

In brief

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New editorial board member



We are delighted to welcome Dr Ketan Dhatariya (above) to our editorial board. Dr Dhatariya is a consultant in diabetes, endocrinology and general medicine at Norfolk and Norwich University Hospital, Norwich. He is also a senior lecturer at the University of East Anglia, and an assistant professor of medicine at St George's University, Grenada, in the West Indies.

He has published on a wide variety of diabetes- and endocrine-related subjects, including diabetes-related foot disease. He serves as meetings secretary for the Association of British Clinical Diabetologists, and medical secretary for the Specialist Clinical Examination in Diabetes and Endocrinology. He is also on the steering group of the Joint British Diabetes Societies Inpatient Care Group, and has led or co-authored several of their national guidelines and e-learning packages.

Women more likely to die from MI than men

Women are more likely to die from a myocardial infarction (MI) than men, according to research presented at the Acute Cardiac Care Congress 2012. The

gender gap in mortality was independent of patient characteristics, revascularisation delays and revascularisation modalities. Women also had longer treatment delays, less aggressive treatment, more complications and longer hospital stays. The study was presented by Dr Guillaume Leurent (Centre Hospitalier Universitaire, Rennes, France).

The ORBI registry (Observatoire Régional Breton sur l'Infarctus du myocarde; Brittany regional observational study on MI) has been ongoing since July 2006, and consists of ST-elevation MI (STEMI) patients admitted within 24 hours of symptom onset to the nine interventional cardiology units in the Brittany region of France. The registry aims to assess the quality of management of acute MI.

For the current study, the researchers analysed data from 5,000 patients included in the ORBI registry over a six-year period. They found that 1,174 patients (23.5%) were women. Women STEMI patients were older, with an average age of 69 years compared to 61 years for men ($p < 0.0001$). Women had more frequent hypertension, less dyslipidaemia and less current smoking.

Women had longer median delays between symptom onset and call for medical assistance (60 vs. 44 minutes, $p < 0.0001$) and between admission and reperfusion (45 vs. 40 minutes, $p = 0.011$). Intra-hospital mortality was higher in women (9.0% vs. 4.0%, $p < 0.0001$). The researchers used three adjustment models to determine whether the higher intra-hospital mortality among women was solely due to gender or whether it was due to other factors such as patient characteristics or management.

New high-sensitivity heart attack diagnostic test

A new high-sensitivity troponin-I assay (Architect® STAT, Abbott), which can provide reliable data to emergency physicians two to four hours after patient admission, has been approved for CE marking.

The test will be marketed by Abbott, which

will focus on new molecular diagnostic products over the coming years, viewing the point-of-care diagnostics market as an area of significant potential. Abbott recently split into two companies: one focused on medical products including devices and diagnostics (keeping the name Abbott), while the research-based pharmaceuticals arm has been renamed AbbVie.

More people know their credit rating than their cholesterol level

70% of men and women in the UK aged over 45 do not know their cholesterol level and are more likely to know their credit rating, according to results from over 1,000 participants in a cholesterol study conducted by Flora pro.activ.

The new data also show that more than one in three people aged over 45 are not concerned about their total cholesterol level, with almost one in every five never having had their cholesterol checked, and over a third not having been checked in over a year.

Radial access should be first choice for PCI

The radial approach for percutaneous coronary intervention (PCI) reduces major bleeding compared to femoral access, leading to a reduction in events and mortality, particularly in patients with ST-elevation myocardial infarction (STEMI), according to a consensus statement published recently in *EuroIntervention* (28th January 2013).

Professor Martial Hamon (University of Caen, France), first author of the paper, said: "Overall I think there is a consensus now that the radial arteries can be used as the default access site for PCI". The authors stress, however, the importance of maintaining expertise in both techniques. "Proficiency in the femoral approach is required because it may be needed as a bailout strategy or when large guiding catheters are required".

The consensus document was jointly issued by the European Association of Percutaneous Cardiovascular Interventions, the Acute Cardiovascular Care Association, and the Working Group on Thrombosis of the European Society of Cardiology.

Rejected hearts viable for transplantation after stress echo

Hearts previously rejected due to donors' age or other risk factors can now be declared viable for transplantation using pharmacological stress echo, according to data from the ADONHERS (Aged Donor Heart Rescue by Stress Echo) project presented at EUROECHO and other Imaging Modalities 2012 in Athens, Greece.

"Despite the expanded criteria, clinicians are hesitant to use hearts from older donors," said author Dr Tonino Bombardini. "The use of stress echocardiography to select hearts 'too good to die' may be a possible approach to resolving the mismatch between organ supply and demand," he concluded.

Ivabradine recommended for chronic heart failure

Ivabradine (Procoralan®, Servier Laboratories) has been recommended by the National Institute for Health and Clinical Excellence (NICE) for the treatment of people with chronic heart failure (New York Heart Association class II to IV) with systolic dysfunction, who are in sinus rhythm and whose heart rate is 75 beats per minute or more and who have a left ventricular ejection fraction of 35% or less.

The guidance also states that ivabradine should be taken in combination with standard therapy, including beta blockers, angiotensin-converting enzyme inhibitors and aldosterone antagonists, or when beta blockers are contraindicated or not tolerated – and only after a stabilisation period of four weeks on optimised standard therapy. (Guidance available in full at <http://guidance.nice.org.uk/TA267>).

New EC approvals

Rivaroxaban (Xarelto®, Bayer HealthCare) has received European Commission (EC) approval for the treatment of pulmonary embolism (PE) and the prevention of recurrent deep vein thrombosis (DVT) and PE in adults following a positive opinion from the CHMP (European Committee for Medicinal Products for Human Use).

Apixaban (Eliquis®, Pfizer) has also been approved by the EC for the reduction in risk of stroke or systemic embolisation associated with nonvalvular atrial fibrillation, following its positive CHMP opinion.

CHMP has also given a positive opinion for once-daily GLP-1 receptor agonist lixisenatide (Lyxumia®, Sanofi) for the treatment of adults with type 2 diabetes mellitus.

BMI may determine which blood pressure treatments work best

Body mass index (BMI) may influence which blood pressure medications work best at reducing the major complications of hypertension, according to new research published in *The Lancet* (doi: 10.1016/S0140-6736(12)61343-9). Diuretic drugs seem to be a reasonable choice for obese patients, but significantly increase the risk of cardiovascular events in non-obese individuals, say the authors.

Mixed uptake of new drugs, says NICE report

A National Institute for Health and Clinical Excellence (NICE) report looking into the NHS use of NICE-appraised medicines in England over 2010 and 2011 has found that there has been mixed uptake of new drugs. Looking at the predicted versus the observed use for 52 medicines in 25 groups relating to 35 technology appraisals, the report was able to gather sufficient data for 13 groups. Observed use was higher than expected for six medicines, lower than expected for six medicines, with an equivocal result for one medicine.

Looking at the cardiovascular medicines, eptifibatide, tirofiban and abciximab were all used much less than expected in acute coronary syndrome, with observed use being around half that expected. Use of statins (atorvastatin, fluvastatin, pravastatin, rosuvastatin, simvastatin) was more than double that expected with over 2.4 billion Defined Daily Doses (DDD) observed in 2011 compared to the one billion expected. Ezetimibe use, however, was less than expected with 124 million DDDs expected vs. 81.7 million DDDs observed.

In most cases, data were gathered from the primary care prescribing data (ePACT), prescriptions issued in secondary care but dispensed in the community (hospital ePACT) and secondary care data (Hospital Pharmacy Audit Index from IMS Health).

The report: *Use of NICE appraised medicines in the NHS in England – 2010 and 2011, experimental statistics*, can be found at <http://www.ic.nhs.uk>.

Nicotinic acid/laropiprant suspended worldwide

Nicotinic acid/laropiprant (Tredaptive™) modified-release tablets are being suspended worldwide by MSD following preliminary data from the HPS2-THRIVE (Heart Protection Study 2-Treatment of HDL to Reduce the Incidence of Vascular Events) study, and in consultation with regulatory authorities.

HPS2-THRIVE did not achieve its primary end point of reduction of major vascular events, and there was a statistically significant increase in the incidence of some types of non-fatal serious adverse events in the group that received nicotinic acid/laropiprant compared to statin therapy. The decision to suspend availability of the medicine is aligned with the recommendation of the European Medicine Agency's Pharmacovigilance Risk Assessment Committee, based on the trial's results. It is recommended that physicians stop prescribing nicotinic acid/laropiprant and review management of patients in a timely manner.