of validated machines and standardised reporting and advice.

Mrs Alison Hume, Lead Specialist Nurse for the Hearty Lives Dundee programme, demonstrated how to use the equipment required for ABPM in clinical practice. In the workshop discussion it was clear that ABPM is still seen as a specialist investigation, and not fully accepted as something that should be delivered in general practice. It was felt that there was still much work to be done to make sure that healthcare professionals were familiar with the tracings and interpreting the results.

This abridged report from the meeting can be read in full online at www.bjcardio.co.uk

Alan Begg
GPwSI in Cardiology, Montrose; Honorary Lecturer, University of Dundee

Correspondence

BSE: safe practice in TOE

From Drs Richard Wheeler and Rick Steeds

Being a semi-invasive diagnostic technique, with potential for significant complications, transoesophageal echocardiography (TOE) requires a high level of expertise and should only be performed by trained individuals. It often requires the use of sedation and it is recognised there is wide variation in practice between cardiac units in the UK.

It has become mandatory for NHS Trusts to have clear written guidelines for the use of sedation during procedures. The British Society of Echocardiography (BSE) has recently released its 'Recommendations for safe practice in transoesophageal echocardiography', with a particular emphasis on safe sedation. The recommendations are targeted at cardiology departments rather than the intensive care unit/intraoperative setting. *This letter continues online…*

Do the NICE guidelines for chest pain add up?

From Drs Rebecca Cooper, Emma Eade, and Andrew RJ Mitchell

Recent articles by Purvis and Hughes and Kelly *et al*. question the guidance issued by the National Institute of Health and Clinical Excellence (NICE) on the investigation of patients with recent onset chest pain. At our centre we performed a prospective three-month analysis of 80 patients referred to secondary care for assessment of recent onset chest pain.

We found that applying the NICE guidelines would be at increased cost, without clear patient benefit (at one year) and would expose patients to the risks and hazards of more complex investigation. *This letter continues online…*

Anaemia in chronic heart failure

From Drs Matthew Pavitt, TP Chua, Mohammed Shamim Rahman

We read with interest your recent supplement on anaemia in heart failure patients. We screen and actively treat anaemia and iron deficiency in chronic heart failure (CHF) patients. Having previously used an intravenous iron sucrose injection, with not uncommon side effects, we have switched our practice to using intravenous ferric carboxymaltose for day case bolus injections.

No adverse events relating to the treatment were reported, and most patients reported a subjective improvement in symptoms after intravenous iron therapy, on telephone questioning and review of clinic notes. *This letter continues online…*

Iodine deficiency, TSH and cardiovascular disease

From Ms Rachel Warner

The UK has been classified as iodine deficient. This causes an increase in thyroid stimulating hormone (TSH), which also raises cholesterol. Would it be wise to test for an iodine deficiency in patients with raised cholesterol?

The American Association of Clinical Endocrinologists recommend an upper limit for TSH of 3.0 mIU/ml for the normal reference range. I believe our UK endocrinologists are partly to blame for neglecting a suboptimal thyroid function which causes cardiovascular disease (CVD). This theory can be related to countries like Japan that have the highest iodine intake and the lowest rate of CVD.

Inspiring the next generation of cardiac specialists

From Mr Nigel Tapiwa Mabvuure and Mr David Ross McGowan

Medical and surgical cardiology are among the most competitive specialties to enter. The changes brought in by the modernising medical careers (MMC) programme have meant that aspiring cardiologists and cardiothoracic surgeons have only 18 months after graduation to decide whether these career choices are for them. It may be that aspiring cardiac doctors need to decide even earlier.

The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) recently held its seventh course for medical students. It has been shown that students significantly improve their plastic surgery knowledge, ability to perform basic plastic surgical skills and career interest in plastic surgery at these courses.

We propose the establishment of a similar course, which would provide the knowledge, skills and insider career guidance to aspiring cardiologists and cardiothoracic surgeons in both Foundation training and medical school phases of their training. *This letter continues online…*

The full text of the meeting report and correspondence are available at www.bjcardio.co.uk