**Improving Patient Outcomes**

          Some diseases have been observed to run in families from one generation to another or with definitive patterns through the generations. A closer look into one’s family history can be helpful in identification of disease patterns and in taking anticipatory measures for prevention and early diagnosis. A look into the adult participant’s family genetic history revealed profound cases of heart disease. This significantly raises her risk of developing heart disease. Smoking can appreciably increase the risk of heart disease; she admitted to smoking secretly in very few situations.  The purpose of this paper is the intervention of smoking with the aim of preventing heart disease.

**Preventable Disease Overview**

          Heart disease is one of the leading causes of death for both women and men in the United States.  The typical signs and symptoms include dyspnea, dizziness, irregular heartbeat, weakness, nausea and sweating. Sometimes there might be no symptoms at all to indicate heart disease. Diagnosis hinges on symptoms presented and blood tests and X-rays of the chest. Besides these, other methods include an electrocardiogram, stress test, cardiac MRIs and cardiac catheterisation (DeSilva, 2013). Risk factors for the development of this condition include obesity, smoking, physical inactivity from lack of exercise, family history of heart disease, unhealthy diet and high blood pressure. A series of laboratory tests can be vital in risk assessment and diagnosis of heart disease.  A profile analysis can be performed on the levels of cholesterol, lipids, triglycerides, cardiac biomarkers and myoglobin among others (DeSilva, 2013).

          Determination of the risk of heart disease in the adult participant is based on the occurrence of several deaths of relatives as a result of a heart attack. Her paternal grandfather was hypertensive and died of heart failure; her paternal grandmother was diagnosed with heart disease and died of heart failure. Her father is alive but was diagnosed with heart disease, and one of the paternal uncles died from heart disease. On her maternal side, her grandfather suffered from heart disease and died from heart failure, and the grandmother was mentally ill, diabetic, hypertensive and died of heart disease. She appears to have problems with her peripheral vascular that makes her wear supportive stockings. Risk factors for the peripheral vascular disease include high blood pressure, diabetes, smoking and high blood cholesterol which is also factors in the development of heart disease. Family history and current issues with her peripheral vascular places the participant at a significantly high risk of developing heart disease.

**Evidence-Based Intervention**

          Evidence-based intervention relates quitting smoking to significantly reduced chances of one developing heart disease. Both active and passive smoking interfere with one's health. A sixteen-year-old study in Canada from 1994/1995 to 2010/2011 hinged on data from the National Population Health Survey. This program records a report about the smoking situation in the country after every two years (Shields & Wilkins, 2013). Establishment of heart disease was based on self-diagnosis reports, medication and deaths. The daily smokers had a 60% higher chance of developing heart disease compared to the non-daily smokers. Despite the association of quitting smoking and reduction of the risk of heart disease, it requires 20years of quitting for daily smokers to achieve as much reduced risk as people that do not smoke daily. The study concluded that the termination or reduction of smoking rate reduces the risk of heart disease (Shields & Wilkins, 2013). The short-term goal is to reduce the risk of heart disease and terminating smoking for more extended results in better outcomes of the risk reduction.

**Implementation: Teaching Plan**

          The participant will be provided with statistical data which shows conclusively that the complete cessation of smoking significantly reduces the risk of heart disease. I will be sure to efficiently point out incidents of heart disease in her family history and how that significantly puts her at risk of developing it. Also, I will mention to her without sounding judgmental that smoking could further worsen the risk. The plan to teach her to quit smoking involves provision of research data linking quitting smoking to reduced risk of heart disease, advice her to join a support group of former smokers, to avoid ceremonial occasions with heavy drug use to avoid inhaling smoke passively and for her to sign up for more yoga and meditation sessions to take her mind off stress factors that may induce the need to smoke. Also, I will provide brochures of various support groups for those struggling with smoking and articles on the benefits of quitting smoking.

**Evaluation**

          This will be based on her views about the articles provided if they would have influenced her further understanding of her high risk to develop heart disease. I will inquire about her recent participation in social functions and if they involved some members who were smoking and if her yoga sessions have increased.

**Conclusion**

          Based on the family history of the adult participant, she has a very significant chance of developing heart disease. She smokes very minimally, but with her very high risk of heart disease, it is necessary to ensure that she entirely refrains from any form of smoking; active or passive. Studies have shown a reduction in smoking rates reduce the risk of heart disease and permanent cessation for longer suppresses the risk further.

**References**

DeSilva, R. (2013). *Heart Disease.* Santa Barbara, Calif: Greenwood.

Shields, M., & Wilkins, K. (2013). Smoking, Smoking Cessation and Heart Disease Risk: A 16-year Follow-up Study. *Health Reports*, 24(2), 12-22.