

GOALS	INTERVENTION
Psychosocial management:	<p>Assess level of social support needed.</p> <p>Monitor symptoms of depression and anxiety.</p> <p>Advise on return to vocational activity, driving and return to sexual activity.</p> <p>Refer to home or hospital based comprehensive cardiac rehabilitation programme.</p>
Smoking goal: Complete cessation	<p>Assess tobacco use. Strongly encourage patient and family to stop smoking and avoid smoke. Facilitate counselling, pharmacotherapy and cessation programmes as appropriate.</p>
Physical activity goal: At least 30 minutes on most days of the week	<p>Assess exercise risk, preferably with exercise test to guide prescription. A gradual increase to periods of physical activity of at least 30 minutes most days of the week and an increase in daily lifestyle activities is advised.</p> <p>Vigorous exercise is not routinely recommended.</p> <p>The benefits of regular moderate physical activity overall, considerably outweigh any risk of sudden death.</p>
Nutrition management goal: Adoption of a cardioprotective dietary pattern	<p>This dietary pattern includes:</p> <ul style="list-style-type: none"> • Large servings of fruit, vegetables and whole grains • Low fat dairy products • Small servings of unsalted nuts and seeds regularly • Fish or legumes frequently in place of fatty meat and full fat dairy products • Small lean meat servings.
Weight management goal:	<p>For overweight or obese patients, an individually planned nutritionally balanced diet may be considered. The initial goal of weight loss should be to reduce the patient's weight by 10%. Encourage exercise and nutrition goals.</p>
Lipid lowering medication goals: Total cholesterol < 4 mmol/L LDL cholesterol < 2.5 mmol/L	<p>Ensure cardioprotective dietary change. Promote exercise and weight management. Assess fasting lipid profile. Start drug therapy (statin generally most appropriate; consider adding fibrate if low HDL or high TGL).</p>
BP control goal: <120-140 / 80-90 or lower if diabetes	<p>Ensure lifestyle measures. Add BP medication individualised to patient characteristics.</p>
Antiplatelet agents	<p>Continue aspirin indefinitely. If aspirin contraindicated, consider warfarin.</p>
Beta blockers	<p>Continue betablockers indefinitely unless contraindicated.</p>
ACE inhibitors	<p>Continue ACE inhibitor indefinitely in high-risk, post MI patients (anterior MI, previous MI, LV dysfunction or CHF).</p> <p>Consider chronic therapy in other patients.</p>

For more detailed information on the evidence base to these recommendations, or lists of cardiac rehabilitation services, refer to the summary of the cardiac rehabilitation guidelines, or the full text of the guideline available from www.nzgg.org.nz or www.heartfoundation.org.nz. These guidelines have been endorsed by:

