

HEART REPORT

May 2010

ANMED HEALTH
Heart and Vascular Care
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THE LATEST CLINICAL UPDATES FROM ANMED HEALTH HEART AND VASCULAR CARE

How to prevent sudden cardiac death



Joseph Manfredi, M.D.

Every 80 seconds an American dies from sudden cardiac death. These deaths are often linked to ventricular arrhythmia.

Headed by Dr. Joseph Manfredi, the electrophysiology lab

at AnMed Health Heart and Vascular Center treats more than 150 patients each year. With a diagnostic study, electrophysiologists can determine the cause of an abnormal heart rhythm, locate its site of origin and decide the best treatment plan.

Studies show that ejection fraction is the number one predictor of sudden cardiac death. Research also shows that the greatest opportunity for preventing sudden cardiac death is in patients with mild to moderate congestive heart failure.

The primary method of preventing sudden cardiac death is through the use of an ICD (implantable cardiac defibrillator). ICDs are programmed to detect an arrhythmia and correct it by delivering a jolt of electricity.

ICDs have come a long way since 1989. The number of devices implanted annually has increased from less than 1,000 to more than 100,000. ICDs are 83 percent smaller and can be implanted without major surgery. Patients receive local anesthesia and experience short hospital stays. Perioperative mortality is less than 1 percent, and the device's battery can last for up to nine years.

See what you missed at the AnMed Health Cardiovascular Symposium

More than 102 doctors and clinicians attended the first AnMed Health Cardiovascular Symposium in April.

Drs. Brett Stoll and Satish Surabhi co-chaired the symposium, which was held at the Madren Center at Clemson University. The event featured live case presentations and talks from national scholars, including Dr. Adrian Bennet Van Bakel from MUSC, Dr. Sheldon Goldberg of Hahnemann University Hospital and Dr. Heidar Arjomand of Seacoast Cardiology Associates. NFL Hall of Famer and commentator Terry Bradshaw gave the keynote address on why you should always give your best.

Planning is already underway for 2011. Watch www.AnMedHealth.org for details. If you missed the event or just want a recap of the day's presentations, recordings of the lectures are now available. Please contact physician liaison Brandy Vaughn at 864.512.3897 for more information.



Identify connections between sleep and cardiovascular disorders

by Dr. Fahd Zarrouf



Fahd Zarrouf, M.D.

Sleep apnea and/or other sleep disorders may be underlying causes of hypertension, heart failure, stroke and ischemic heart disease.

Obstructive sleep apnea patients with normal blood pressure run a risk of developing high blood pressure within four years of symptoms. Obstructive sleep apnea is characterized by repetitive interruption of ventilation during sleep caused by collapse of the pharyngeal airway. These patients have higher levels of sympathetic activities at night. As a result, "non-dipping" and "spiking" effects of up to 250/150 mmHg have been seen during apneas.

In addition, researchers at the Mayo Clinic have discovered that patients with obstructive sleep apnea have an increased risk of having a heart attack between midnight and 6 a.m. (as compared to 6 a.m. to noon in the general population). Ninety-one percent of patients who had a heart attack during the night-time hours had obstructive sleep apnea.

Obstructive sleep apnea was also detected in 37 percent of patients with heart failure. Researchers believe obstructive sleep apnea could potentially contribute to the progression of heart failure through several pathological mechanisms. Treatment of coexisting obstructive sleep apnea by CPAP can eliminate recurrent hypoxia and reduce nocturnal BP and heart rate.

Obstructive sleep apnea is only one kind of sleep disorder. Epidemiologic studies have demonstrated an association of insomnia with increased cardiovascular morbidity. Another sleep disorder, Restless Leg Syndrome (RLS), is prevalent in dialysis patients and has been associated with increased risk for cardiovascular disease in the general population.

If you think a patient may be suffering from a sleep disorder, AnMed Health Lung and Sleep Center can help. The Lung and Sleep Center is accredited by the American Board of Sleep Medicine and specializes in the diagnosis and treatment of sleep disorders.

How to screen for sleep disorders

- Have you ever been told that you snore and/or stop breathing during sleep and/or wake up snorting or gasping for air?
- Do you have an urge to move your legs due to a restless or uncomfortable sensation in your legs?
- Do you feel excessively sleepy or fatigued during the day?
- Do you have insomnia?

Doctors perform a first of its kind procedure at AnMed Health



Satish Surabhi, M.D.

Drs. Brett Stoll and Satish Surabhi recently performed the first procedure at AnMed Health using a percutaneous left ventricular assist device, better known as an LVAD.

During an interventional procedure, the doctors used an Impella 2.5 heart pump to circulate the patient's blood and give the heart a break. The tiny device pumps up to 2.5 liters of blood per minute from the left ventricle to the aorta and throughout the body. The device can be removed after the procedure, or it can stay in for a period to allow the heart to recover.

One of the device's biggest benefits is that it makes surgery or a difficult coronary stent placement an option for patients who might have previously been considered too ill or too risky.

Dr. Brett Stoll, AnMed Health Heart and Vascular Center medical director, said, "The Impella device will enable us to expand the number of patients that we can safely treat with coronary artery stenting who have multi-vessel coronary artery disease and poor heart function, especially those who may not be candidates for coronary artery bypass surgery."



Brett Stoll, M.D.

Heart & Vascular studies currently accepting patients

AnMed Health physicians are conducting a number of clinical trials and research studies. Below is a list of principal investigators and the studies that are accepting patients. To learn more about these and other ongoing research projects, please call Dianne Spoon, director of Quality, Research and Patient Safety, at 864.512.1191.

Brent T. McLaurin, M.D.

- Study of the safety of darbepoetin alfa treatment in heart failure patients
- Study comparing celecoxib with naproxen and ibuprofen in patients with osteoarthritis or rheumatoid arthritis
- Oral Factor Xa inhibitor in patients with atrial fibrillation
- Stenting of lesions in the superficial femoral arteries and popliteal arteries
- A clinical evaluation of the Medtronic Endeavor Resolute Zotarolimus-Eluting Coronary Artery Stent System
- An evaluation of the safety and efficacy of Apixaban
- An evaluation of the XIENCE PRIME™ and XIENCE PRIME™ LL Everolimus Eluting Coronary Stent System
- Maintenance of platelet inhibition with cangrelor after discontinuation of thienopyridines in surgery patients
- Study on the safety of 12 versus 30 months of dual antiplatelet therapy in PCI patients
- Study on dual antiplatelet therapy and implications of compliance on late and very late thrombosis after stent placement

Satish Surabhi, M.D.

- Study on carotid stenting in patients at high-risk for endarterectomy
- Study on carotid stenting with a distal protection device

Louis F. Knoepp III, M.D.

- Study of the effectiveness of the silverhawk® peripheral plaque excision system for the treatment of infrainguinal vessels / lower extremities

Brett C. Stoll, M.D.

- Study on the clinical effectiveness of prasugrel in reducing incidence of MACE events

