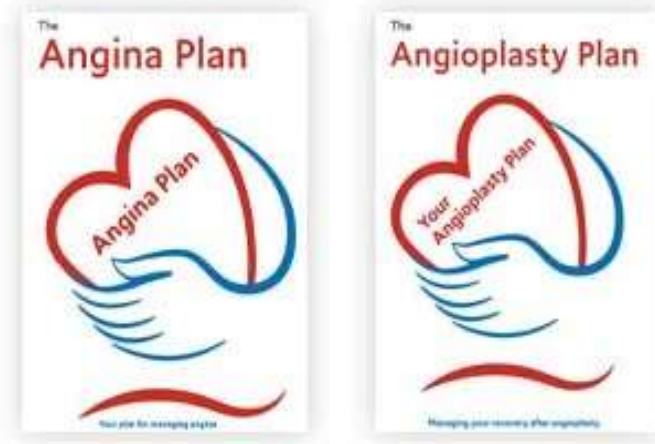


# Angina Plan & Angioplasty Plan



**Be part of the revolution in home-based rehab by becoming a facilitator of patient care:**

- **We have trained over 1,000 people across the UK to become facilitators**
- **Provided over 30,000 Angina Plan patient packs**
- **More than 20,000 Angioplasty Plan patient packs**

**See our website: [www.anginaplan.org.uk](http://www.anginaplan.org.uk)**

**Please contact us to discuss your needs for the Angina Plan or the Angioplasty Plan:**

**Tel: 01904 321741**

**Email: [admin@anginaplan.org.uk](mailto:admin@anginaplan.org.uk)**

## **The Angina Plan and the Angioplasty Plan**

Built on a strong evidence-based self-management programme for people with angina the two plans included tailored educational approaches underpinned by cognitive-behavioural techniques. The approach works with patients' beliefs and emotions with techniques such as goal setting to facilitate health related behaviour change. In a randomised controlled trial the Angina Plan was found to be better than secondary prevention nurse counselling at reducing anxiety and depression, improving physical functioning and was found to reduce angina by 43%.

## **How do they work?**

Patients receive a workbook and relaxation programme on CD/download which they work through with a "Facilitator". The programmes are most commonly delivered via a 45 minute to 1 hour first session with 4 ten-minute follow-ups online by phone or clinic appointment over the next 12 weeks. Both programmes include:

- Risk factor reduction
- Goal setting and pacing for activities
- Stress reduction and relaxation
- Dealing with unhelpful beliefs
- Strategies to help foster good coping skills
- Diary sheets for patients to record their progress

## **Becoming a facilitator**

Only people who have passed the facilitator training can run the programmes. Any health professional (nurse, physiotherapist, occupational therapist, doctor etc.) can do the training as can others (e.g. exercise trainers or other health trainers) so long as they work in a health service trust and have supervision.

Training for both programmes is via the Angina Plan Facilitator Training Programme delivered remotely, followed by an online assessment. Once you have been successful, your name will be added to the Angina Plan Facilitator Database, you will receive a certificate and will be able to order copies of the patient pack.

## The Angina Plan Study

The Angina Plan was tested in a randomised controlled trial compared with a routine secondary prevention clinic.

Background: There are approximately 1.8 million patients with angina in the United Kingdom, many of whom report a poor quality of life, including raised levels of anxiety and depression.

Aim: To evaluate the effect of a cognitive behavioural disease management programme, the Angina Plan, on psychological adjustment in patients newly diagnosed with angina pectoris.

Design of Study: Randomised Controlled Trial

Setting: Patients were recruited from GP practices in a Northern UK city (York) between April 1999 and May 2000. Method: Recruited patients were randomised to receive the Angina Plan or to a routine, practice nurse-led, secondary prevention session.

Results: Twenty of the 25 practices invited to join the study supplied patients' names; 142 patients attended an assessment clinic and were randomised. There were no significant differences in any baseline measures. At the 6 month post-treatment follow-up, 130 (91%) patients were reassessed. When compared with the educational session patients (using analysis of covariance adjusted for baseline scores in an intention-to-treat analysis) Angina Plan patients showed a greater reduction in: anxiety ( $P=0.05$ ), and depression ( $P=0.01$ ), the frequency of angina (reduced by three episodes per week, versus a reduction of 0.4 per week,  $P=0.016$ ), the use of glyceryl trinitrate (reduced by 4.19 fewer doses per week versus a reduction of 0.59 a week,  $P=0.018$ ), and physical limitations ( $P<0.001$ : Seattle Angina Questionnaire).

They were also more likely to report having changed their diet (41 versus 21,  $P<0.001$ ) and increased their daily walking (30 versus 2,  $P<0.001$ ). There was no significant difference between the groups on the other sub-scales of the Seattle Angina Questionnaire or in any of the medical variables measured.

Conclusions: The Angina Plan appears to improve the psychological, symptomatic and functional status of patients newly diagnosed with angina

© British Journal of General Practice, 2002, 52, 194-201, rcgp.org.uk. Lewin RJP, Furze G, Robinson J, Griffith K, Wiseman S, Pye M, Boyle R. A randomised controlled trial of a self-management plan for patients with newly diagnosed angina. British Journal of General Practice 2002; 52: 194-201

## Patient satisfaction

When patients attended for a final assessment they completed a satisfaction questionnaire.

The study reports that "Patients showed a high satisfaction with the Angina Plan." Patients also found the Angina Plan "easy to understand, confidence building, educational and motivational (for lifestyle change)." Sykes, Nelson and Marshall. 2006 Patient satisfaction in a rapid access chest pain clinic. British Journal of Cardiology, 13: 361-2

What are the options for delivering the programmes?

How you deliver the programmes is up to you – the programmes are flexible. They have been successfully delivered in hospital, in the community, in general practice or by a combination of these (perhaps started in the hospital and continued in the community).

The Angina Plan has also been successfully delivered by lay facilitators working under the supervision of the community team, to individuals, one-to-one option or in group settings.