Million Hearts® Delaware: Collaborating to Save a Million Hearts by 2017

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Million Hearts® Delaware is a public-private statewide effort to advance the goal of the national initiative to prevent one million heart attacks and strokes by 2017. Million Hearts® Delaware’s interdisciplinary leadership team led by Edward Goldenberg, M.D. and Elizabeth Bradley, APN is aligning health care professionals, hospitals, government, employers, and the public across Delaware. Twelve founding partners, including the Medical Society of Delaware and Delaware Academy of Family Physicians (see Table 1 for a full listing of founding partners), are actively working to develop and promote a two-armed approach focusing on clinical prevention and public awareness.

A FOCUS ON THE ABCS

Our clinical prevention subcommittee’s aim is to improve care for people who do need treatment by encouraging health care professionals to target their focus on the “ABCS” – Aspirin for people at risk, Blood pressure control, Cholesterol management, and Smoking cessation – which address the major risk factors for cardiovascular disease and can help to prevent heart attacks and strokes.

ASPIRIN

The decision about whether to use anti-platelet agents like aspirin for primary prevention is confusing to many physicians. In an ideal world, we would be able to individualize our recommendation for a patient by weighing the risk and benefit of treatment, explain this clearly in a patient-centered way, and then guide an informed patient to make an informed decision. Usually we rely on guidelines to help us estimate risks and education the patient, but for primary prevention, the guidelines vary:

- American College of Chest Physicians (ACCP) in 2012 advised using low dose aspirin (75mg-100mg of aspirin daily) for persons age 50 and older without symptomatic cardiovascular
disease (who are not being managed with other antiplatelet therapy).¹
• European Society of Cardiology in 2012 advised against the use of aspirin or clopidogrel in individuals without cardiovascular or cerebrovascular disease.²
• US Preventive Services Task Force (USPSTF) encourages use of aspirin in selected populations based on the relative cardiovascular benefit and GI hemorrhage risk. They advise aspirin for men aged 45 to 79 to prevent myocardial infarction and in women aged 55-79 for prevention of stroke.³

**BLOOD PRESSURE CONTROL**

Based on The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7) the ideal blood pressure is <120/80; however, hypertension isn’t diagnosed until systolic blood pressure reaches 140 or diastolic blood pressure reaches 90. When treating blood pressure, the goal will vary depending on the patient’s co-morbid conditions.⁴ Diabetic and chronic renal disease patients should maintain a blood pressure goal <130/80 and others should remain <140/90. JNC8 remains under revision and is expected to be released sometime in 2015. Of note, many patients are going to require two or more medications to reach their goal, and lifestyle modifications like a low sodium diet and exercise are recommended.

**CHOLESTEROL**

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) uses the Framingham 10-year cardiovascular risk estimator to help patients identify their goals for cholesterol management.⁵ In general an LDL cholesterol <130 is advised for most patients but in select patients with heart disease (diabetes, cardiovascular disease) lower goals are recommended. The guidelines include information around identification and management of metabolic syndrome and use of therapeutic lifestyle intervention.

**SMOKING CESSATION**

Patients who use tobacco products should be advised to quit and offered supportive resources. The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products and that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. US Public Health Service released an updated clinical practice guideline that called on physicians and health care organizations to implement a treatment model described by the “5-A’s”: (1) Ask patients about smoking at every visit, (2) Advise all tobacco users to quit, (3) Assess smokers’ willingness to try to quit, (4) Assist smokers’ efforts with treatment and referrals, and (5) Arrange follow-up contacts to support cessation efforts.⁶

**DELAWARE RESOURCES**

Be on the lookout for public and professional events in the coming months including press events at local pharma-
cies, presence at patient health fairs and a grand rounds tour by Dr. Goldenberg discussing the challenges of selecting the correct patients for aspirin therapy. Million Hearts® Delaware is also pleased to provide a blog (http://www.millionheartsde.com) that collects and shares local and national resources and education to help clinicians in their daily practice. Additional helpful Delaware resources are included in Table 3.

**JOIN THE MOVEMENT**

If you have not yet had a chance to take the pledge and show your support, it isn’t too late. Join the conversation, get connected, and pledge to become one in a million hearts by visiting: http://millionhearts.hhs.gov/individuals.html.

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**Table 3. Delaware Resources**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Delaware Quitline</td>
<td>1-866-409-1858</td>
</tr>
<tr>
<td>Million Hearts® Delaware website</td>
<td><a href="http://www.millionhearstde.com">http://www.millionhearstde.com</a></td>
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<tr>
<td>Delawell website</td>
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</tr>
<tr>
<td>Framingham 10 year Risk Calculator</td>
<td><a href="http://cvdrisk.nih.gov/calculator.asp">http://cvdrisk.nih.gov/calculator.asp</a></td>
</tr>
</tbody>
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**REFERENCES**