development of a treatment program. There is no single treatment plan that "fits all." The program for each patient is long term and, as hinted in the title of the book, "for life."

Although the authors don't say it in quite so many words, it is incumbent on the physician to provide hope. Typically, patients are frightened when they go to the physician, though that feeling may be masked by denial in many cases. It is the physician's duty to instill hope. Zaret and Subak-Sharpe provide us with plenty of tools to do so with our patients.

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Heart care for life by Barry L. Zaret, 2006, Yale University Press edition, in English.Â Heart care for life. developing the program that works best for you. by Barry L. Zaret. 0 Ratings. 1 Want to read. 0 Currently reading. 0 Have read. This edition published in 2006 by Yale University Press in New Haven. Best for Personal Development: Life Purpose Life Coach Certification. Best Advanced: Integrative Wellness Academy Master Life Coaching Program. Best Quick: Certified Life Coach Institute Life Coach Certification.Â If youâ€™re looking for an extremely intensive life coaching program that will set you up for years of success and continued knowledge, look no further than the Accredited Coach Training Program (ACTP) from the Institute for Life Coach Training (ILCT). Though this life coach certification program has fewer training hours (130) than some others, youâ€™ll end up putting in much more time than that. The ILCT website specifies that most weeks require a time commitment of at least four to five hours. Heart Care for Life book. Read reviews from worldâ€™s largest community for readers. More than 70 million Americans have some form of heart disease. For ea...Â They then guide readers through the process of assessing personal variables to develop an individual treatment and life-style program. Written in a warmly reassuring style, this indispensable guide to heart care offers realistic hope and specific directions for designing a lifelong heart care program. Filled with practical advice, instructional case histories, a philosophy for controlling your health, self-tests to assess risk, and questions to ask your doctor, it looks toward an even better future for those with heart disease. ...more. Get A Copy. Amazon. The My Heart My Life program works to improve patient and carersâ€™ understanding and self-management of their heart health after experiencing heart attack or angina. During their hospital stay, patients and their carers can enrol in the My Heart My Life program. Support elements include: A booklet about their condition and priority actions for post-surgery recovery.Â The project focuses on delivering culturally safe and appropriate care for Aboriginal and Torres Strait Islander patients for the length of their hospital stay. This is a joint initiative of the Heart Foundation and the Australian Healthcare and Hospitals Association (AHHA). Find out more. Living Well with Heart Failure video series. Virtually all heart patients go through a process of trial and error to find a long-term program that fits their lifestyle while providing optimal treatment. They also experience occasional lapses and setbacks. In this book, we describe composite illustrative cases and situations culled from the long-term experience of treating patients.Â Although people often think of heart disease as a single, well-defined problem that affects all patients similarly, nothing could be further from reality. Just as no two people are exactly alike, heart disease (and its risk factors, symptoms, and successful treatments) varies greatly from one person to another. In our experience, a one-plan-fits-all approachâ€”be it diet, medication, or lifestyle modificationâ€”simply does not work.