

MEETING REPORT

Care for the individual patient



The 14th British Society for Heart Failure (BSH) annual meeting, entitled 'Care for the individual patient', was held in late November at the Queen Elizabeth Conference Centre in London. Attracting 400 delegates with its multidisciplinary programme, Dr Dominic Kelly reports on the highlights.

Bureaucracy

The mortality rate for heart failure remains unchanged with 11.6% of heart failure (HF) admissions dying as inpatients, and 33% mortality at around one year, according to data from the National Heart Failure Audit presented by Professor Theresa McDonagh (King's College Hospital, London). Access to cardiology services was associated with improved outcomes and a higher usage of evidence-based therapy and subsequent access to outpatient heart failure (HF) services, she said.

Dr Nigel Rowell (Endeavour Practice, Middlesbrough) was optimistic that the development of clinical commissioning groups would be a good opportunity to improve HF services across the UK. Annie MacCallum and Jim Moore (Gloucestershire PCT/Stoke Road Surgery, Bishops Cleeve, Cheltenham) were more circumspect, emphasising the need to ensure the expertise of specialist nurses was maintained and supported.

Commissioners should demand higher standards of the acute trusts, while improving inpatient HF care, including drug up-titration, results in fewer readmissions and a reduction in both inpatient and 12-month mortality, Dr Suzanna Hardman (Whittington Hospital, London) argued.

Individual problems

Comorbidities which complicate the management of patients with HF, including lung disease, renal impairment, diabetes and the complexities of elderly patients, were the focus of this session. Although the data for use of beta blockers in patients with chronic obstructive pulmonary disease (COPD) is limited, for the majority of patients the mortality and morbidity benefit of these agents far outweighs any minor observed reductions in FEV₁, said Dr Nat Hawkins (Institute of Cardiovascular Medicine and Science, Liverpool Heart and Chest Hospital).

Dr John Baxter (Sunderland Royal Hospital) gave an incisive and entertaining presentation on HF in elderly patients, emphasising the need for a genuine focus on the individual patient. This should include a formal assessment involving the entire multi-disciplinary team and to include screening for cognitive impairment, as recently advocated by the National Institute for Health and Clinical Excellence (NICE).

An increasing number of HF patients are likely to seek advice about the safety of air travel, due to increasing ease of access, according to Dr William Toff (Glenfield Hospital, Leicester). It is likely that the majority of patients in New York Heart Association (NYHA) stage I/II would be safe to fly, he said. For patients in stage III, airport assistance and in-flight oxygen should be considered and for those patients in NYHA IV, the decision should be individualised to the patient.

Genetics

The genetic basis for cardiac failure is being increasingly recognised, said Dr Edward Blair (Churchill Hospital, Oxford), with molecular genetics improving diagnosis and ultimately allowing the development of new therapies.

The highlight of the first day and indeed the whole conference was the Philip Poole-Wilson lecture given by Professor Sir John Burn (Newcastle University), entitled '10 things Mendel missed'.

Sir John gave an intriguing synopsis of the developments in genetic biology since the original discoveries of Gregor Mendel. Included in the discoveries were disorders linked to sex chromosomes and the effects of anticipation, penetrance and polygenic models on clinical phenotypes in several disease states. The day ended with the presentation of a medal to Sir John in honour of the late Professor Philip Poole-Wilson, a doyen of heart failure.



Professor Sir John Burn receives the Philip Poole-Wilson Medal from Mrs Mary Poole-Wilson

Advanced therapy

Discussing the updated UK guidelines for referral and assessment of adults for heart transplantation, Dr Simon Williams (Wythenshawe Hospital, Manchester) described how patients with advanced HF have a dismal prognosis. He stressed the importance of timing of referrals, and stated that the majority of patients referred for transplantation consideration were beyond the stage at which this could be considered due to the development of comorbidities.

Dr Guy MacGowan (Freeman Hospital, Newcastle upon Tyne) discussed the future of heart transplantation in the UK, arguing for long-term ventricular devices as destination therapy rather than as a bridge to transplant, whilst recognising the need for further research in the area.

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

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