

# Controversies in cardiovascular care

The Primary Care Cardiovascular Society (PCCS) teamed up with the South East Wales Cardiac Network for the first joint regional meeting of the Society. 'Controversies in Cardiovascular Care' was a great success attended by over 120 healthcare professionals working in cardiac services across Wales. The programme stimulated much lively discussion and debate. The combination of providing a regional focus to the PCCS' well-established meeting format, with unrestricted support from industry, proved a winning formula with delegates, who called for it to become an annual event.



## Prevention

In the opening session on prevention strategies, Dr Brendan Lloyd, Medical Director, Cardiff Local Health Board commented that these must be carefully chosen based on the evidence and focused towards those most likely to show the most benefit, ie. higher risk patients. However, as Dr Phil Webb, All Wales Specialist Commissioner of Cardiothoracic Services pointed out, without an appreciation of the spectrum of decisions that influence healthcare managers, clinicians cannot begin to understand their reasoning.

Dr Terry McCormack, a Whitby GP and PCCS Chairman, showed that, according to national statistics, coronary heart disease (CHD) mortality in Wales has fallen, "suggesting that prevention strategies are feasible and can be successful." In England, NICE guidance on lipid modification and type 2 diabetes, both published in May 2008 (see pages 187–8), concern primary prevention yet "data show that primary care gets a relatively low overall proportion of spend in cardiovascular disease compared with secondary care." He stressed that there must be prioritisation of patients to receive prevention medications according to a risk assessment process.

Considering whether the population or the patient should be treated, Dr Alan Rees, Consultant Physician, University Hospital of Wales, Cardiff, noted that statins should not just be given to everyone. "We should carefully select those at risk of cardiovascular events and treat the patient, not the population as a whole," he said.

## Targeting therapies

The concept of targeting therapies was discussed at the meeting and Dr Armon Daniels, GP Lead, South East Wales

Cardiac Network, argued that this should be introduced to those who would be most likely to respond. Looking ahead, Dr Clive Weston, Consultant Cardiologist, Singleton Hospital, Swansea, spoke about how pharmacogenetics and pharmacogenomics will help future prescribing, pointing out how this was already occurring in some disease areas, such as familial hypercholesterolaemia.

## Arrhythmias

In a session looking at arrhythmias, Dr Mark Anderson, Cardiologist, Morriston Hospital, Swansea, said that despite the fact that data show that Wales is behind England, Europe and the US in terms of the number of implantable cardioverter defibrillators (ICDs) being implanted, he was positive that patient care is improving in Wales. The imminent Welsh National Service Framework update will further drive this improvement, he said.

The advent of telemedicine will help improve patient care. Dr Erik Fransen from Vitaphone GmbH, showed how a credit card-sized device can record single or continuous ECG readings taken by the patient when they experience a cardiac disturbance. The patient then transmits the recording down a telephone line to their doctor or a call centre for instant review. This system has significant potential for diagnosis and patient follow-up due to the immediate feedback on ECG recordings. The telecard has been shown to reduce hospitalisations, reduce emergency admissions, reduce bed days, improve patients' quality of life and reduce medical consultations.

## Angina

An informative debate concluded the meeting with Professor Julian Halcox, University Hospital of Wales, Cardiff, speaking for the motion 'This house believes that patients



Watching the vote: debate participants Julian Halcox (left) and Nick Ossei-Gerning

with chronic stable angina (CSA) do not need revascularisation', and Dr Nick Ossei-Gerning, University Hospital of Wales, Cardiff, speaking against the motion.

The overall conclusions were that:

- optimal medical therapy (OMT) should be used in all CSA patients, regardless of whether a patient is revascularised
- CSA symptoms should be controlled with OMT  $\pm$  revascularisation
- revascularisation should be used, and is of benefit, in patients at highest risk of events.

A useful web portal, 'Improvement Online' was promoted by the National Leadership and Innovation Agency for Healthcare (NLI AH) at the meeting. "This site aims to pool all of our healthcare knowledge, experience, innovations and good practice across Wales into one area for easy accessibility for sharing," said Nick Lewis, Data Analyst for NLI AH. To view Improvement Online, go to: <http://www.nliah.com/portal/> ●

## Conflict of interest

The meeting was supported by unconditional educational grants from AstraZeneca, Merck Sharp & Dohme/ Schering-Plough, Pfizer, sanofi-aventis and Servier.