

Answers to the unanswered questions during the live

1. If a well-informed patient requests to wear a LIFE-VEST for non-invasive protection from cardiac arrest (c.f. I.C.D.) how do we respond to this clinical indication for a potentially life-saving instant-action defibrillator?

⇒ *It is important to acknowledge the patients needs and to investigate what makes the patient feel he/she needs such a device, what he/she expects and what is the reason for this wish. Like expressed in the webinar, it is important to reflect together with the patients on the need for care/treatment instead of advising just from the perspective of the health care provider.*

2. Among patients on long-term [diabetogenic] Statins (+/- Beta-blocker) medications how often should we check HbA1c glycated-haemoglobin levels to monitor for any new-onset of type-2 Diabetes Mellitus?

⇒ *Please consult the guidelines on diabetes management.*

3. Can we clinically justify an immediate SMOKING CESSATION as a pre-condition for post-acute management?

⇒ *As discussed in the seminar, it is important to reflect with a patient on his ideas, intentions and motivation. With regard to immediate smoking cessation, It is important to be aware of the specific challenges in stop-smoking and the need for specific interventions (e.g. NRT, counseling) to stop this addictive behavior.*

4. Please explain why externally-wearable defibrillator Life-Vests is not more widely available (despite their non-invasive independent life-saving potentials)?

⇒ *This is outside the scope of this webinar.*

5. What is best group or individual educations of patients?

⇒ *This was discussed in the webinar. We discussed that for some self-care behaviours group education can be very suitable, while for other self-care behaviours individual counselling is needed.*

6. Should education of patients be an intervention or integrated in the care plan?
 - ⇒ *Patient education is an 'intervention', in other words it is an activity with a certain goal. This does not mean that it is a separate activity from other intervention and can well be included or actually needs to be part of the overall management plan.*
7. There should be scales that indicate just weight changes instead of total body weight...
 - ⇒ *That is a nice suggestion with several advantages and disadvantages. Sometimes the weight from one day to the other is not the most important, but trends are more informative. But it is good to have new innovative ideas to help patients with self-care.*
8. Are there any specific tools you would recommend to measure self care in patients with chronic illness when conducting research?
 - ⇒ *There are several disease specific instruments such as the SCHFI and the EHFSB scale for heart failure patients. There are also some instruments to measure adherence (e.g. MARS). There is an instrument under construction to measure general self-care behavior based on the theory of self-care in chronic illness. YOU can follow our publications to see when that is available.*
9. Among caregiver contribution to self-care it could be interesting to develop a new self-care theory as to patients..maybe a dyadic theory?
 - ⇒ *Yes, that might be very interesting. Please do so.*
10. Is there a value of stress echocardiography in diagnosis and risk stratification of pulmonary hypertension? Thank you
 - ⇒ *There are a lot of interventions or approaches that do not involve technical solution. Sometimes a 'low-tech' face to face conversation is very helpful or a drawing with a pen or pencil to explain self-care behavior. Several heart foundations have very good printed brochures to help in patient education contractile reserve stratifies the risk (lower contractile reserve, higher risk)*

11. Should be organized courses with people related to their pathology?

⇒ *Depending on the patient need and interest there can be room for an organized course that is addressing heart failure in a broad perspective. It is important to always consider the appropriate level of education and adaptation to certain subgroup of patients.*

12. How can I support my patients (coronary artery disease) to conduct self-care maintenance (e.g. adapt their diet adhere to medication)?

⇒ *There is a plethora of interventions in the literature and you can actually look in the recent guidelines (e.g. Piepoli MF et al. Eur Heart J 2016)*