



The *Journal of Cardiovascular Nursing* is the official journal of the Preventive Cardiovascular Nurses Association (PCNA). PCNA is the leading nursing organization dedicated to preventing cardiovascular disease through assessing risk, facilitating lifestyle changes, and guiding individuals to achieve treatment goals.

Walk with and learn from the President of American Heart Association, travel and listen to heart failure experts in the car, or lounge on the couch and learn from The Preventive Cardiovascular Nurses Association (PCNA) board members and other thought leaders. Tune into the *Heart to Heart Nurses* podcast series wherever you are to gain insights, information, and inspiration for your practice.

Catch up on new episodes including

- Primordial CVD Prevention,
- Leadership in Cardiovascular Nursing, and
- Familial Hypercholesterolemia.

Find PCNA's Heart to Heart Nurses podcast series at pcna.net and wherever you listen to podcasts.

Board of Directors' Transitions

The Preventive Cardiovascular Nurses Association is pleased to announce the addition of Diana Baptiste, DNP, RN, CNE, FPCNA, FAAN, to our Board of Directors. Dr Baptiste of Johns Hopkins School of Nursing's Center for Cardiovascular and Chronic Care joins 13 other board members whose role is to provide overall strategic guidance to the organization.

Eileen M. Handberg, PhD, ANP-BC, FACC, Professor of Medicine and Director of the Cardiovascular Clinical Trials Program in the Division of Cardiovascular Medicine at the University of Florida, was elected as the 2022–2023 President.

During this time of transition, we would like to extend a special thank you to Kathy Berra for her many years of service to PCNA. As a founding board member, she is retiring from the Board after more than 30 years with the organization. We are also grateful to Kim Newlin for her time on the Board of

Directors and service to our mission of promoting nurses as leaders in cardiovascular disease prevention and management.

Lipoprotein(a): What You Need to Know

Elevated levels of lipoprotein(a) (Lp[a]) are considered a risk factor for coronary heart disease.^{1,2} Recently, high levels of Lp(a) have been linked as a risk factor for atherosclerotic cardiovascular disease and calcific aortic valve disease.³ Although levels of Lp(a) are genetically determined and relatively stable over time, levels of Lp(a) increase with age and with acute illness such as myocardial infarction.⁴ Lipoprotein (a) levels are higher in women, rising a mean of 8% post menopause.⁵

LPA Genetic Screening, which is an alternative Lp(a) testing process, can determine risk of coronary heart disease at a rate higher than other genetic biomarkers. For the sake of preventive care, some recommend LPA Genetic Screening for everyone⁶; however, strongly recommended candidates for LPA screening include those with a personal or family history of premature cardiovascular disease, recurrent cardiovascular events (especially those in whom comprehensive secondary prevention strategies have been used or those who have had an inadequate low-density lipoprotein cholesterol responses to potent lipid-lowering strategies).⁷

Current pharmacologic agents that are known to reduce Lp(a) include PCSK9 inhibitors, ezetimibe, statins, niacin, postmenopausal replacement, or estrogen receptor modulators. Low-density lipoprotein apheresis is effective in reducing Lp(a) in the short term and may be considered in those with

elevated Lp(a) who have recurrent cardiovascular events. However, there is currently no evidence that selective reduction of Lp(a) is associated with clinical benefit.⁷ Recently, Lp(a) genetic silencers have shown promise to treat Lp(a), with many drugs in clinical trials including small interfering RNA, TQJ230, and SLN360.

To help create more awareness of Lp(a) and to ensure that materials used by patients and clinicians reflect the most up-to-date information, PCNA has updated the patient education sheet, *Lipoprotein (a): What You Need to Know*. This 2-sided sheet is written in plain language to help patients with various levels of health literacy and is available in both English and Spanish. The content includes an overview of Lp(a), genetic testing, and updated cut points for abnormal/normal levels, medications, procedures, and resources. Visit pcna.net for more information.

Third Annual Heart Failure Summit

Nurses and other healthcare providers who manage patients with heart failure benefit from sharing best practices, collegial connections, and inspiration—and can find all this and more at PCNA's third annual Heart Failure Summit in December 2022.

There are several recent developments in the field of heart failure management, including 2 new drug classes and a new combination therapy, both of which are proven to reduce the risk of hospitalization—and decrease mortality—in patients with heart failure.

This chronic, progressive disease affects more than 6.5 million Americans⁸—and this is expected to



increase to 8 million by 2030.⁹ Because nearly all patients with heart failure have at least 1 hospitalization during their disease, an estimated 1 million individuals each year are hospitalized because of heart failure. With a mortality rate of 40% within the first year of the first hospitalization,¹⁰ and 1 in 4 patients facing readmission within 30 days of discharge,¹¹ it is essential that clinicians know and apply best practices in heart failure management, from diagnosis through person-centered palliative care.

Join us in December to learn how to help your patients have improved quality of life, gain understanding about the management of heart failure, dive into the connections between cardiometabolic disorders and heart failure, and more. Gain insights and applicable practices from thought leaders and experts in heart failure management from

across the country, and learn how to apply strategies in both disease management and patient support. Visit PCNA.net for more details.

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