South African
HEART ASSOCIATION

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NEWSLETTER
Autumn 2007

A meeting was recently organized by the Johannesburg branch of the SA Heart Association addressing medical aid funding and, in particular, the question of the Discovery Premier Rate. This has caused a fair amount of debate and discussion amongst our members. Many sides of the issue were discussed by the funders and members of SA Heart, including concerns of chronic medicine funding, formularies, unnecessary administrative issues, etc.

It should be noted that, while some members of the SA Heart Association are against the "signing" of a "contract" with Discovery Medical Aid, others feel the right and necessity to do so.

An article in a newsletter last year discussed the issue of the Discovery Premier Rate and the final paragraph stated that, whilst each individual member has the right to make his/her own decision to join the Discovery scheme, members should take into account the long-term implications on doctor/patient relationships.

One of the speakers at the JHB meeting was unreasonably critical of myself and other members of exco for our current position concerning the Discovery rate. I must emphasize that exco has not changed its views. We still believe that each individual member of SA Heart has his/her right to conduct their practice as they see fit. It should also be noted that this particular contract with Discovery can be cancelled by any individual with immediate effect and is not legally binding.

At no time has this issue been openly discussed, other than at exco level, and at no time have we been approached by any member/s to negotiate with Discovery concerning the Premier or other rates.

Exco is open to criticism and we are willing to debate the issue openly at an AGM if requested to do so.

We are fully aware of the implications of being controlled by medical funders, HPCSA, CMS, BHF, the government, etc. and only if we stand together can we resist this tide and remain professional and loyal to our patients.

I congratulate the JHB branch on organizing this meeting. It was valuable in that it gave the funders a realistic view of our concerns and we were able to hear their views as well. I feel that the only way forward is to continue negotiations with the funders and this meeting certainly opened up these avenues. Since the meeting, Discovery have already made positive steps toward this goal. Disovery Health, in particular, have agreed to discuss the Premier and other possible rates, chronic medicine issues and guidelines, particularly in this instance concerning the statins.

SA Heart, through the exco and its special interest groups, have been instrumental in convincing Discovery that Clopidogrel usage should be according to ESC and AHA recommendations. Publication of the heart failure and lipid guidelines have also been taken into account by many of the medical aids. Ongoing meetings, correspondence and publications will occur concerning both medications as well as devices.

It should be remembered that we live in a country with a great diversity of wealth and access to health care. We need to remain a strong association and lead the way in providing the best possible health care to all the population, but without jeopardizing our professional status.

LEN STEINGO
President

POPULAR CONGRESSES FOR 2007

CONGRESS	DATE	CITY	COUNTRY
EUROPREVENT	19-21 April 2007	Madrid	Spain
CARDIAC MRI for the Cardiologist	4-5 May 2007	San Diego, CA	USA
PASCAR	13-16 May 2007	Nairobi	Kenya
Mayo ECHOCARDIOGRAPHY Review Course	19-22 May 2007	Rochester, MN	USA
EUROPCR	22-25 May 2007	Barcelona	Spain
HEART FAILURE 2007	9-12 June 2007	Hamburg	Germany
RHYTHM 2007: Arhythmias and Heart Failure	15-17 June 2007	Cannes	France
EUROPEAN MEETING on HYPERTENSION	15-19 June 2007	Milan	Italy
EUROPACE	24-27 June 2007	Lisbon	Portugal
ECHO SINGAPORE	16-18 August 2007	Singapore	Singapore
ESC CONGRESS	1-5 September 2007	Vienna	Austria
CHEST 2007	20-22 October 2007	Chicago, IL	USA
TCT 2007	22-26 October 2007	Washington, DC	USA
AHA Scientific Sessions 2007	4-7 November 2007	Orlando, FL	USA
HEART 2 HEART 2007	**22-25 November 2007**	**Sun City**	**South Africa**
EUROECHO 11	5-8 December 2007	Lisbon	Portugal
XVI WORLD CONGRESS of CARDIOLOGY	18-21 May 2008	Buenos Aires	Argentina
EUROPEAN MEETING on HYPERTENSION 2008	14-19 June 2008	Berlin	Germany
ESC CONGRESS 2008	30 Aug - 3 Sep 2008	Munich	Gemany
ACUTE CARDIAC CARE 2008	11-14 Oct 2008	Versailles	France

CASSA NEWSLETTER 2, 2007. DR ANDREW THORNTON – NEWSLETTER EDITOR

Since the last newsletter, CASSA's main projects have been the website and the ECG road shows. We hope to have the website up and running soon, with a complete overhaul and exciting new features, which should be of interest to all members as well as other SAHA members. As soon as the website is available we will let you all know.

The first ECG road show of 2007 was held in Nelspruit and was attended by approximately 60 people, including a number of GPs and nursing staff as well as emergency services personnel. The road shows are aimed at some general ECG refresher information and then more focus on ECG diagnosis of arrhythmias, as well as management of these disorders. The attendees receive copies of the ECGs used for the teaching and are encouraged to make their own notes. The sessions are interactive and this is aided by the use of a digivote system which allows them to give answers to questions with some anonymity. There are a number of road shows planned for the northern part of the country – 21 April in Bloemfontein, 9 June in Klerksdorp/Potchefstroom, 18 August in Polokwane and 20 October in Gaborone. The first tradeshow in the south is scheduled for 24 March in East London, with more to follow. These will be advertised widely to the regions where these will take place.

A number of CASSA members recently attended a meeting in Prague dedicated to the management of atrial fibrillation (AF). As some of you may know, ablation of AF is being used increasingly, particularly for paroxysmal AF, although also for persistent AF in selected cases. The number of centres worldwide, as well as the number of cases being performed, is increasing almost exponentially. We asked one of the attendees, Dr IWP Obel, to comment on an area which he found of particular interest. The following is his comment:

"At the Atrial Fibrillation Alliance Meeting held in Prague on 9 March, a presentation was given by Dr A Jackman on the rationale and role of ablation of the ganglionated plexi as an adjunct in atrial fibrillation.

"The use of this technique follows fascinating research done at the Institute in Oklahoma City. The work was primarily headed by Dr B Scherlag. Dr Jackman pointed out that the atrial fibrillation substrate is likely to be extremely important, as well as the firing, and that both were altered by autonomic effects. Their group has shown that both parasympathetic and sympathetic stimuli are probably necessary in order to cause the changes in action potential associated with chronicity of atrial fibrillation as well. He also showed that the effects of autonomic stimulation (again probably both) were profound on firing from the myocardial sleeves.

"The group has shown, together with others, that the heart is heavily enriched with autonomic inputs and that this is particularly so in both atria. Furthermore, it was shown that reflex arcs can exist, crossing apparent anatomic barriers, such that apparently blocked inputs from the left atrium may affect firing from the myocardial sleeves and vice versa. All of this can occur in the absence of conduction directly between the pulmonary veins and the left atrium. It was also shown that the effects of autonomic stimuli can transfer from one vein to all others or to all or any of the others without involving the atrium. This observation was, incidentally, originally made by Dr F Morady at Ann Arbor.

"There has also been clinical evidence that ablation of the ganglionated plexi, which is the home of all these neurological outputs, may have a beneficial effect, particularly in the ablation of chronic atrial fibrillation."

As can be seen from the above, while AF ablation is useful, it remains a field of research and development and ongoing exposure to world experts at such conferences is essential.

As all of you know, the SAHA congress is coming up in November, and while a SASCI and cardiac surgery meeting, it will have some sessions organised together with CASSA. We hope to have interesting input on pertinent subjects, both for our doctor members, but also importantly for our allied professional members. As soon as these sessions have been finalised, detail should be available on the congress website as well as on the CASSA website as soon as this is up and running.

DRUG ELUTING STENTS, VERY LATE STENT THROMBOSIS AND THE DURATION OF CLOPIDOGREL TREATMENT

Very late coronary stent thrombosis has been the major preoccupation of interventional cardiology literature since the presentation of the BASKET LATE results by Matthew Pfisterer at the ESC in Barcelona.

The US FDA held a two-day meeting at the end of last year to hear data on both the on-label and off-label uses of drug eluting stents (DES). It emerged that DES are used for off-label indications around 60% of the time. The FDA pronounced that DES use should continue, but called for further research into stent thrombosis and specifically into the duration of clopidogrel treatment after DES implantation.

The New England Journal of Medicine followed this with the publication of 5 articles dealing with DES and stent thrombosis in its issue of 8 March 2007. In summary, although the overall composite risk of death and myocardial infarction is no greater with DES than with bare metal stenting, there is a small but distinct increase in these outcomes more than 6 months to a year after DES implantataion, probably the result of late stent thrombosis, at a time when clopidogrel has been withdrawn from treatment.

SA Heart has followed these developments closely and has on two occasions written to the funders' Medical Advisors, alerting them to the problem and recommending the steps necessary to diminish risk to the patient.

The first letter was sent in November 2006. Its recommendations were:

1. That after stent implantation all patients receive aspirin 75-150 mg daily for life and clopidogrel 75 mg daily for a variable period dependent upon their particular situation, including inter alia the type of stent implanted.
2. That patients who receive drug-eluting stents be treated with aspirin 75-150 mg daily for life and with clopidogrel 75 mg daily for at least one year.
3. That if a patient who has a stent implanted is intolerant of or allergic to aspirin, clopidogel 75 mg daily must be given for life.
4. That cardiologists reserve drug-eluting stents by and large for the stenting of small calibre vessels, long lesions, diabetics and in-stent restenosis.
5. That bare metal stents be especially favoured in the presence of adjacent morbidity (e.g. impending surgery, history of GI bleeding and the elderly) or when the patient's adherence to treatment is anticipated to be poor. This approach has the benefit of exposing such patients to only one month of clopidogrel treatment.
6. At the discretion of the cardiologist, and particularly in the instances quoted in 4. above, it may be appropriate to continue dual anti-platelet treatment with aspirin and clopidogrel beyond one year, possibly indefinitely.
7. That clopidogrel be discontinued only on the advice of the patient's cardiologist.

The second letter, sent in February 2007, set out the duration of clopidogrel therapy required in various clinical settings and is summarised as follows:

1. Stable angina treated with bare metal stent:
   Clopidogrel 75 mg daily for 1 month.
2. Unstable angina / non-ST elevation myocardial infarction treated with or without a bare metal stent:
   Clopidogrel 75 mg daily for 1 year.
3. ST elevation myocardial infarction treated with or without a bare metal stent:
   Clopidogrel 75 mg daily for 1 month.
4. Any situation in which a drug-eluting stent has been employed:
   Clopidogrel 75 mg daily for a minimum of 1 year.

The Medical Advisors were requested to have their organisations approve these recommendations and confirm their decision with SA Heart. Regretfully, to date only Discovery Health has signified its willingness to comply. Further responses are awaited.

The association appeals to its members to ensure that these recommendations are carefully considered on each occasion that a DES is employed and that the funders are made aware of them and strongly urged to comply with them when authorisation for clopidogrel treatment is required.

The letters referred to above were co-authored by Dr L Steingo, President, SA Heart, Dr TA Mabin, Chair, SA Society for Cardiac Intervention and Dr AJ Dalby, Chair, SA Heart Ethics & Guidelines Committee.

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

This scholarship is available to all its members and associate members. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members in good standing for at least two years
- Applications must include
  - full details of the meeting/workshop
  - an abbreviated CV of the applicant
  - a breakdown of the expected expenses
- Applications must reach the Association a minimum of 3 months before the event to be attended

RECOMMENDATIONS

- Acceptance of an abstract at the scientific meeting to be attended
- Invitation to participate at the meeting as an invited speaker
- Publications in a peer reviewed journal in the preceding year
- Applicants from a previously disadvantaged community
- Applicants younger than 35 years of age

APPLICATIONS MUST BE ADDRESSED TO

The President
South African Heart Association
P.O. Box 19062
Tygerberg
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS TWICE A YEAR. THE CLOSING DATES FOR APPLICATIONS ARE

- March 31
- September 30

A MAXIMUM OF FOUR SCHOLARSHIPS WILL BE AWARDED ANNUALLY UP TO AN AMOUNT OF R10 000 PER SCHOLARSHIP.

April 2007

Dear HeFSSA Member,

I hope you all have had the opportunity to take a short break during the April holidays and are ready for the rest of what remains of 2007.

Please visit our updated website www.hefssa.org. Of specific interest is the new section **"Life with Chronic Heart Failure"** – Karen Sliwa introduces **Pilates** for the chronic heart failure patient – an important step in re-conditioning your heart failure patient. Subsequent lifestyle issues to be included in this exciting new feature will be dietary and psychological advice for patients coping with a debilitating chronic condition. We hope to promote a holistic approach in dealing with the HF patient and to equip the patient with knowledge, and contribute positively to managing the disease. *Please feel free to submit contributions if you have a specific field of interest related to this approach.*

Planning for the **Heart 2 Heart Congress 2007** (SA Heart Annual Congress, 22-25 November 2007 at Sun City) is well advanced and we have confirmation of an excellent international faculty in Heart Failure (S Stewart, Australia; D Hilfiker-Kleiner, Germany and J McMurray, Scotland). Please visit www.heart2heart.co.za to register.

A joint meeting of **PASCAR** / Kenyan Cardiac Society / HeFSSA will take place in Nairobi, Kenya from 12-16 May covering a broad range of topics in cardiology with special reference to Africa. Further registration details can be obtained from our website www.hefssa.org or the congress website www.pascar.co.za.

Professor Sliwa has been invited by SA Heart to edit the SAHA Journal for the 2007 SA Heart Annual Congress Issue. Please consider if you would like to submit an article, and contact the HeFSSA office info@hefssa.org or George Nel on 083 458 5954.

We hope that, as the year progresses, we communicate often and by our actions the syndrome of heart failure will be highlighted in various forums. Please visit our website www.hefssa.org for the latest information on the society activities.

Warmest regards

ERIC KLUG
HeFSSA Secretary

CARDIOLOGY AT THE LIMITS

The ninth meeting of Cardiology at the Limits was held during the weekend 30 March to 1 April 2007 in Cape Town. This was, as always, very successful. We could listen to 12 excellent lectures discussing the most novel thoughts in cardiology.

Prof. Eduardo Marban discussed "Gene therapy for cardiac arrhythmias". The idea of creating a "Biological Pacemaker" started in 2002. Despite the progress, it will still be some years before this would be clinically applicable.

Prof. Martin Simoons explained that the Euro Heart Survey confirmed that still only 64% of patients with myocardial infarctions would get thrombolysis and still not within the optimal 30-minute window. Of those with myocardial infarctions only 50% would benefit with improved mortality and morbidity by revascularization. Interventions are guided not by risk scoring but by the availability of technology. Up to 60% of all interventions are done for ACS and only 40% in stable IHD. We should consider using the Euroscore more routinely. Guidelines are not applied effectively but, when applied, the outcome improves.

The Metabolic Syndrome starts as a physiologic response for survival, but if the status persists too long it becomes a pathological condition. Patients with the metabolic syndrome cannot exercise effectively. Our changing environment might be a bigger factor than genetic characteristics. Prof. Peter Grant discussed the role of PPAR-Gamma and Glitazones. When should one start with pharmacological therapy?

Prof. Hugh Watkins then discussed physiologic vs pathologic LVH and concentric vs eccentric LHV. With pressure overload, myocytes thickened with signs of disarray, whilst with volume overload these myocytes lengthen and are still effective without causing diastolic stiffness. Only 10% of sportsmen develop some LVH. As long as they still achieve their predicted VO2max the LVH is still physiologic. Unfortunately myocardial biopsy cannot effective distinguish between physiologic and pathologic LVH.

Prof. Douglas Vaughan discussed modern thoughts on tPA. ACE-Inhibitors would be better that ARBs in improving tPA release as they also increase bradikinin. Tiplaxtinin, a PAI-1 Inhibitor is entering phase two studies.

Prof. Peter Zilla showed that very little progress was made with artificial heart valves in the last 30 years. We need better tissue valves to avoid the high mortality of re-operations. Research to improve tissue valves is inadequate, maybe due to lack of financial incentive for the industry. It is sad to admit that less people benefit from valve surgery in 2007 than before 1994 due to the inability of public health care to provide the necessary service.

Drug eluting stents are not the optimal solution, but newer DES may improve the outcome. Prof. Matthias Pfisterer agrees that clopidogrel should be used for at least 12 months. DES should be reserved for small vessels, grafts and bifurcation lesions, particularly in diabetics.

Prof. Marcello Rota confirmed that stem cell therapy for myocardial infarctions is still not possible, despite progress in research.

Living longer may not be attributable to abstinence and a good life, but 70% is probably predetermined by telomere length and a slower shortening of the telomeres over years. Everybody wants to live longer, but nobody wants to grow old. Prof. Nilesh Samani and his team may provide some solutions in another 5 years' time.

Prof. James Forrester showed that increasing HDL in humans may not prevent atherosclerosis, as in animals. The failure of Tordetrapib, a CETP Inhibitor, may be ascribed to functional HDL being more atherogenetic than protective.

Thanks to Pfizer for supporting this prestigious meeting. Congratulations to Prof. Lionel Opie and Prof. Derek Yellon for again putting such a fine programme together.

ADRIAAN SNYDERS

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

This scholarship is available to all its members and associate members. It is primarily intended to assist colleagues involved in outstanding research to enhance their research programmes.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members in good standing for at least two years
- Applications must include
  - an abbreviated CV of the applicant
  - a breakdown of the expected expenses

RECOMMENDATIONS

- Acceptance of an abstract of related work at an international meeting in the next year
- Publications of related work in a peer reviewed journal in the preceding year
- Applicants from a previously disadvantaged community
- Applicants younger than 35 years of age

APPLICATIONS MUST BE ADDRESSED TO

Education Standing Committee
South African Heart Association
P.O. Box 19062
Tygerberg
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS ONCE A YEAR. THE CLOSING DATE FOR APPLICATIONS IS SEPTEMBER 30 EACH YEAR

One scholarship will be awarded annually. The award is for the amount of up to R50 000.

APPLICATIONS WILL BE ASSESSED ACCORDING TO THE RESEARCH PROTOCOL ACCOMPANYING THE APPLICATION. THIS SHOULD INCLUDE:

a) Abstract (maximum 200 words)
b) Brief review of the literature (maximum 200 words)
c) Brief description of the hypothesis to be investigated (maximum 100 words)
d) Detailed methodology (maximum 500 words)
e) References

www.saheart.org
Register Early!

heart 2 heart
Africa 2007
22-25 November Sun City

Heart 2 Heart South Africa Congress 2007
22 - 25 November

The 8th Annual General Meeting in 2007 will be held at Sun City from 22-25 November. Two special interest groups have been appointed as the official organisers: The South African Society of Cardiovascular Intervention (SASCI) and the Cardiothoracic Surgery Society of South Africa. The meeting will be held jointly with the 4th Indian Ocean Meeting of Cardiovascular Disease that traditionally attracts an impressive European faculty and a large contingent of international attendees.

Emphasis will be on cardiovascular interventions both percutaneous and surgical. Active participation from the Paediatric Cardio Society, The Heart Failure Society of South Africa (HeFSSA) and the Cardiac Arrhythmia Society of South Africa (CASSA) in compiling the programme will ensure that a broad spectrum of diseases are considered within the congress theme. There are a number of new and challenging approaches to the management of various cardiovascular conditions and we plan to address these. We already have an outstanding list of confirmed international speakers and they have been asked to ensure entertaining talks and be prepared to participate in robust debates.

Abstract submissions need to be handed in by Friday 28 September. Please visit the website for details.

Sun City continues to be a favourite venue offering many recreational opportunities and we are sure that the venue will provide a forum for a memorable meeting.

We invite you to diarise the dates and be sure to register early. Details are available on the SA Heart website (www.saheart.org) and enquiries should be directed to the Congress Organiser: Sue McGuiness on (011) 447 3876 or **suemc@icon.co.za**.

Tom Mabin & Robbie Kleinloog
Heart 2 Heart
Africa Congress 2007

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