echocardiogram was reported in 163 patients (66.5%), while 82 patients (33.5%) had abnormal echocardiograms. The most commonly isolated anomaly observed was VSD, which was diagnosed in 21 patients (25.6% of those having congenital heart disease [CHD]) followed by ASDII in 18 patients (22%) and PDA in 18 patients (22%). AVSD was diagnosed in one patient (1.2%), and coarctation of the aorta was diagnosed in three patients (3.6%). The most common combined anomaly was secundum ASD with PDA, which was diagnosed in three patients (3.6%).

Conclusion: The prevalence of congenital heart disease in aca- notic children referred with heart murmurs is not uncommon finding. Cardiac evaluation including echocardiographic study worthwhile consideration.


SHA 086. Risk predictors of coronary heart diseases (CHD) among females in Benghazi – Libya
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Background: Globally, heart disease is the leading cause of death among women. The burdens of the CHD are projected to increase significantly by year 2020. Objectives: To find the risk factors of present in CHD among post-menopausal women patients at Benghazi during 2009–2010.

Methods: A case–control study was conducted to find out the risk factors among patients admitted to governmental hospital. The inclusion and exclusion criteria were clarified. Postmeno- pausal Female patients aged 50 years or more were interviewed in the wards after they were discharged from the Coronary Care Unit. The sample size was 150 (cases:73–control:77). The controls were selected in the same age from the post-operative ward of department of Gynecology of Al-Jamahiriya governmental hospital and excluded those with cardiac problems.

Results: The study reported that the mean age of cases was 62.6 ± 7.4 years and control was 58.5 ± 8.1 years. The study reported significant Differences in the incidence of CHD among postmenopausal women living in urban and rural areas (OR = 2.87). The study revealed significant relation between CHD in postmenopausal women and diabetes mellitus (OR = 6.67), Hypertension, (OR = 7.41). Sedentary life style (χ²1 for trend = 8.24 and P = 0.004).

Conclusion: Unhealthy diet, diabetes mellitus, lack of exercise and obesity are the major risk factors of CHD among Libyan women.

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SHA 087. Vasovagal syncope in Saudi medical students and their first degree relatives
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Introduction: Many studies suggest a genetic basis for vasovagal syncope (VVS), although no definitive gene associations have been described. Pedigree studies have shown that persons with VVS are more likely to have a family history of fainting than are non – fainters. Accordingly, our objectives were to identify the prevalence of VVS among Saudi medical students and to determine the effect of family history on the likelihood of predicting.

Methods and results: We surveyed medical students at King Saud Medical School and their first-degree relatives for VVS. Ascertainment of VVS syncope was with the Calgary syncope score. Sixty-two medical students and 200 first-degree relatives were studied. The prevalence of VVS was 4.5%, the mean age of the cohort was 22.1 ± 1.5, and the median age of the first faint in those who fainted was 17 years. More females than male fainted (7.7% vs. 3.2%; P = 0.01). Females with two fainting parents were more likely to faint than those with no fainting parents (65.5% vs. 34.5%; P < 0.0001). Females with fainting mother were more likely to faint than those with no fainting mother (55.2% vs. 41.4%; P = 0.001).

Conclusion: Family history of both parents fainting and the mother fainting are important predictors of Vasovagal Syncope.


SHA 088. Expanding the role of the cardiac cath lab nurse
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Abstract: Cardiac catheterization laboratory is a specialized cardiac unit utilizing the state-of-the art technology in providing high quality of care that is efficient, effective and affordable. Nurses working in the cardiac cath lab are performing a unique duty requires high level of training and proficiency in the skills and other interpersonal skills as they are working with cardiolo- gists and cardiovascular technologists.

The aim and purpose of this paper is to:

- Explore the basic and advanced entry requirements to be a “Cardiac Cath Lab Expert” including the qualifications/ degrees, credentials, competencies and training.
- Discuss the primary and secondary duties of the cardiac cath lab nurse “Scope of Practice”.
- What is beyond the scope of practice?
- The educational structure of the National Guard Health Affair-Cardiac Cath Lab: review the training courses and residency programs.

The major constraints to implement such programs and courses are:

- The availability of physician’s preferences instead of stan- dards and guidelines.
- Staff Turnover.
- Lack of resources: time and equipments.
- Lack of participants.
- Lack of lack of support.
- Lack of financial compensation.

The key factors to succeed in expanding the role of the nurse in the Cardiac cath lab are:

- Managerial and educational support.
- Availability of resources to enhance the knowledge and skills up to advanced biomedical technology.
• Empowering nurses in recognizing their role as a specialized health care providers.

The challenge always is to bridge the gab between theory and practice in order to keep skills up to date with standards and biomedical technology.

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SHA 089. Impact of a nurse-led heart failure program on all cause mortality in Saudi Arabia
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Background: Nurse led heart failure (HF) clinics have been shown to reduce readmissions and improve medication adherence rates. However, its impact on survival is not well demonstrated. The aim of this study is to evaluate the impact of a nurse-led HF clinic on all cause mortality.

Methods: We included 425 consecutive patients who were admitted with HF exacerbations in 2008 and 2009. All patients were invited to follow-up in a nurse led HF clinic; 199 (48%) patients agreed. All patients were followed up for all cause mortality which was confirmed by national death index. The independent predictors of outcomes were identified using multivariable Cox regression.

Results: The 199 patients who agreed to follow up in the HF clinic were younger, more often men and had lower ejection fraction, BUN and systolic blood pressure. After a median follow-up of 15 months (range 6–30 months), 55 patients died; 14 patients in the clinic group (7%) compared to 41 patients (19%) in the regular care group. Using multivariable Cox regression, the participation in the HF clinic was independently associated with two and a half folds reduction in all cause mortality (HR 0.4, 95% CI 0.2–0.8, \( P = 0.008 \)).

Conclusions: Nurse led HF clinic is independently associated with improved survival among patients with decompensated heart failure.

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SHA 090. Adult congenital heart diseases, nursing care: Present and future challenges
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Abstract: Haitham Jamil Kanan RN, BSN Clinical Instructor, Nursing Development and Saudization King Faisal Specialist Hospital and Research Center, Riyadh.

Congenital abnormalities of the heart and cardiovascular system are reported in almost 1% of live births and the death rate has been decreased significantly over the past few decades because of a revolution in treating congenital heart defects. Advances in diagnosis and surgery have made it possible to fix or repair most defects, even those once thought to be hopeless. Many people with these defects are now reaching adulthood and living full, active lives. In 2008, more than 1 million people with congenital heart disease have survived to adulthood and many changes in their lifestyle (independency from parents, studying, exercising, traveling, marriage, pregnancy, employment…) should be addressed and attended. The main challenges for facilitating the required care for those patient populations are:

• Lack of specialist facilities.
• Large variety of conditions.
• Lack of the health care professionals who specialized in adult congenital heart diseases.

As services expand to meet the needs of a growing adult population, this is a call for the demand for training and development of nurses specialized in adult congenital heart diseases.

At the end of the presentation the a will be able to Identify:

1. The definition of adult congenital heart diseases.
2. Classification of ACHD.
3. Diagnostic procedures for patient with congenital heart diseases.
5. Required knowledge/attitudes/skills for nurses and APN working with CHD patients populations.

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SHA 091. The benefits of exercise training in improving cardiovascular fitness, in patients with known coronary artery disease, KACC
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Background: The benefits of Exercise Training (ET) has been widely documented and researched throughout the western world, and current physical activity recommendations for the general population have been well established. The effect of ET in secondary prevention of Coronary Artery Disease (CAD) in the Saudi population has not yet been documented. The lifestyle of the Saudi culture has been negatively influenced by multiple factors.

Objective: To investigate whether exercise training aids in improving cardiovascular fitness.

Method: A prospective observational pilot study, where 17 patients with CAD will undergo 12 weeks of individualized ET. The patients will undertake a 6 min walk test and a cardiac stress test which will be repeated upon completion of the program, the results will then be correlated.

Results: After completion of the 12-week program, we expect to observe an increase in cardiovascular fitness along with an improvement in functional capacity. We also expect to observe a reduction in resting blood pressure, heart rate, weight, LDL, cholesterol and triglycerides along with an increase in HDL. Of the 17 patients the age range is 28–72 years, the mean age is 52 years; 6 patients are female and 11 are male. Final results will be available at the time of the Saudi Heart Association Conference.

Conclusion: Once the data is collected and the results analyzed we anticipate ET will improve cardiovascular fitness and risk factors.

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