Singapore Heart Foundation
Since 1970
Your Heart We Care

Touching Hearts, Saving Lives

Patient Care Pathways for MI Patients: Sharing of Singapore Experience

Dr Low Lip Ping
Consultant Cardiologist
Mt Elizabeth Medical Centre
Singapore
Emeritus Chairman
Singapore Heart Foundation

Singapore Heart Foundation
Your Heart We Care

Patient Care Pathways for MI Patients:

Life After A Heart Attack

Singapore Heart Foundation
Your Heart We Care

Death Statistics by Cause in Singapore

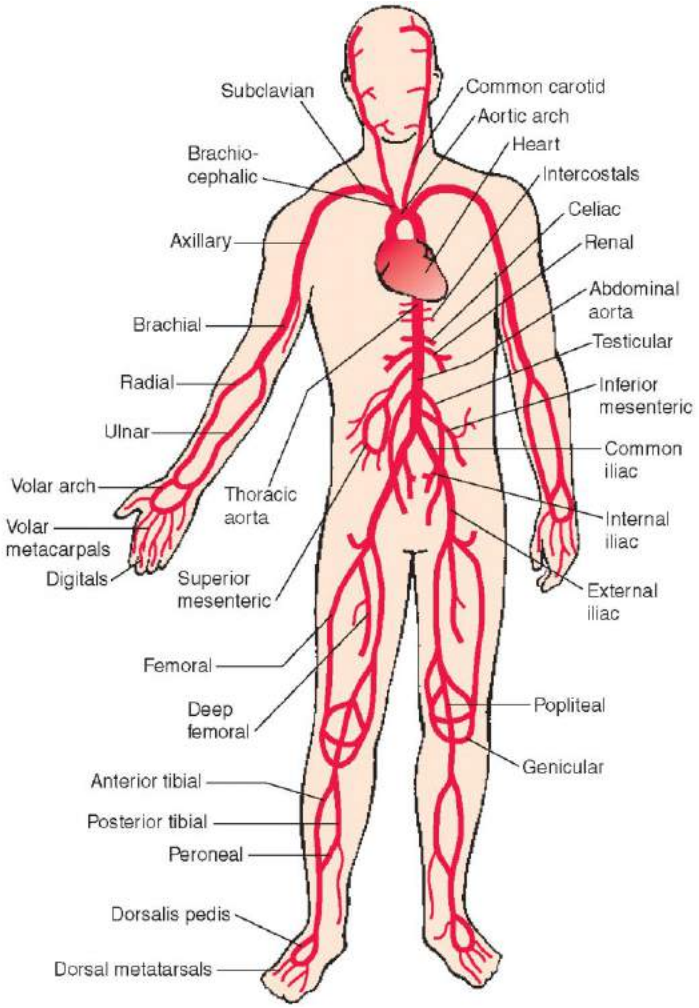
		2016	2017	2018
Total No. of Deaths		20,017	20,905	21,282
% of Total Deaths				
1.	Cancer [ICD10 : C00-C97]	29.6	29.1	28.8
2.	Pneumonia [ICD10 : J12-J18]	19.3	20.1	20.6
3.	Ischaemic heart diseases [ICD10 : I20-I25]	17.0	18.5	18.1
4.	Cerebrovascular diseases (including stroke) [ICD10 : I60-I69]	6.6	6.3	6.0
5.	External causes of morbidity and mortality [ICD10 : V01-Y89]	4.4	4.0	4.3
6.	Hypertensive diseases (including hypertensive heart disease) [ICD10 : I10-I15]	4.0	3.4	3.0
6.	Nephritis, nephrotic sydrome & nephrosis [ICD10 : N00-N07, N17-N19, N25-N27]	1.9	2.4	3.0
7.	Other heart diseases [ICD10 : I00-I09, I26-I51]	1.9	1.9	2.1
8.	Urinary tract infection [ICD10 :N39.0]	2.3	1.9	2.0
9.	Chronic obstructive lung diseases [ICD10 : J40-J44]	1.6	1.5	1.3
10.	Diabetes mellitus [ICD10 : E10-E14]	1.7	1.5	1.3

Atherosclerotic Disease 29.2%

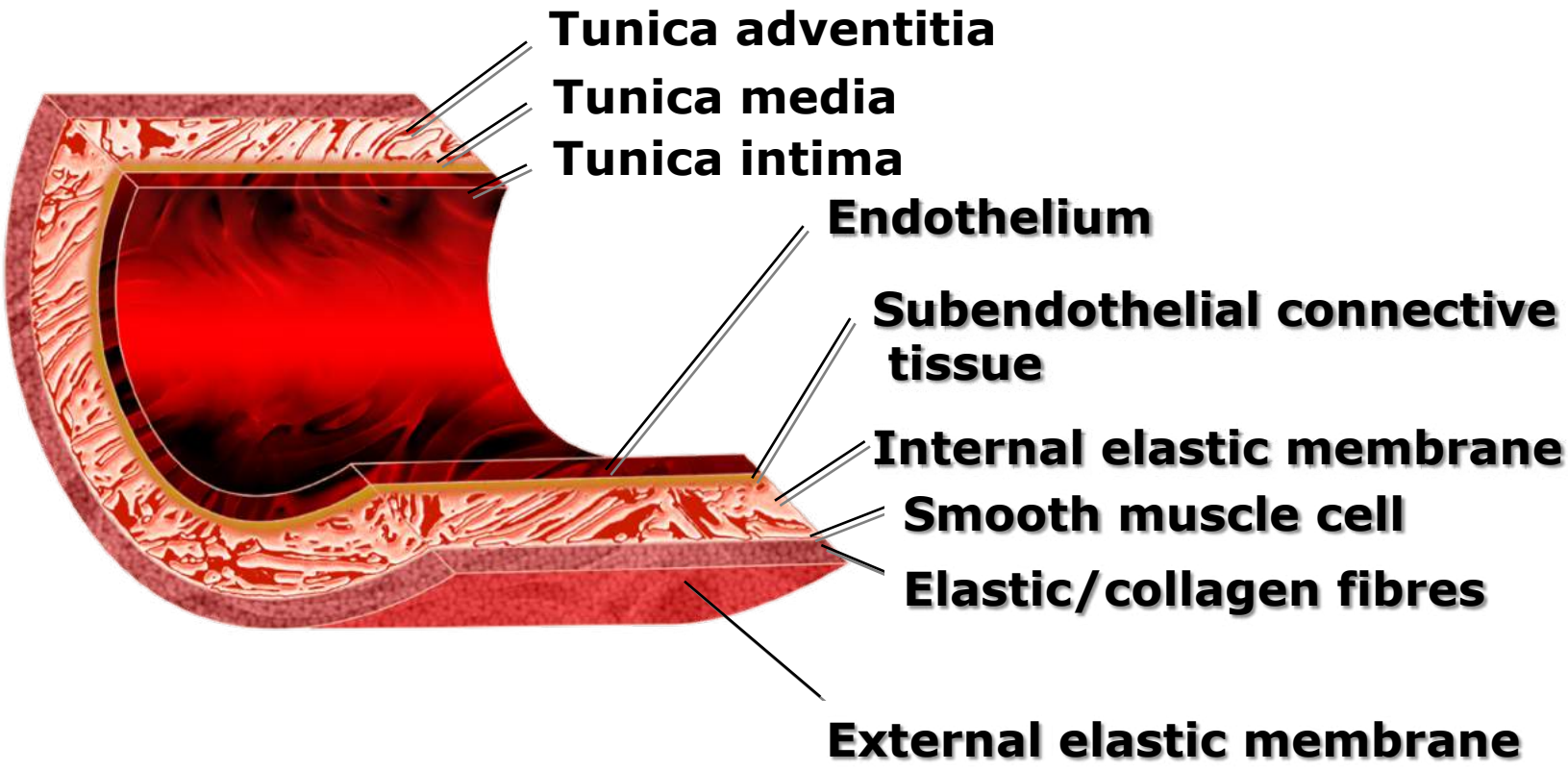
Understanding Heart Attack : Myocardial Infarction

- ♥ Atherosclerosis and Cardiovascular disease
- ♥ CV risk factors
- ♥ Managing CV risk factors and risk

Arteries of the body



Normal Arterial Wall



Adapted from Weissberg PL. *Eur Heart J Supplements* 1999:1:T13–18

Atherosclerosis: a generalized and progressive process in which the inside of an artery narrows due to the build up of plaque

Singapore Heart Foundation
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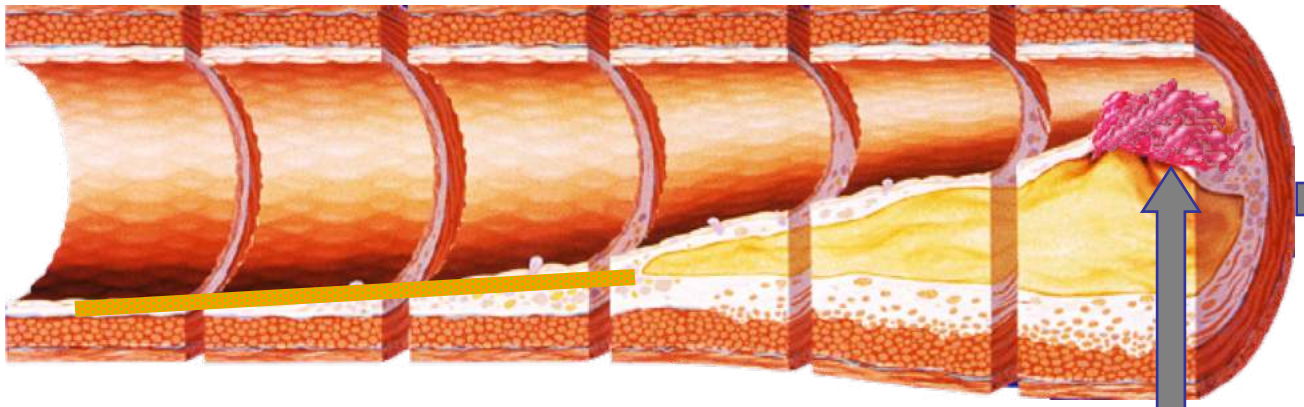
From Childhood to Old Age



Brain
Ischemic stroke/TIA

Heart
Unstable angina
ACS MI
Cardiovascular Death

Lower limbs
Critical leg ischemia

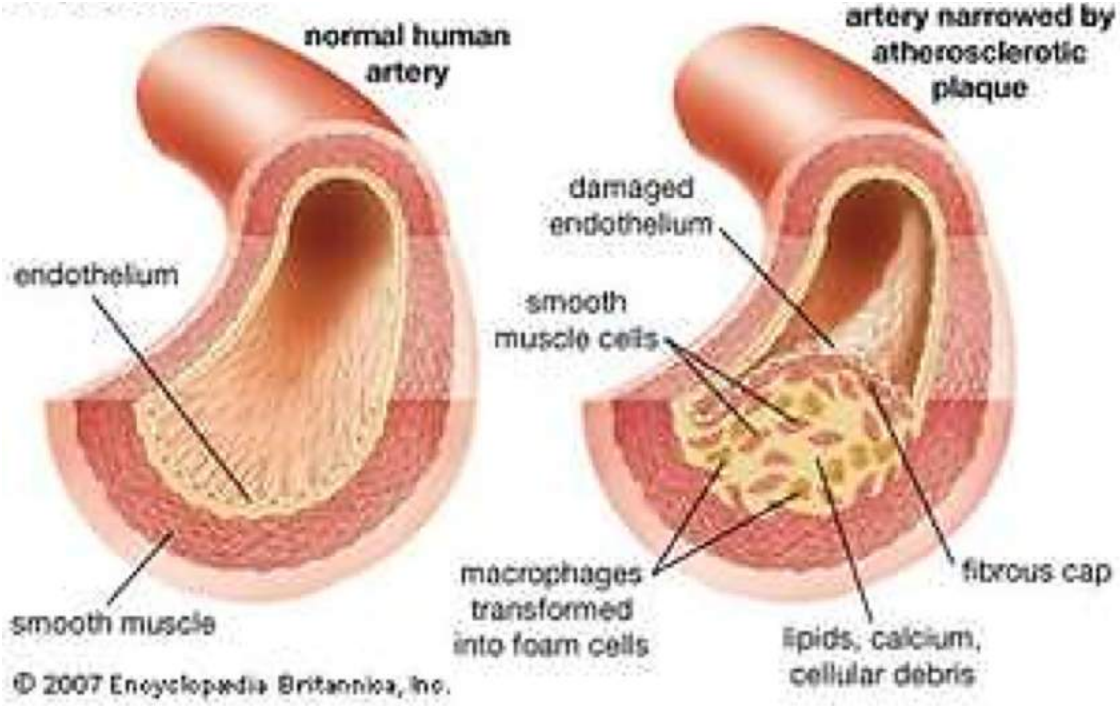
Atherosclerosis

Thrombosis

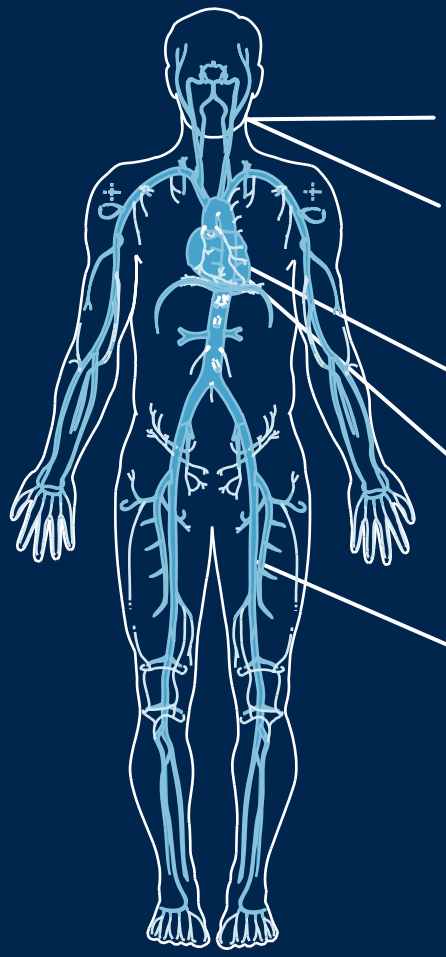
Neurological symptoms Angina Intermittent claudication

Adapted from Stary HC et al. *Circulation*. 1995;92:1355-1374 and Fuster V. *Vasc Med*. 1998;3:231-239.

Atherosclerosis



Clinical Manifestations of Atherothrombosis



Cerebral

Ischemic stroke

Transient ischemic attack

Cardiac

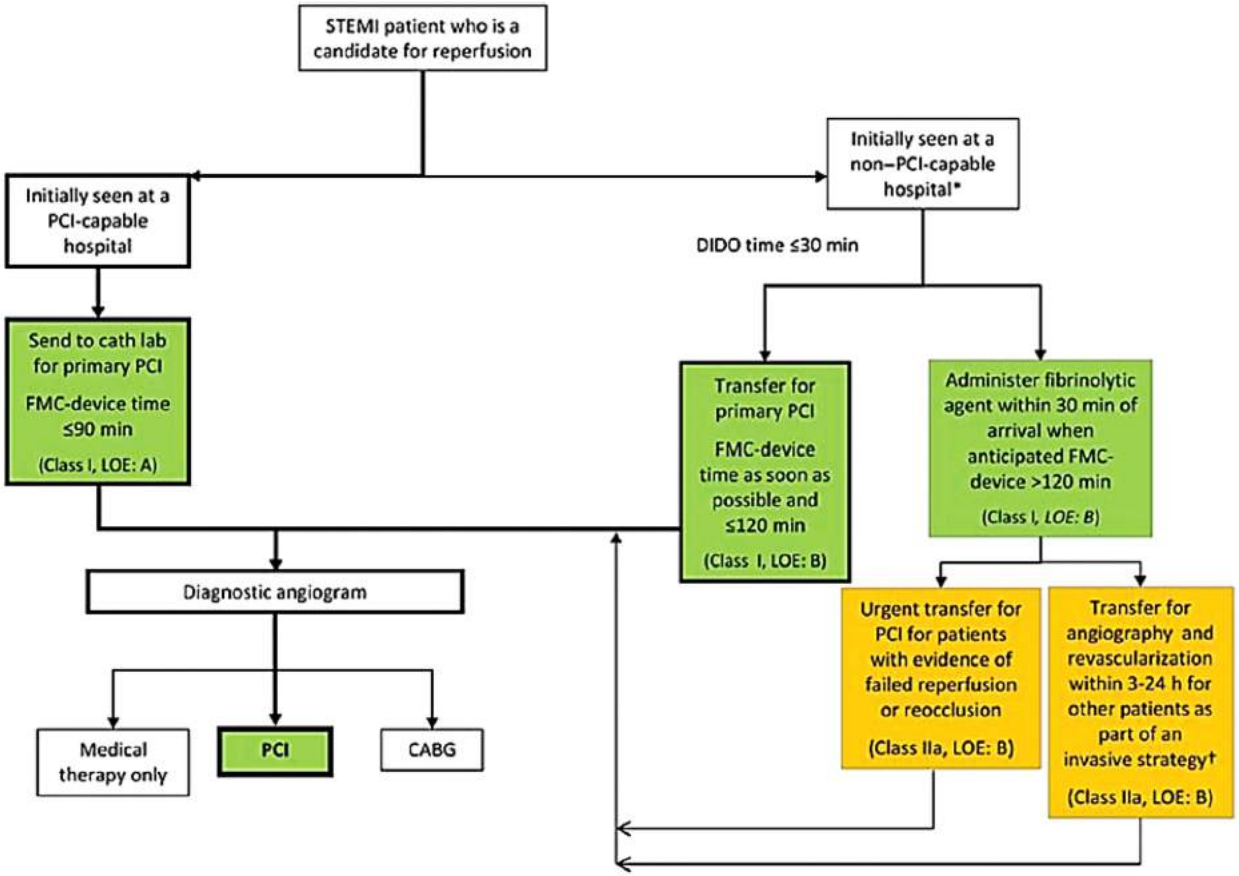
Myocardial infarction

Angina pectoris (stable, unstable)

Peripheral Arterial Disease

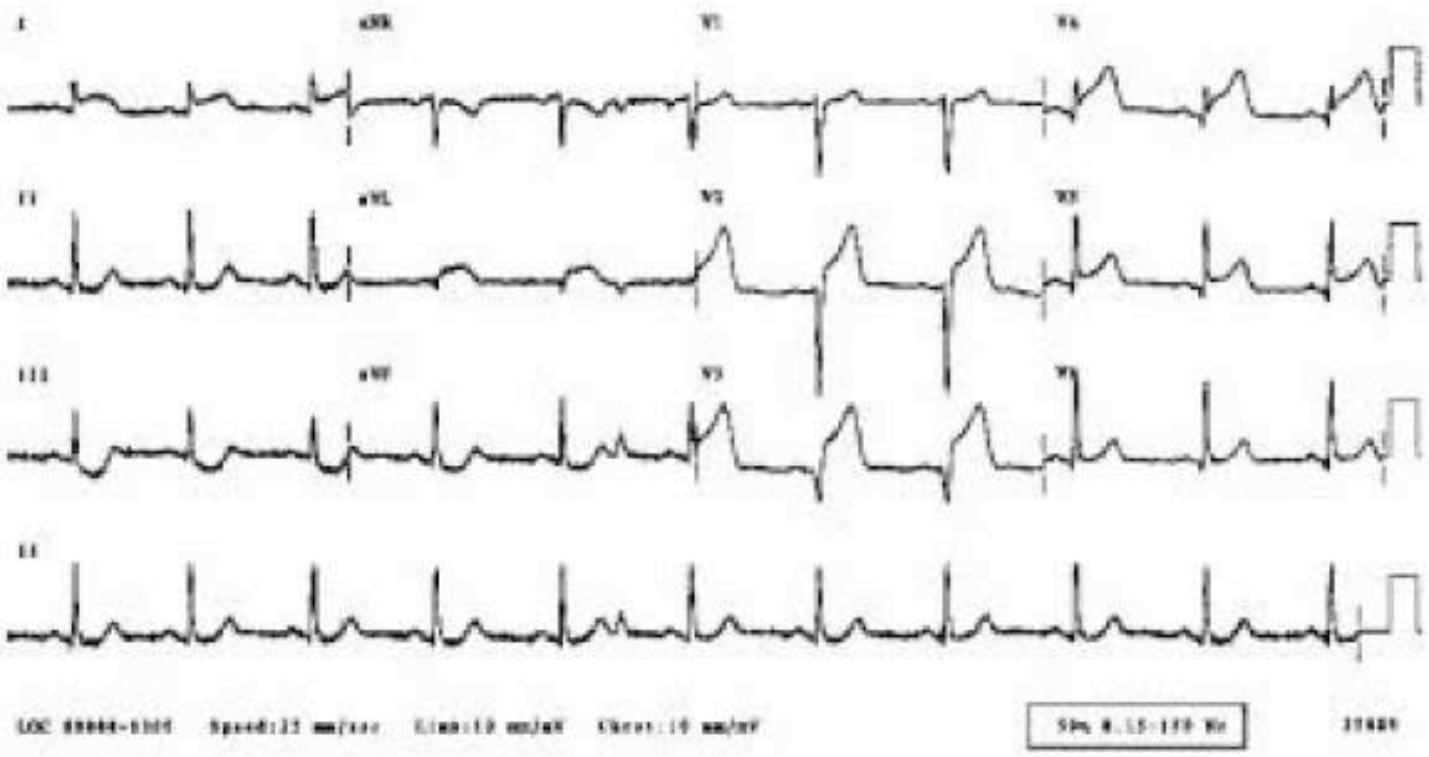
Critical limb ischemia, claudication

2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction Reperfusion Therapy for Patients with STEMI



*Patients with cardiogenic shock or severe heart failure initially seen at a non–PCI-capable hospital should be transferred for cardiac catheterization and revascularization as soon as possible, irrespective of time delay from MI onset (*Class I, LOE: B*). †Angiography and revascularization should not be performed within the first 2 to 3 hours after administration of fibrinolytic therapy.

ECG showing ST-Elevation Myocardial Infarction



Acute anterior myocardial infarction.

Chest Heart & Stroke Scotland

Singapore Heart Foundation
Your Heart We Care

What happens in the first few days after a heart attack?

- **You will be closely monitored in the first few days after your heart attack**

  Depending on the severity of your heart attack, the treatment you have received and your home situation, you will usually be in hospital for 3 to 5 days.

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What happens in the first few days after a heart attack?

- You will be closely monitored in the first few days after your heart attack
  Depending on the severity of your heart attack, the treatment you have received and your home situation, you will usually be in hospital for 3 to 5 days.
- The first 24-48 hours after a heart attack is when your condition will be most unstable.
  This period is often spent in a coronary care unit (CCU), a specialised intensive care unit for heart patients, or in an acute medical ward where your heart function can be monitored closely.

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  This period is often spent in a coronary care unit (CCU), a specialised intensive care unit for heart patients, or in an acute medical ward where your heart function can be monitored closely.
- As a result of your heart attack, other conditions can develop.
  For example, your heart may not be able to pump blood around your body as well as it did before (*heart failure*) or there may be damage to the control of the electrical activity of your heart (*arrhythmia*)

American Heart Association.

HEART ATTACK: DON'T WAIT FOR A SECOND

Singapore Heart Foundation
Your Heart We Care

5 Ways to Lower Your Risk of a *SECOND* Heart Attack

1 TAKE YOUR MEDICATIONS

Take medications as your doctor prescribed. They help you avoid another heart attack. Forgetting to take a dose or get a refill can lead to big health problems.

2 FOLLOW-UP WITH YOUR DOCTOR

Getting better means working together with your healthcare team. See your doctor within 6 weeks of your heart attack to help keeps your recovery on track.

3 PARTICIPATE IN CARDIAC REHAB

Cardiac rehabilitation improves your physical and emotional recovery by increasing your physical fitness, helping you adopt heart-healthy living, and addressing sources of stress.

4 MANAGE RISK FACTORS

Common risk factors include smoking, high cholesterol, high blood pressure and diabetes. Use medications and lifestyle changes to lower your risk of another heart attack.

5 GET SUPPORT

Sharing your journey to recovery with family, friends and other survivors can help reduce anxiety and loneliness.

2017 ESC Guidelines for the management of Acute myocardial infarction in patients presenting with ST-segment elevation

Recommendations for maintenance antithrombotic strategy after STEMI

Antiplatelet therapy with low-dose aspirin (75–100 mg) is indicated.

DAPT (Dual Antiplatelet Therapy) in the form of aspirin plus ticagrelor or prasugrel (or clopidogrel if ticagrelor or prasugrel are not available or are contraindicated) is recommended for 12 months after PCI, unless there are contraindications such as excessive risk of bleeding.

A PPI (proton pump inhibitor) in combination with DAPT is recommended in patients at high risk of gastrointestinal bleeding. I

2017 ESC Guidelines for the management of Acute myocardial infarction in patients presenting with ST-segment elevation

Recommendations for routine therapies in the acute, subacute, and long-term phases

ACE inhibitors are recommended, starting within the first 24 h of STEMI in patients with evidence of heart failure, LV systolic dysfunction, diabetes, or an anterior infarct.

An ARB, preferably valsartan, is an alternative to ACE inhibitors in patients with heart failure and/or LV systolic dysfunction, particularly those who are intolerant of ACE inhibitors.

MRAs are recommended in patients with an ejection fraction <_40% and heart failure or diabetes, who are already receiving an ACE inhibitor and a beta-blocker, provided there is no renal failure or hyperkalaemia

Oral treatment with beta-blockers is indicated in patients with heart failure and/or LVEF <_40% unless contraindicated.

It is recommended to start high-intensity statin therapy as early as possible, unless contraindicated, and maintain it long-term.
An LDL-C goal of < 1.8 mmol/L (70 mg/dL) or a reduction of at least 50% if the baseline LDL-C is between 1.8–3.5 mmol/L70–135 mg/dL) is recommended.

The use of medications in the secondary prevention of coronary artery disease in the Asian region

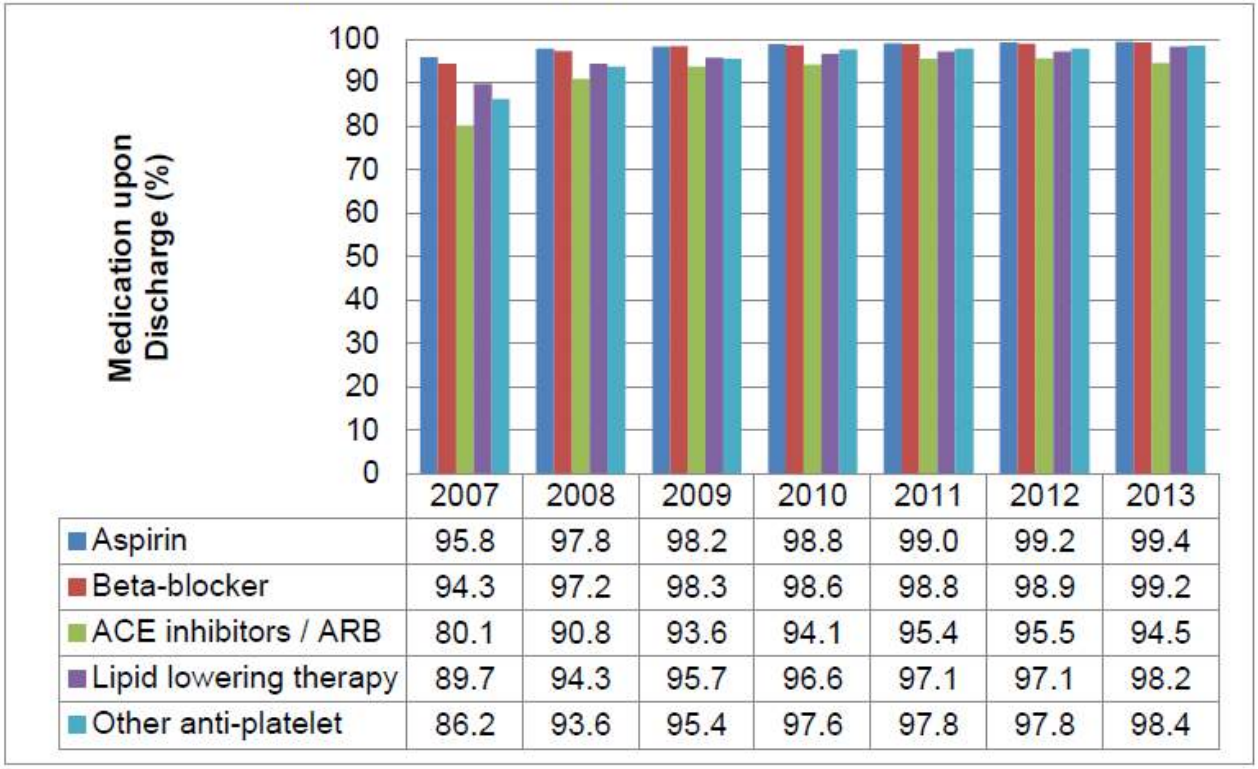
Jamshed Dalal, Lip-Ping Low, Dang Van Phuoc, Abdul Rashid Abdul Rahman, Eugenio Reyes, Arieska Ann Soenarta, Brian Tomlinson

In the post-discharge setting following hospital admission for acute coronary syndromes, medication prescription rates were low. Beta-blocker prescription rates ranged from 49% in China to 99% in Singapore, ACE-inhibitor/ARB prescription rates ranged from 28% in China to **96% in Singapore**, and lipid-lowering therapy rates ranged from 47% in China to 97% in Singapore. Aspirin/antiplatelet drug prescription rates ranged from 86% in Indonesia to 99.5% in Singapore. Recommendations are provided to improve patient outcomes and reduce the disease burden in Asia.

Conclusions: Despite recommendations issued in international and national guidelines, use of CAD medications in Asia remains suboptimal. In the absence of clear contraindications, all patients with unstable CAD should receive these agents as secondary prevention. This averts the need to target drug use according to risk, with high-risk features paradoxically associated with under-prescribing of such drugs.

Current Medical Research and Opinion Volume 31, 2015 - Issue 3

Figure 9.1.3 Medications upon Discharge (%)



	2007	2008	2009	2010	2011	2012	2013
Aspirin	95.8	97.8	98.2	98.8	99.0	99.2	99.4
Beta-blocker	94.3	97.2	98.3	98.6	98.8	98.9	99.2
ACE inhibitors / ARB	80.1	90.8	93.6	94.1	95.4	95.5	94.5
Lipid lowering therapy	89.7	94.3	95.7	96.6	97.1	97.1	98.2
Other anti-platelet	86.2	93.6	95.4	97.6	97.8	97.8	98.4

American Heart Association.

HEART ATTACK: DON'T WAIT FOR A SECOND

Singapore Heart Foundation
Your Heart We Care

5 Ways to Lower Your Risk of a *SECOND* Heart Attack

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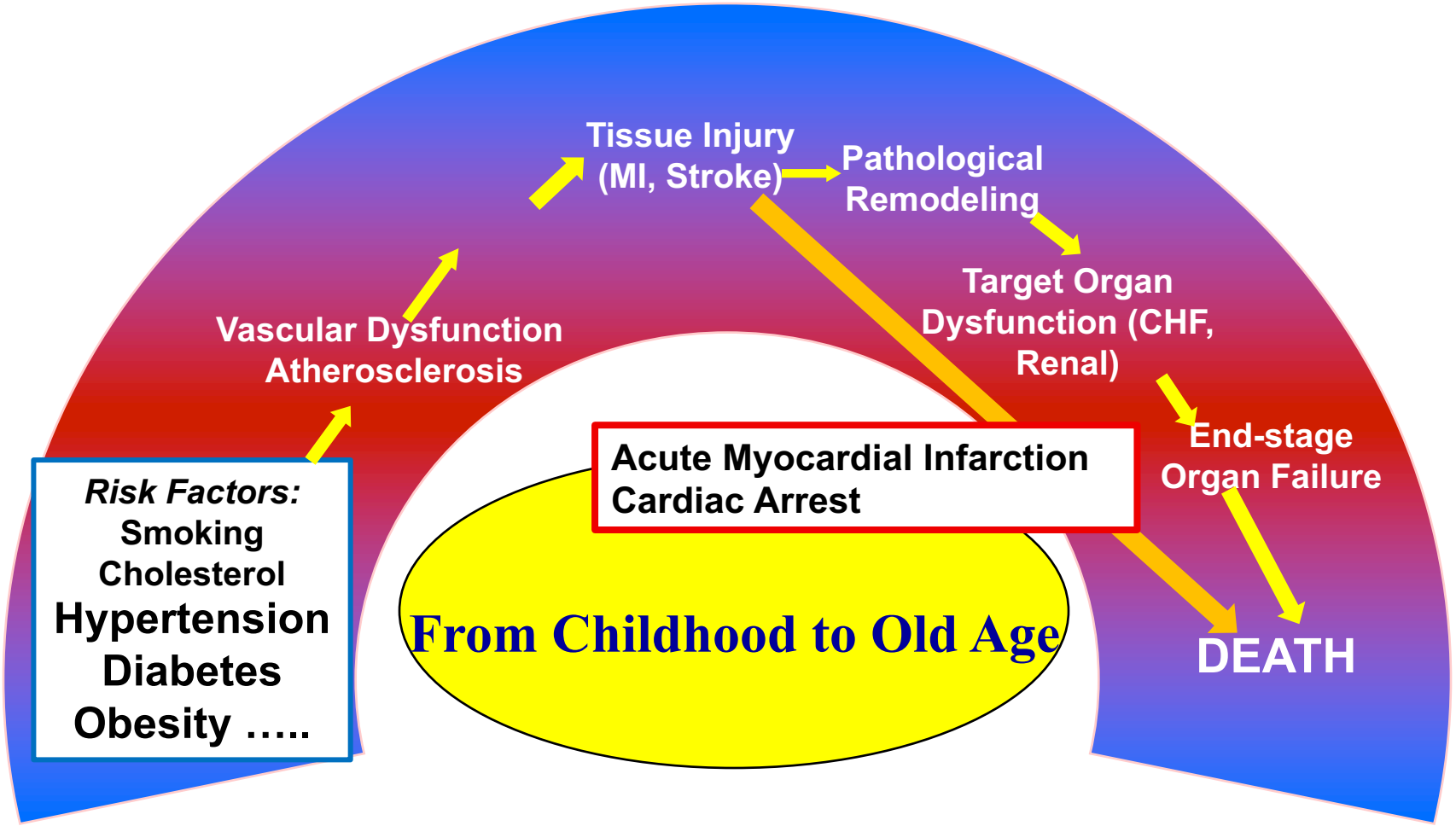
The Cardiovascular Continuum From Risk Factors to Cardiovascular Death ...



Adapted from Dzau V, Braunwald E. Am Heart J. 1991

Risk Factors for Cardiovascular Disease

- **Non-modifiable**
  - Personal history of CHD
  - Family history of CHD
  - Age
  - Gender
  - Ethnicity

- **Modifiable**
  - Smoking
  - Dyslipidaemia
    - raised LDL cholesterol
    - low HDL cholesterol
    - raised triglycerides
  - Raised blood pressure
  - Diabetes mellitus
  - Obesity
  - Dietary factors
  - Lack of exercise
  - Thrombogenic factors
  - Excess alcohol consumption

2017 ESC Guidelines for the management of Acute myocardial infarction in patients presenting with ST-segment elevation

Recommendations for behavioural aspects after STEMI

- It is recommended to identify smokers and provide repeated advice on stopping, with offers to help with the use of follow-up support, nicotine replacement therapies, varenicline, and bupropion individually or in combination

- It is recommended to start high-intensity statin therapy as early as possible, unless contraindicated, and maintain it long-term. An LDL-C goal of < 1.8 mmol/L (70 mg/dL) or a reduction of at least 50% if the baseline LDL-C is between 1.8–3.5 mmol/L70–135 mg/dL) is recommended.

MANAGEMENT OF THE SMOKING HABIT IN A REHABILITATIONPROGRAMME

THE SINGAPORE PROGRAMME

All new entrants to the Singapore Programme are interviewed concerning their social habits.

Smokers are then requested to meet with a member of the Working Group for a time of discussion. A detailed smoking history is then obtained, followed by a group discussion of the health hazards of smoking and possible strategies to stop the habit

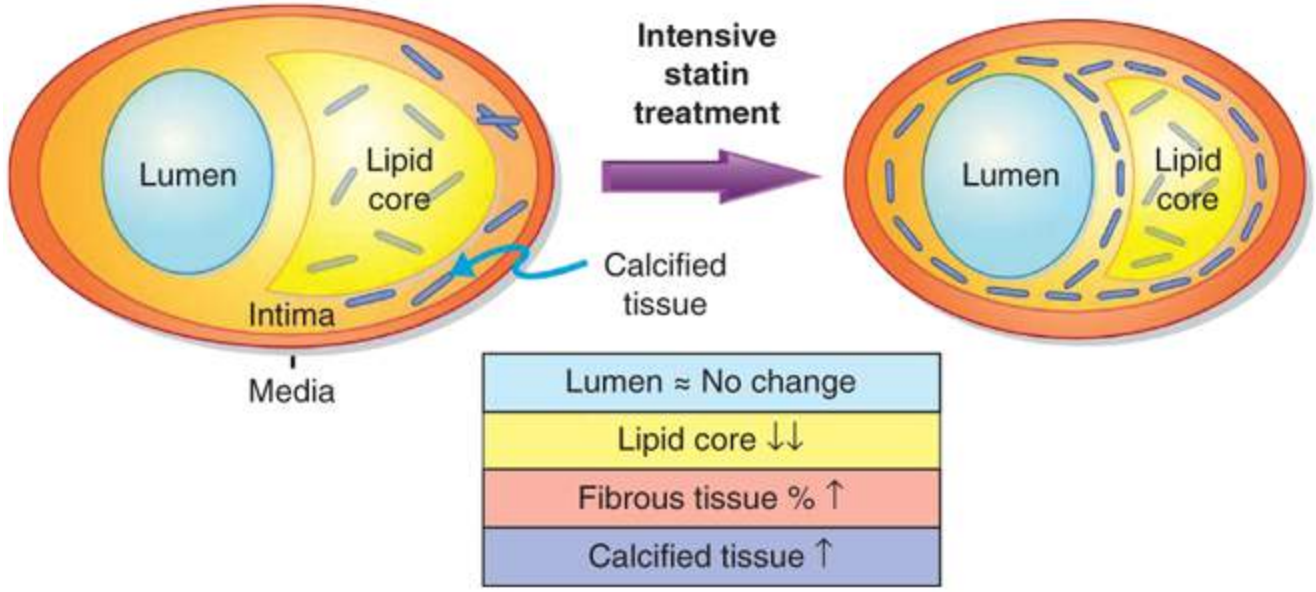
To date, 82% stopped almost immediately after the experience of the first attack.

A further 2 (9%) managed to stop after sometime, while 2 more are still struggling to quit the habit.

H.P. Lee, Chia B.L. C.H. Oon, B. Ee L.P. Low
SMJ VOLUME 22, No. 2 APRIL 1981

Effect of Lipid Lowering on Coronary Atherosclerosis

An integrated depiction of the effects of aggressive lipid lowering on human coronary plaques as revealed by "virtual histology" and other cross-sectional imaging studies.



Singapore Heart Foundation
Your Heart We Care

Chest Heart & Stroke Scotland

Cardiac rehabilitation

Cardiac rehabilitation (or cardiac rehab) is about getting the help and support you need to help you get yourself back to as full a life as possible after an event such as a heart attack, heart surgery or other cardiac procedure.

It's about supporting you to live with your heart condition, to stay as healthy as possible, and to reduce the chance of you having another heart event.

When you leave the hospital after your heart attack, you will usually be referred to the local cardiac rehab team. The cardiac rehab team may include a wide range of healthcare professionals, such as cardiac rehab nurses and physiotherapists.

Chest Heart & Stroke Scotland

Singapore Heart Foundation
Your Heart We Care

Cardiac rehabilitation

Your assessment will be with a member of the cardiac rehab team.

They will discuss a number of issues with you, including:

- **What you understand about what happened and how you have been feeling since your heart event**
- **Any other health conditions you have**
- **Risk factors for heart disease, such as what your diet is like and whether you smoke**
- **The medication that you are taking and if you are having any problems with your medicines**

They may take some measurements too, including your weight, height and waist measurement and your blood pressure. Using this information, the cardiac rehab team will work with you to develop an individual care plan based on your needs.

Chest Heart & Stroke Scotland

Singapore Heart Foundation
Your Heart We Care

Cardiac rehabilitation programme

- **Relaxation. You may be taught relaxation techniques and how to manage stress.**

- **Emotional support. During your cardiac rehab your emotional and mental health will be assessed regularly to make sure that you are getting the support you need.**

- **If you and the cardiac rehab team think it is appropriate you may be referred for psychological support to help with stress management, anxiety or depression.**

Coming to Grips With Your Feelings

Some patients may need professional help or medicine for depression. These are normal reactions, and you should talk about these feelings with your doctor

Your family, friends, and coworkers will be affected by your heart attack as well. They will have concerns about your future and questions about your condition. Lifestyle changes, and even something as simple as a new diet, may cause stress within your family.

A positive attitude toward recovery and treatment can help a lot as you struggle to deal with your feelings.

Chest Heart & Stroke Scotland

Singapore Heart Foundation
Your Heart We Care

Cardiac rehabilitation programme

- **Exercise. This will mostly be 'aerobic' exercises to improve your muscles, heart and circulation and to help you gain confidence.**
  Aerobic exercises are exercises such as walking and cycling that increase your heart rate and get you breathing faster.
- **Education. This may cover areas such as how the heart works, risk factors for heart disease, treatments for heart conditions, healthy lifestyles, practical issues such as driving or returning to work, and what to do if you feel unwell.**

Intimacy and sex

When is it safe to have sex again?
Having sex takes about the same exertion as brisk walking or climbing up two flights of stairs.

So as a general guide, if you can do that level of exercise without getting chest pain or short of breath, you're probably fit enough to have sex.

The risk of triggering a cardiac event during sex are very low if you can do that level of exercise.

Intimacy and sex

When is it safe to have sex again?

If you have had heart surgery, wait until your breastbone has healed (about six to eight weeks after the operation). Don't put any pressure or stress on your chest. Some positions may be more comfortable than others.

Stop having sex if you experience the warning signs of a heart attack. If you have breathlessness or chest discomfort during or after sex, you should consult your doctor

A PRELIMINARY SURVEY OF THE PSYCHO -SOCIAL EFFECTS OF MYOCARDIAL INFARCTION OF PATIENTS ATTENDING A CARDIAC REHABILITATION PROGRAMME

Table 3

Change in diet	No.
No change	1
Less rice, sugar and fats	13
Less rice and sugar	2
Less sugar and fat	2
Less fat only	2
Total	20

S. Y. Chung, H. P. Lee,C. H. Oon,L. P. Low SINGAPORE MEDICAL JOURNAL VOLUME 21, No.8 DECEMBER 1980

A PRELIMINARY SURVEY OF THE PSYCHO -SOCIAL EFFECTS OF MYOCARDIAL INFARCTION OF PATIENTS ATTENDING A CARDIAC REHABILITATION PROGRAMME

Table 4
(more than 1 reason may be given)

Reason for decreased sexual activity	No.
Patient's anxiety regarding his heart	9
Decrease in libide	6
Spouse's anxiety for patient's health	5
Other reasons	3

n = 13

"Other reasons" consisted of "too tired", "I need more rest" and "I sleep earlier nowadays."

Table 5

Most important reason	No.
Patient's anxiety regarding his heart	5
Spouse's anxiety regarding patient's heart	3
Other reasons	3
Decreased libido	2
Total	13

S. Y. Chung, H. P. Lee,C. H. Oon,L. P. Low SINGAPORE MEDICAL JOURNAL VOLUME 21, No.8 DECEMBER 1980

Cardiac Rehabilitation in Singapore
The Beginning

A senior civil servant was admitted for an uncomplicated myocardial infarction in 1978

He wanted to resume exercise. His doctor (LLP) spoke to the then Medical Superintendent of Singapore General Hospital Dr Kwa Soon Bee who gave permission for a room in the Rehabilitation Department to be set aside for patients after a myocardial infarction to exercise under medical supervision

Cardiac Rehabilitation in Singapore
The Beginning

Dr Kwa appointed a workgroup under Dr Low Lip Ping to look into this new service. Thus began cardiac rehabilitation in Singapore

Singapore General Hospital Cardiac Rehabilitation Work Group 1980

Chairman - Dr. Kwa Soon Bee,
Deputy Chairman - Dr. Low Lip Ping;
Co-ordinator -Dr. Oon Chong Hau;

Med. Unit I - Dr. Bernard Ee;
Med. Unit II -Assoc. Prof Chia Boon Lock;
Med Unit III - Dr. Wan Shoung How;
Dept. of Rehabilitation Medicine - Dr. Robert Don and Dr. Tan Eng Seng;
Runme Shaw Centre for Sports Medicine and Research -Dr. Giam Choo Keong and Dr. Teh Kong Chuan

THE ORGANISATION AND REHABILITATION OF THE POST MYOCARDIAL INFARCTION PATIENT

SINGAPORE GENERAL HOSPITAL
CARDIAC REHABILITATION WORK GROUP
SGH Cardiac Rehabilitation Work Group Members: -
Dr S B Kwa (Chairman)
Dr Oon Chong Hau (Co-ordinator)
Prof B L Chia
Dr Bernard Ee
Dr Oon Chong Teik
Dr Giam Choo Keong
Dr Richard Ng
Dr Lee Hin Ping
Dr Teh Kong Chuan
Dr L P Low

SYNOPSIS

Thirty patients were taken into a pilot cardiac rehabilitation programme at the Singapore General Hospital over one year. Exercise testing was undertaken at least six weeks post infarct and patients entered the programme on attainment of 60% predicted maximal heart rate. Exercises were conducted thrice weekly and lasted about forty-five minutes at each session. Angina and premature ventricular contractions were noted in a minority of patients. No cardiac arrest occurred during the exercises. The study shows an exercise programme in a general hospital is safe and feasible.

SINGAPORE MEDICAL JOURNALVOLUME 22, No. 4 AUGUST 1981

Cardiac Rehabilitation in Singapore
The Beginning

PATIENT REACTION TO THE SINGAPORE GENERAL HOSPITAL CARDIAC REHABILITATION PROGRAMME

Presented at the Third Asean Federation of Cardiology Congress - 1980 Post Congress Workshop "Exercise Cardiology",Singapore, September 27-28, 1980

“ This programme was started in March 1979 on the firm belief that CONTROLLED, REGULATED, SUSTAINED, ENDURANCE EXERCISE PROGRAMME is a key factor in the rehabilitation of a heart patient.

In the initial stage, four heart patients, after being examined by the doctors, were put into this programme. Later, other heart patients on the recommendations of the doctors, joined in. At this moment of time, there are 28 active participants (note: no longer called patients), whilst three others have opted out and seven faded out of the exercise programme……..”

F Sabapathy Singapore Medical Journal VOLUME 22, No. 4 AUGUST 1981

Cardiac Rehabilitation in Singapore
The Beginning

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Presented at the Third Asean Federation of Cardiology Congress - 1980 Post Congress Workshop "Exercise Cardiology",Singapore, September 27-28, 1980

"The strategy in this present programme is the use of an exercise prescription to enable walk and jog which is related to the condition of the heart patient. We have entered into a rhythmic exercise programme that involves particularly the larger muscles. Exercises of isometric contractions are avoided.

The patients in this programme meet at the Singapore General Hospital Rehabilitation Centre for three times a week to undergo the prescribed exercise programme under the supervision of a Doctor, an ICU Nurse and a physiotherapist per session, who ensure that the exercises are not competitive in nature and that the participants are following the exercise prescriptions without any untoward effects. ……."

F Sabapathy Singapore Medical Journal VOLUME 22, No. 4 AUGUST 1981

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The Beginning

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"We have formed the Singapore Coronary Club with the blessings of the Ministry of Health, Singapore National Heart Association and Singapore Sports Council and we hope to play a more important part in community research from the findings of the participants of the programme.

We wish to emphasize that exercise cardiology has changed our living style and habits and made us more conscious of the ill effects of wrong diets, smoking habits and stress ...."

F Sabapathy Singapore Medical Journal VOLUME 22, No. 4 AUGUST 1981

2004

SHF established its first stand-alone Cardiac Rehabilitation Centre at 10 College Road

Total Clients 2041 (as of 31 December 2018)			
DSA	Bishan	Fortune	Gombak
43	1,403	511	84

2006

The SHF-Isetan Foundation Heart Wellness Centre incorporating Cardiac Rehabilitation and Heart Wellness was opened in Bishan Junction 8 the new home of SHF

Heart Wellness Centre @Bishan

2014

2nd Heart Wellness Centre – the SHF-Life Insurance Association Heart Health Hub in Fortune Centre was opened

2018

SHF Heart Wellness Centre @Buikit Gombak Sports Hall

SINGAPORE PREVENTION & CARDIAC REHABILITATION SYMPOSIUM 24 October 2015

Organised by Singapore Heart Foundation

Singapore Heart Foundation
Your Heart We Care

The SHF Heart Wellness and Cardiac Rehabilitation Programme

"During this programme, participants were required to undergo a series of exercise, nutritional, smoking cessation and psychosocial counselling sessions.

All participants were required to maintain an exercise log.

Programme staff also organised monthly support groups and ensured that health and safety guidelines were followed.

Participants were required to attend a minimum of three exercise therapy sessions per week, at a cost of SGD 3 (about USD 2.41) per session. Each 1.5-hour session involved a combination of warm-up, aerobics, resistance training and cool-down exercises. The exercise programme was at a low-to-moderate intensity with a maximum oxygen consumption of 60%–80%; this varied according to the individual's physical condition.

Participants were required to have their physical and clinical variables remeasured with relevant laboratory parameters provided by their physicians ……"

Yu Heng Kwan, Kheng Yong Ong, Hung Yong Tay, Joanne Yeh
Heart Wellness Programme: a pilot community-based cardiac rehabilitation programme in a multiethnic society Singapore Med J 2016; 57(4): 188-190

Cardiac Rehabilitation in Singapore
40 years on

Heart Wellness Programme: a pilot community-based cardiac rehabilitation programme in a multiethnic society

RESULTS

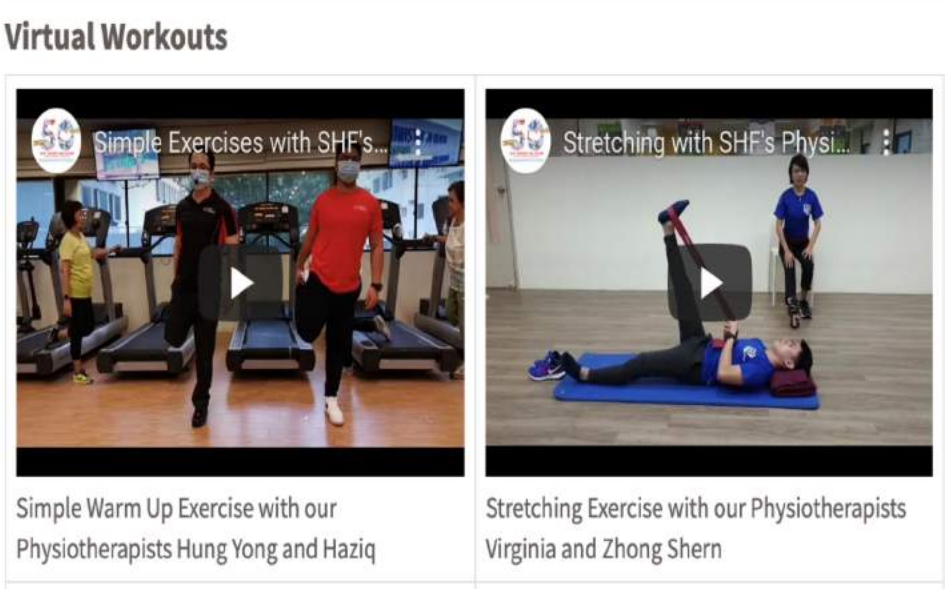
Complete data from a total of 136 patients was analysed.

Improvements were noted in

body fat percentage (change [Δ] –1.3%, p < 0.01),
distance walked (Δ 9.7 m, p = 0.01),
total cholesterol (Δ –7.8 mg/dL, p = 0.03),
low-density lipoprotein (Δ –7.8 mg/dL, p = 0.03) and
triglyceride (Δ –17.8 mg/dL, p < 0.01).

Yu Heng Kwan et al Singapore Med J 2016; 57(4): 188-190

Home-based Rehabilitation



Samples of videos done by SHF

In light of the COVID-19 situation and in compliance to the Circuit Breaker measures, SHF has to close three cardiac rehab centres in April and May 2020. To help clients to continue exercising from home, the Foundation's Physiotherapists and Communications team worked together to create exercise videos which they can easily follow at home.

Home-based Rehabilitation

Home Exercise with our Physiotherapist Haziq

Resistance Band Exercise with our Physiotherapist Fendi

Samples of videos done by SHF

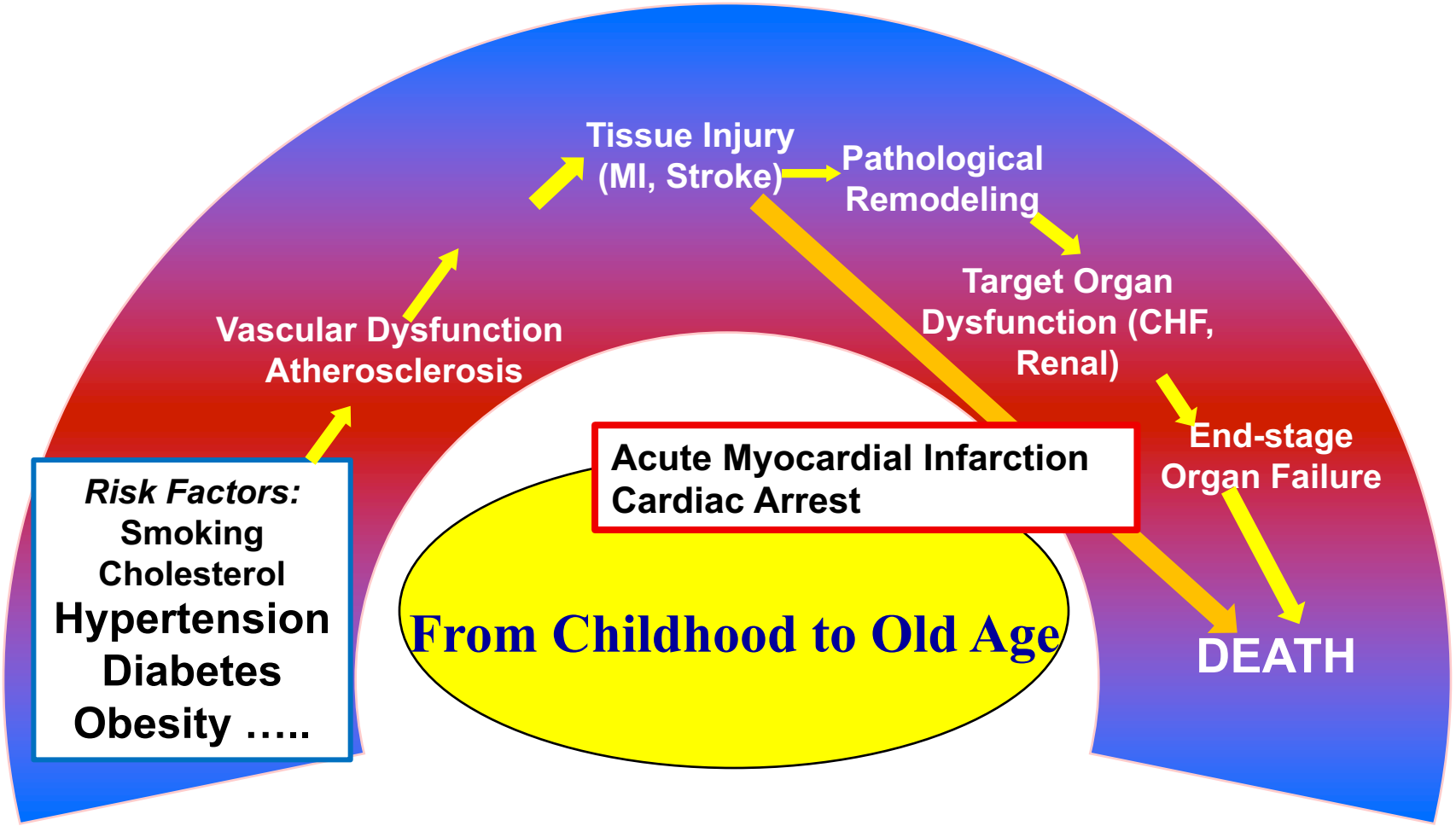
.

This included Facebook Live and pre-recorded videos.

The videos are shared on the following platforms:

- **SHF website**
- **SHF social media pages like Facebook and YouTube**
- **WhatsApp (sent direct to the clients)**

The Cardiovascular Continuum From Risk Factors to Cardiovascular Death ...



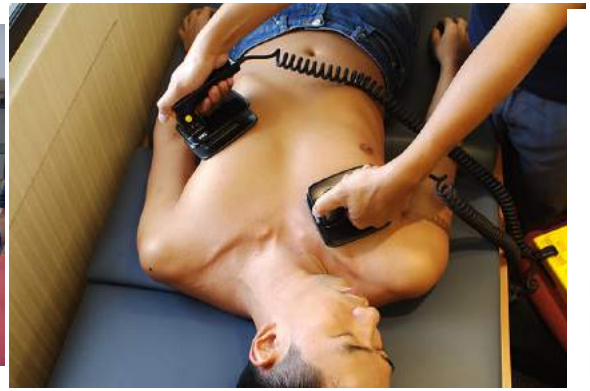
Adapted from Dzau V, Braunwald E. Am Heart J. 1991

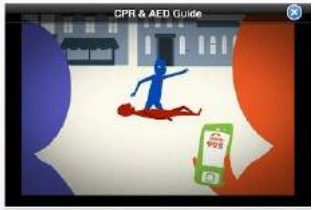
Learn CPR (cardiopulmonary resuscitation) – This Includes Family Members and Colleagues of A Heart Attack Survivor

Statistics indicate that 70%-80% of cardiac arrest cases occur either in the home or at public places. In such cases, the person nearest at hand to the victim is often a bystander with no medical expertise such as a relative, an office colleague, or a passer-by. If those present at the scene are able to provide CPR to the victim promptly, the latter's chances of survival are significantly increased.

CPR + AED Certification Course

The Singapore Heart Foundation's Heart Safe mission is to improve the out-of-hospital sudden cardiac arrest survival rate in Singapore by creating an environment for more effective use of CPR and Automated External Defibrillators (AED) in the community through various initiatives.





RESTART A HEART PROGRAMME

Singapore Heart Foundation

Learn hands-only CPR and how to use an AED

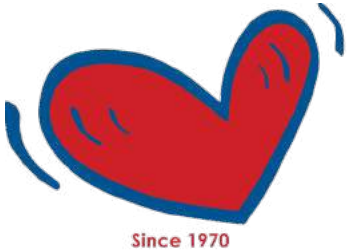
For more information, please email restart@heart.org.sg or call 6354 9379/73

After the initial management and stabilization of the patient who has suffered an acute myocardial infarction (MI), the goals of care for these patients are to

- **prevent long-term complications,**
- **restore normal activities**
- **actively modify lifestyle and risk factors.**

These goals are achieved with

- **the use of cardioprotective medications**
- **diet**
- **cardiac rehabilitation which encourages physical activity patient education social and psychological support**



Singapore Heart Foundation

Your Heart *We* Care

Thank You for Your Attention