



**Posted: December 15, 2015**

**1.) Davis, K. K., Himmelfarb, C. R. D., Szanton, S. L., Hayat, M. J., & Allen, J. K. (2015). Predictors of heart failure self-care in patients who screened positive for mild cognitive impairment. *Journal of Cardiovascular Nursing, 30*(2), 152-160.**

The aim of this descriptive study was twofold: to determine the level of self-care and knowledge in patients diagnosed and living with heart failure; and to identify the predictors of self-care in patients who screen positive for mild cognitive impairment. 125 patients who screened positive for mild cognitive impairment and who were hospitalized with a diagnosis of heart failure were assessed. Findings suggest, individuals who screened positive for mild cognitive impairment had adequate heart failure knowledge, yet inadequate self-care scores. Modifiable (confidence) and non-modifiable (race, gender) were identified as predictors for self-care behavior performance.

**2.) Lucas, R., Riley, J. P., Mehta, P. A., Goodman, H., Banya, W., Mulligan, K., ... & Cowie, M. R. (2015). The effect of heart failure nurse consultations on heart failure patients' illness beliefs, mood and quality of life over a six-month period. *Journal of clinical nursing, 24*(1-2), 256-265.**

The purpose of this study was to examine the effect contact with a heart failure nurse can have on patients' illness beliefs, mood and quality of life. Secondary analysis of two independent datasets were conducted. Findings suggest increase contact with a heart failure nurse can improve patient satisfaction. No effect on patient's beliefs about their personal control, treatment control and treatment concerns were noted.

**3.) Blood Pressure Lowering Treatment Trialists' Collaboration. (2015). Effects of blood pressure lowering on cardiovascular risk according to baseline body-mass index: a meta-analysis of randomised trials. *The Lancet, 385*(9971), 867-874.**

A meta-analysis of randomized controlled trials was used to compare the effects of blood pressure-lowering regimens on cardiovascular risk in groups of patients categorized by baseline body-mass index (BMI). Analyses were based on 135 715 individuals from 22 trials who had 14 353 major cardiovascular events. Minimal evidence was found to indicate selection of a particular class of blood pressure-lowering drug results in substantially different outcomes for individuals who are obese compared with those who are lean.

**4.) Wood, A. D., Secombes, K. R., Thies, F., Aucott, L., Black, A. J., Mavroeidi, A., ... & Macdonald, H. M. (2015). Vitamin D3 supplementation has no effect on conventional cardiovascular risk factors: a parallel-group, double-blind, placebo-controlled RCT. Abstracts accepted through January, 12, 1.**

The purpose of this study was to determine whether daily doses of vitamin D3 at 400 or 1000 IU/d for 1 yr affected conventional markers of cardiovascular disease (CVD) risk. A parallel-group, double-blind, placebo-controlled randomized controlled trial was conducted. Results reported indicate small differences between groups for serum apolipoprotein B100 change; however these findings were not considered clinically significant.