

MEETING REPORT

Valve disease: the forgotten epidemic

A report from the first training day of the British Heart Valve Society, held recently at the Royal Society of Medicine, London.



The recently-formed British Heart Valve Society aims to enlarge knowledge and understanding in order to improve the management of valve disease. A feature will be the involvement of all disciplines with an interest in valve disease to enlarge research ideas but also to help address clinical or organisational problems. This approach was evident in the Society's first training day *Valve disease: the forgotten epidemic* but will also be carried out through educational events, collaborative research and articles focusing on points of concern.

Genetics of valve disease

The value of cross-fertilisation from specialisations outside clinical cardiology was illustrated by a summary of the genetics of valve disease by Dr Leema Robert (Guy's and St Thomas' Hospitals, London) showing the complexity of valve development and biology and hinting at the largely unaddressed importance of genetics in clinical studies. Professor Kim Parker (Imperial College, London) summarised basic hydrodynamic theory and demonstrated methods of imaging flow disturbances, which will be particularly important in improving ways in which we describe valve-aortic interactions. Professor David Newby (Edinburgh University) reviewed the biological mechanisms of aortic

atheromatous disease and the likely reasons for the cholesterol-lowering trials being negative. Current work on inflammation may lead to new treatment methods.

Regional variation in services

The Society aims to detect and, if possible, correct deficiencies in the service. Mr James Roxburgh (Guy's and St Thomas' Hospitals, London) discussed the huge variation in access to aortic valve replacement surgery with East Anglia being best-served and Yorkshire the most deprived region in the UK. The reasons for these variations need closer examination but may partly be due to differences in the organisation of care for valve disease including the existence of specialist centres with 'hub and spoke' referral from feeder hospitals. Mr Frank Wells (Papworth Hospital, Cambridge) discussed advanced techniques for mitral valve repair feasible only in a highly specialist centre. We know that mitral valve repair rates also vary unacceptably between centres in the UK, as in Europe and the USA, and this is probably best addressed by concentrating valve surgery at specialist centres with specialist surgeons, interventional cardiologists, non-invasive cardiologists specialising in valve disease and expert sonographers.

Methods of organising surveillance clinics at feeder-hospitals were discussed by Dr Guy Lloyd (Eastbourne Hospital) and improvements

in timing of surgery obtained by biomarkers, mainly BNP as discussed by Dr Simon Ray (Wythenshawe Hospital, Manchester) and routine exercise testing as discussed by Professor John Chambers (KCL and Guy's and St Thomas' Hospitals, London). The need for better methods of risk assessment were delineated by Professor John Pepper (Imperial College and the Royal Brompton Hospital, London) and Mr Prakash Punjabi (Hammersmith Hospital, London), who discussed the effect of right ventricular anatomy and physiology on risk in valve disease. In addition, we need to improve the initial step of detecting valve disease early in the community. Dr Bernard Prendergast (John Radcliffe Hospital, Oxford) reported early results from the OxValve study showing a high incidence of undiagnosed valve pathology. We need to evolve methods of improving this and, although routine auscultation above the age of 65 might be attractive, the OxValve results suggest that a programme of screening echocardiography might be needed.

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- Involvement in the British Heart Valve Society is open to anyone with an interest in valve disease. Contact John Chambers (john.chambers@gstt.nhs.uk) or Roger Hall (Rogerhall1@aol.com).