

PCNA is now accepting abstracts for the 16th Annual Symposium

Cardiovascular Risk Reduction: Leading the Way in Prevention

April 15-17, 2010 – Northwest Chicago, IL

Important Dates:
Feb 15 – Submission Deadline
Mar 1 – Notification of Acceptance

- NEW for 2010:**
- Two outstanding written abstracts will be selected for oral presentations
 - All accepted abstracts will be published in the *Journal of Cardiovascular Nursing*
 - New category “Innovation in Patient Care” focuses on creative projects/programs

INVITATION: We invite healthcare professionals involved in original data-based research or innovative projects related to cardiovascular risk reduction & disease management to submit an abstract. Submission of an abstract constitutes a commitment by the author to present a poster if accepted. Poster Presentations will take place on Thursday, April 15th during a special reception at the Renaissance Schaumburg Hotel in Northwest Chicago, IL. All posters will be randomly numbered and displayed together in the foyer outside of the exhibit hall.

PURPOSE: The purpose of the poster session is to present original research findings and share new and innovative ideas for successful approaches to cardiovascular risk reduction and disease management. PCNA is proud to provide a forum for members and colleagues to share their ideas and best practices.

AWARDS & PUBLICATION: Two outstanding written abstracts will be selected for oral presentations. Authors will have the opportunity to deliver a 10-minute presentation to over 500 participants during general sessions.

A \$250 award will be given to the most innovative and significant abstract/poster presentation in two categories:

1. Data-Based Research
2. Innovation in Patient Care

During the Symposium, a first, second, or third place ribbon will be placed on winning posters. All presenters and winners will be recognized during PCNA General Sessions on Friday, April 16, 2010. All accepted abstracts will be published in the conference syllabus, on the PCNA website, and in the *Journal of Cardiovascular Nursing*.

SELECTION PROCESS: Each presenting author must submit two forms of their abstract: the first must list all authors and the second must be “blinded,” excluding author information. The PCNA Abstract Review Committee will make selections using a blind review process. In order to be accepted for review, abstracts must adhere to the guidelines set forth in this Call for Abstracts and must be received via the PCNA online submission form no later than February 15, 2010. Authors will be notified by March 1, 2010 of acceptance.

Grading Criteria for Each Category	
Data-Based Research	Innovation in Patient Care
<p>Including quality and process improvement projects, patient education/counseling programs, and creative approaches to patient and system-focused programs</p> <ol style="list-style-type: none"> 1. The investigation should be based on original concepts and provide important new data. 2. The topic should be relevant to the theme of the meeting and/or mission of PCNA. 3. The study design and methodology of the research project should be appropriate. 4. The abstract should include complete data (mentioning that the results will be presented at the meeting is unsatisfactory). 5. The findings should be factual, unique, useful, and appropriate to the PCNA audience. 6. The conclusions should be valid. 7. The abstract should be well written (i.e., clear and easy to understand). 	<ol style="list-style-type: none"> 1. The innovative project/program should be based on original concepts and provide new insights into efficient, effective patient care strategies. 2. The topic should be relevant to the theme of the meeting and/or mission of PCNA. 3. The description/design and implementation of the project/program/innovation should be clearly presented. 4. The abstract should include complete information or outcomes (mentioning that the results will be presented at the meeting is unsatisfactory). 5. The outcomes should be innovative, feasible, clearly described, and appropriate to the PCNA audience. 6. The evaluation and implications should be valid. 7. The abstract should be well written (i.e., clear and easy to understand).

Abstract Submission Guidelines for Each Category

Data-Based Research	Innovation in Patient Care Including quality and process improvement projects, patient education/counseling programs, and creative approaches to patient and system-focused programs
The following components are required in each abstract: <ul style="list-style-type: none">• Background summary• Statement of specific objectives• Description of design & methods, including measurements• Summary of the results obtained• Statement of the conclusions	The following components are required in each abstract: <ul style="list-style-type: none">• Purpose/problem being addressed• Description of the design/implementation of the project/program/innovation• Evaluation and outcomes• Implications for practice

General Submission Guidelines for All Abstracts:

- Submission of a poster abstract constitutes a commitment by the author to present the poster if accepted
- The abstract itself may not exceed a word count of 300. The 300 word limit does not include title or author(s) information
- Preferred style: Examples of winning abstracts are included on the following page. Please include section headers (i.e. Background, Objective/Purpose, Methods, Implementation, Results/Outcomes, Conclusion, Implications)
- Arial font, 10 point minimum is required.
- Do not indent the title and be certain that it is completely CAPITALIZED, but do not use capitals or underline for emphasis within the body of your abstract (this will be lost in the electronic transfer)
- For each author, please list full name followed by degrees/credentials, employer, and city/state
- Be sure that street address, zip code, degrees, and grant support are NOT listed in abstracts
- Any author may not be first author on more than two submissions
- Any investigator may not present more than two posters
- Industry representatives (i.e. from device/pharmaceutical/food companies) cannot be first author on any submitted abstracts to avoid a potential conflict of interest
- When using abbreviations, spell out in full the first mention, followed by the abbreviation in parentheses
- Do not squeeze letters or lines
- Left-hand border must be perfectly straight
- Check accuracy of spelling, grammar, and punctuation: Your poster abstract will appear in print exactly as you submit it; thus any errors, misspellings, incorrect hyphenations, or deviations from good grammatical usage will appear in the published abstract
- Deadline for submission is 11:59 pm on February 15, 2010. Submissions received after this date will not be accepted for review
- If you do not receive an e-mail confirmation within 24 hours after submitting your abstract online, it is your responsibility to contact the PCNA National Office to make sure we have received your submission

Submit your abstract online at www.pcna.net

Questions?

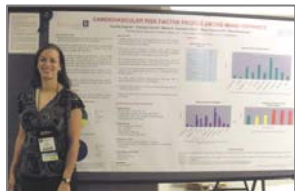
Please contact Kristie Kasbohm
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2009 Winning Abstracts – Presented at the PCNA 15th Annual Symposium in Dallas

1st Place Winner: Data-Based Research

CARDIOVASCULAR RISK FACTOR PROFILE AMONG MIAMI HISPANICS

Connie Ingram, RN, CCRC, Claudia Correa, RD, LD, Maria A. Canosa-Terris, MD, Paul A. Kurlansky, MD, Florida Heart Research Institute, Miami, Florida; Mary Comerford, MSPH, University of Miami School of Medicine, Miami, Florida



Background Summary: Hispanics are the fastest and largest growing minority in the USA and account for 15% of the population; in Miami Dade, FL, 69.5% of the population is Hispanic. Most studies with Hispanics have focused on Mexican-Americans; ours is a much more diverse population. The Florida Heart Research Institute screened 3360 mainly non-Mexican Hispanics for cardiovascular risk factors. Increasing the awareness of risk factors is an essential step in the education and prevention of cardiovascular disease.

Study Objectives: To assess the cardiovascular risk factors among a Miami Hispanic sample responsive to free cardiovascular screening.

Methods: Analysis was performed of retrospective data from 3360 Hispanic participants age 18 and over who responded to free cardiovascular screenings. Data gathered included measurements of blood pressure, height, weight, fasting glucose, lipid profile, and hs-CRP.

Results: The majority of participants were women (63.7%); the average age of the entire sample was 48.9. There was a high prevalence of overweight/obesity (59.6%), pre hypertension (33.5%) and triglyceride level >150 (33.5%). These findings were even more pronounced in men. Other relevant risk factors were hypertension (20%), and LDL >130 (40.5%). More than twenty percent of the participants had 1-2 risk factors and more than 62.5% had 3 or more risk factors for cardiovascular disease.

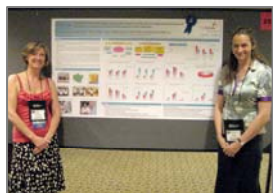
Conclusions: This study underscores the critical need for effective educational and preventive efforts to reduce the prevalence of cardiovascular risk factors in this ethnic minority. Hispanics in this study demonstrate a risk pattern distinct from that previously described for the Mexican American population. They are at elevated risk for obesity, pre hypertension and high triglycerides, which defines a target in this population for focused interventions.

1st Place Winner: Clinical Patient Management

(Note: This category is now focused on Innovation in Patient Care - See grading criteria and submission guidelines for details)

MYACTION: A NOVEL PREVENTIVE CARDIOLOGY PROGRAMME FOR CORONARY PATIENTS (COR), THOSE AT HIGH MULTIFACTORIAL RISK (HRI) OF DEVELOPING CARDIOVASCULAR DISEASE (CVD) AND THEIR PARTNERS IN THE COMMUNITY.

Catriona Jennings, Jennifer Jones, Alison Mead, Susan Connolly, David Wood, Imperial College London; Elizabeth Turner, London School of Hygiene and Tropical Medicine, London, UK



Objectives: Based on the EUROACTION programme, MYACTION is a novel cardiovascular health programme managing COR and HRI and their partners in one community facility to achieve lifestyle, risk factor and therapeutic targets for CVD.

Design and methods: The programme provided professional support (nurse prescriber, dietitian and physical activity specialist) in a leisure centre. All had an initial assessment (IA) and an end of programme review (EOP) assessing changes in lifestyle and risk factors at 16 weeks.

Measurement tools included self report for smoking (validated with breath CO), diet (food habit questionnaire producing a Mediterranean score) and physical activity (7 day activity recall).

Results: 87 COR (61.3% of those referred) and 119 HRI (72.6%) attended with 93 partners (59.6%). 59 COR (67.8%), 85 HRI (71.4%) and 58 (63%) partners attended the EOP. 5 (25%) out of 20 attendees who were cigarette smokers, and attended both assessments, had stopped smoking. Mean dietary Mediterranean scores improved significantly in COR +1.56, (95% CI 1.0 – 2.1), HRI + 1.3 (0.9 – 1.7) and partners + 1.4 (1.0 – 1.9). Proportions achieving physical activity guidelines significantly improved in COR + 47.2% (95% CI 31.8 – 62.5), HRI + 54.7% (40.9 – 68.4) and partners + 44.9% (28.9 – 60.9). Mean BMI and waist circumference were significantly reduced in COR: BMI -0.3 (-0.6 to -0.6) and waist -1.0 cm (-2.0 to -0); and HRI: BMI -0.7 (-0.8 to -0.2) and waist -2.4 cm (-3.4 to -1.5); and partners: BMI -0.4 (-0.8 to -0.1) and waist -1.9 (-2.8 to -1.1). Significant improvements were also seen in both COR and HRI in BP and total cholesterol management.

Conclusion: The MYACTION programme helped coronary patients, high risk individuals and their partners to achieve healthy lifestyle changes together with corresponding reductions in BMI, central adiposity, BP and lipids which together will reduce CVD risk.