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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.