Summary and conclusions

Booklets from several countries on various aspects of cardiovascular disease, intended for distribution to the public and to patients, could be classified into three categories dealing with primary prevention, secondary prevention, and management. Much material was duplicated, whereas some diseases were completely ignored. Only two types of booklets should be available. One would deal with preventive measures for all cardiovascular diseases, while the other would be a series of booklets on individual conditions, combining information on secondary prevention and on management.

Introduction

There is increasing awareness of the need for patients to be informed about their illnesses, and the use of written information has helped patients to understand and comply with their doctor's advice and also reduced the frequency of consultation about minor illnesses. Many booklets and other forms of publications have been produced for patients with cardiovascular disease. We review booklets distributed to the public and patients without charge, and do not concern ourselves with the many books on health published in recent years.

Review and classification of publications for patients

In an attempt to determine the ideal approach to communication with patients with cardiovascular disease we wrote to the relevant authorities of 11 countries, six of which were English-speaking, and received 130 booklets and pamphlets for review. In most countries, a range of booklets and leaflets covering various aspects of cardiovascular disease was available; in a few cases publications were in more than one country—for example, America and Canada. Similarly, the same booklets in different languages were distributed in Denmark and Sweden. Most (80%) were published by national heart foundations, while the remainder came from individual hospitals and companies.

The publications varied considerably in length, from short leaflets to booklets several pages long. They also varied in presentation, some being entirely without illustrations while others had diagrams, photographs, or cartoons. Much of the variation in presentation and in emphasis may be related to differences in the objectives of the booklets and the audiences at which they are aimed.

We identified three types of publication based on the intended readership. The first type concerned itself with the healthy general public, the second with patients who had cardiovascular problems, and the third dealt with specific aspects of managing cardiovascular disease. There was considerable overlap between the three groups.

PRIMARY PREVENTION

Publications on primary prevention were addressed to the general public, and in particular to those who were healthy and free from cardiovascular disease. The intention was to reach those people who might be at risk because of an unhealthy lifestyle. They were usually in leaflet or pamphlet form, easy to understand, and intended to make their impact on the reader without demanding too much attention. Most emphasised the prevalence and danger of cardiovascular disease, listed the risk factors, and urged the reader to take evasive action. Some included more detailed information about the physiology of the cardiovascular system and the important types of disease associated with this system. Others were more specific, dealing with one particular aspect such as hypertension, smoking, exercise, or diet. Booklets on hypertension emphasised the asymptomatic nature of the condition and the importance, even for seemingly healthy people, of having blood pressure checked. Much dietary information was available, mainly supplied by commercial concerns, which provided extensive information on low-cholesterol or low-calorie diets based on their particular products. The many publications on smoking reflect the widespread concern in recent years about this hazard.

SECONDARY PREVENTION

Booklets on secondary prevention were directed at patients known to be suffering from a specific cardiovascular disorder, and the aim of most was to influence the patient with early disease in the hope of preventing progression. These were generally longer and more detailed than booklets dealing with primary prevention, the rationale presumably being that the prospective reader has better reason to be interested in the subject and may in fact be actively seeking information. These commonly discussed a specific condition (table) and again included some general physiology, information on risk factors, and usually a more detailed account of the particular illness in question. Nearly

---

**Classification of 130 publications on cardiovascular disease**

<table>
<thead>
<tr>
<th>Subject</th>
<th>No</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>31</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Diet</td>
<td>19</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Heart attack</td>
<td>17</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Smoking</td>
<td>14</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>General</td>
<td>13</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Exercise</td>
<td>8</td>
<td>1, 2</td>
</tr>
<tr>
<td>Angina</td>
<td>7</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Stroke</td>
<td>6</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Pacemakers</td>
<td>4</td>
<td>1, 2</td>
</tr>
<tr>
<td>Congenital defects</td>
<td>2</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td>2</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Heart failure</td>
<td>2</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>1</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Coronary artery surgery</td>
<td>1</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Heart murmurs</td>
<td>1</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Pregnancy and the heart</td>
<td>1</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>1</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Anticoagulants</td>
<td>1</td>
<td>1, 2, 3</td>
</tr>
</tbody>
</table>

Type 1 = primary prevention; 2 = secondary prevention; 3 = management.
one-quarter of the publications dealt with hypertension, the emphasis being on its importance as a risk factor for cardiovascular complications and the need for continuous treatment even in the absence of symptoms.

**Management**

The booklets on management aimed at helping the patient and his family to cope with a particular problem. These publications also were longer than those aimed at primary prevention. They gave more detailed practical information on day-to-day management and drug treatment, and often included advice on dietary restriction and exercise. An example of this type is the Australian booklet on stroke, in which good practical advice is given to patients with stroke and their families about adjusting to life at home. Booklets dealing with heart attack explained the purpose and the working of the coronary care unit, management in the first few weeks after an attack, and advice on rehabilitation.
modifying your lifestyle will bring your pressure down to normal, but even if tablets are necessary smaller doses will be needed if you lead a healthy life.

THE FOLLOWING POINTS ARE VERY IMPORTANT

Smoking

Cigarette smoking does cause a rise in blood pressure, but, more important, the combination of smoking and high blood pressure greatly increases the risk of heart attack.

Diet

Your diet may be important in four ways:

Calories—If you are overweight (table 1) your blood pressure tends to rise, and reduction of weight often results in a considerable fall in blood pressure. Ask your doctor how many calories you need daily (table 2).

Salt—Excess salt in the diet may contribute to high blood pressure, and if you add a lot of salt at the table or eat many salty dishes you should reduce your salt intake. Try not to add salt while eating and avoid salty foods.

Cholesterol and fat—There is evidence that diets rich in cholesterol and saturated fats contribute to heart disease and stroke. If your diet contains a large amount of these substances you should reduce the amount (table 3).

Potassium—If you are taking a diuretic (water) tablet to control your blood pressure, the potassium concentration may fall. This is more likely to happen if your diet is low in potassium (table 4).

Exercise

It is now accepted that exercise is beneficial in preventing heart disease, and regular exercise is encouraged.

Regular check-up

It is most important that you attend your doctor regularly for a blood pressure check. There must be close co-operation between you and your doctor if your blood pressure is to be controlled and the complications prevented.

(c) Drugs for blood pressure

General measures such as weight reduction, giving up smoking, and salt restriction may not be enough to lower your blood pressure, and you will then need one or more drugs to keep your blood pressure within normal limits. If tablets are prescribed be sure to take these regularly as instructed, otherwise your blood pressure will not be well controlled. If the tablets upset you in any way do not be afraid to tell your doctor as there are many drugs available, and it is nearly always possible to find one that does not cause unpleasant side effects. Your blood pressure may vary, and your tablets may have to be adjusted from time to time. Always make sure that you have an up-to-date prescription and an adequate supply of tablets. Remember, once drug treatment is required it will usually be necessary for the rest of your days.

Never stop drugs without consulting your doctor, as your blood pressure might rebound dangerously out of control. Always let your doctor know if you are or intend to become pregnant.

You will usually be placed on one of the following groups of drugs, or a combination of two or more. [A brief description of the diuretics, beta-blockers, vasodilators, and miscellaneous drugs follows.]

(d) Tables in the booklet: table (1) ideal body weight; (2) calorie chart and some general dietary advice; (3) low-, medium-, and high-cholesterol foods; and (4) potassium-rich foods.

Pages for data recording:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of BP rec</th>
<th>Time</th>
<th>BP S D</th>
<th>Tablets</th>
<th>Name and strength</th>
<th>No</th>
<th>AM PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7/80</td>
<td>Surgery</td>
<td>10 am</td>
<td>124/86</td>
<td>Pressure 10 mg</td>
<td>T</td>
<td>T</td>
<td></td>
</tr>
</tbody>
</table>

References

5 Your heart. Ottawa: Canadian Heart Foundation, 1970.
7 Heart Research Series No 1.
12 What you should know about dietary fats and your health. London: Flora Project for Heart Disease and Prevention. 1977.

(Accepted 25 June 1980)