

RHEUMATIC HEART DISEASE IN RELATION TO PUBLIC HEALTH NURSING

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Although rheumatic fever is responsible for approximately 30,000 deaths each year in the United States, we are still in the land of Moab in regard to its etiology. Scientists, however, in various parts of the world are engaged in serious study of this nettling problem. It is reasonable therefore to suppose that sooner or later the riddle will be solved, and when at last the etiology of rheumatic heart disease has been established and perhaps also its communicability, the entire programme of childhood heart disease and its prevention will be definitely advanced, as was the tuberculosis programme with the discovery of the tubercle bacillus by Koch.

Meanwhile the attitude of those sitting idly in the market place and asserting that nothing can be done about it, is wholly unwarranted. The nurse with a knowledge of certain accepted facts regarding rheumatic heart disease can make a definite contribution in heart disease prevention, for in the words of Dr. Oliver Wendell Holmes—

"To guard is better than to heal,

The shield is nobler than the sword."

What are some of the established facts regarding rheumatic fever with which we as public health nurses should be familiar?

One important fact is that rheumatic fever, which usually makes its first attack on children between the ages of five and fifteen, has a tendency to recur. The heart is often damaged by repeated attacks until it reaches a state in which it is unable to perform its functions adequately. Here then is an important step in our communicable disease programme. These children should be kept in good condition, teeth and tonsils cared for, and they should, of course, be immunized against diphtheria, which disease may prove especially deleterious to the heart. But they should also be protected against any unnecessary exposure to infectious diseases, as even a slight respiratory infection or cold may prove far more serious to the child with rheumatic heart disease than to the otherwise normal child. The healthy heart is "streamlined" and smooth, but when the valves are roughened by disease they pick up infections more easily and with more disastrous results.

On the other hand, we must not maintain a constant anxiety that there may be serious and sudden developments, and thus make a heart invalid of the child. We should endeavour to cultivate a serene and undisturbed attitude and likewise to help the parents to acquire this attitude—the golden mean between the two extremes.

Too frequently cardiacs become hypochondriacs. When a child is made conscious of his handicap by over-anxious parents, he is likely to become self-concerned and self-pitying, which makes it difficult for him to fit into his community either as a child or later as an adult.

Children with rheumatic heart disease should receive early vocational guidance, so the child with a serious heart lesion, for example, will not choose the strenuous career of a professional dancer only to receive the additional heartbreak of frustration later on. Through early and wise counselling, the child may be guided to an occupation where life will be simpler and compatible with the cardiac limitations.

The value of rest in rheumatic heart disease cannot be overemphasized. Dr. Allen K. Krause has stressed the importance of rest as a sovereign remedy in tuberculosis. It is equally important in rheumatic heart disease. We cannot splint an injured heart as we can a broken arm, but similar results can be accomplished by meticulously carrying out the physician's instructions regarding the degree of rest which he has outlined. A crippled heart, like a broken arm, is visible to the trained physician, whose skill is supplemented further by X-ray, fluoroscope, electrocardiogram, and other improved laboratory tests. The régime should be carried out minutely and no exceptions should be made without the doctor's approval. Deviation from this rule by well-meaning but misguided individuals may result disastrously. Proper observance of the rest programme may mean the difference between hopeless invalidism and a useful life, as the keystone of therapy in rheumatic heart disease is prolonged rest in bed and supervised and adequate convalescent care, with activity resumed gradually under careful supervision of the doctor.

Rheumatic heart disease is a generalised disease in which every tissue in the body may be involved. The early acute manifestations are as a rule in the joints, but the later more serious effects are on the heart. Often in the young child the joint changes are absent, and the cardiac condition may be the first indication of the disease.

Signs and symptoms of rheumatic heart disease should be observed with care. If a child previously healthy becomes excessively tired, dyspnoic after normal activity, loses weight, has growing pains, swollen painful joints, St. Vitus' dance, fever, epistaxis, or frequent colds, he should be taken to his doctor for a thorough examination. It may not be rheumatic heart disease, as there is not a single sensation associated with real heart disease which may not be caused by some other disorder, but, on the other hand, it may be heart disease, and only the doctor can determine this. Our work is to be on the lookout for these signs and symptoms with the same vigilance as in tuberculosis, and to get the child under medical care and treatment as soon as possible, as "early discovery may mean early recovery."

An opportunity to observe acute and chronic cases of heart disease in the hospital and out-patient department, under the doctor's supervision, and the further opportunity of follow-up nursing visits in the homes of these patients, are invaluable experiences. The importance of this service was demonstrated in the results obtained by the cardiac home-nursing programme developed

by the San Francisco Visiting Nurse Association in co-operation with the San Francisco Heart Committee. In becoming familiar with the signs and symptoms of heart disease, the threefold method of diagnosis and the classification of heart disease, the nurse acquires definite skills which will help her to interpret the doctor's instructions to the patient with knowledge and understanding. She is thus enabled to give valuable help and frequently to assist the patient in making changes and adjustments in his home environment; for example, to assist when necessary to move the patient to a more suitable location in order to prevent strenuous stair and hill climbing. As one of our eminent cardiologists has said, "The work of the public health nurse in maintaining an educational contact with rheumatic heart disease patients never ends. A short period of neglect may undo years of careful work."

Information regarding the availability of literature and pamphlets, and other materials on heart disease prevention, including the classification of heart disease, which was revised recently by the American Heart Association, may be obtained from your nearest Heart Association. There are two local Heart Committees in California at the present time; one in Los Angeles and one in San Francisco. The California Heart Association is located at 45 Second Street, San Francisco. The Heart Association will be glad to furnish additional information on request concerning any phase of its programme and the type of service it can make available to you. The California Heart Association also maintains a library of books on the clinical and public health aspects of heart disease. Limited space prevents the inclusion of a lengthy reading list, but at least a few of the many available books may be mentioned, books which the nurse will find interesting and which she can place with safety in the hands of a patient with heart disease without fear of aggravating his cardiac condition.

Summary

Although the etiology of rheumatic fever is still unknown, we know that it has a tendency to recur and to injure the heart more seriously with each recurrence; that prolonged and supervised rest is essential; and that patients with rheumatic heart disease should be given the benefit of early vocational guidance.

The need is stressed of being familiar with the acute and chronic aspects of rheumatic fever, with the threefold diagnosis and the recently revised classification of heart disease. Sources of heart disease literature and other materials are indicated.

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