

# BJC

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## The British Journal of Cardiology

The peer-reviewed journal linking  
primary and secondary care

### Media Pack



## The British Journal of Cardiology

The peer-reviewed journal linking primary and secondary care

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# Introduction

On behalf of the *British Journal of Cardiology* (BJC) Editorial Board, thank you for your interest and continuing marketing investment.

Such support helps strengthen our position as the leading UK peer-reviewed cardiometabolic medicine journal and we are proud that we have been asked to be the official journal for the associations listed opposite.

**The BJC uniquely links primary and secondary care by providing:**

- High quality peer-reviewed clinical reviews and original clinical research articles
- Educational support, professional development and patient care guidelines
- Editorial features, opinions and commentaries
- International and domestic conference news
- Professional best practice discussions

**By utilising any of our cost-effective, multi-media opportunities, you help to provide our circulation of 10,000 professional readers and in print and over 13,000 registered users online with quality content including:**

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CardioVascular General  
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HEART UK – The Cholesterol  
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National Obesity Forum



Scottish Heart and Arterial  
Risk Prevention Group



UK Stroke Forum



# The Journal & Websites

Leading opinion for over 20 years, The British Journal of Cardiology publishes medical, interventional and therapeutic development content of interest to the community that includes:

- Arrhythmias
- Heart failure
- Coronary artery disease
- Hypertension and stroke
- Coronary intervention and surgery
- Prevention and rehabilitation
- Dyslipidaemia
- Paediatric cardiology / adult congenital heart disease
- Diabetes and cardiorenal medicine
- Imaging

BJC Online is a well-designed, clear and fully interactive website for our rapidly growing community of active online users who now number 162,000. Exclusive online content includes all articles published ahead of print with a 12-year archive of articles, podcasts, regular topical newsletters and BJC Learning – our educational resource for continuing professional development.

Our sister websites cater for more specialist interests. BJC Arrhythmia Watch gives the latest news and views on cardiac rhythm management. The Cardiorenal Forum targets healthcare professionals involved in the management of patients presenting with a primary cardiovascular or renal problem.

## Growing community

We are delighted that our online resources are enabling the BJC to reach healthcare professionals far beyond our traditional print readership. In the past five years, unique online visitors have increased more than six-fold. Page views on our site in 2013 increased to over 400,000. Our modern design enables content to be readily accessible and easy to read by tablet and mobile phone users, who now account for a fifth of our visits.

Our highly respected content can now be reached worldwide, with increasing demand from international pharma to distribute key articles and reviews to both emerging and more developed markets.

With continuing industry partnership and support of both our print and online resources, we look forward to extending our efforts to meet the educational demands of our cardiovascular colleagues. We hope this helps in your own continued commercial success.

Henry Purcell  
Terry McCormack

Kim Fox  
Kate White



HEART FAILURE

## Assessing the health-related quality of life in patients hospitalised for acute heart failure

Paul Swinburn, Sarah Shingle, Siow Hwa Ong, Pascal Lacombe, Andrew Lloyd

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heart failure, quality of life, utilities

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Abstract  
Acute heart failure (AHF) is a common cause of hospitalisation, preventing substantial economic and humanistic burden for healthcare systems and patients. This study was designed to capture proxy UK health-related quality of life (HRQL) data for hospitalised patients with AHF. Proxy assessments of HRQL for patients were obtained from 50 experienced UK cardiac nurses (formal caregivers) and from 50 UK individuals who acted as caregivers for patients who had experienced an AHF event leading to hospitalisation (informal caregivers). Data were collected retrospectively for four time points (days 1, 3, 5 and 7 post-hospital admission for AHF) using the EQ-5D. Results show a disparity in reported HRQL at day 1 values between caregiver types (mean single utility index 0.50 vs. 0.68, respectively,  $p < 0.001$ ). By day 7, formal caregivers rated typical patients' HRQL as being comparable to informal caregivers' assessments (0.82 vs. 0.73, respectively,  $p = 0.145$ ).

In conclusion, collection of utility data in severe acute conditions is challenging. This study captures values through the use of proxy assessment. Data suggest that AHF hospitalisation is associated with a significant HRQL burden and that there exists a need for development of new treatments aimed at improving hospitalisation outcomes.

Introduction  
Acute heart failure (AHF) has been defined by the European Society of Cardiology (ESC) as the rapid onset of, or change in, symptoms and signs of heart failure, and is a life-threatening condition that requires immediate medical attention.<sup>1</sup> These symptoms and signs include shortness of breath

at rest or during exertion, fatigue, pulmonary or peripheral fluid retention, a cough, and evidence of an abnormality of the structure or function of the heart at rest.<sup>1</sup> This change in cardiac function results in an urgent need for therapy, and AHF is among the most common causes of hospitalisation.<sup>2</sup> AHF can, therefore, be seen to represent a huge burden on healthcare resources,<sup>3</sup> with the need for hospitalisation in order to stabilise the condition of patients being the single largest contributor to the costs of managing AHF.<sup>4</sup> The situation is further worsened in that readmission rates are high following discharge, approaching 50% within six months.<sup>5</sup>

As well as the substantial economic burden on healthcare services, a diagnosis of AHF is associated with a significant health-related quality of life (HRQL) burden for patients. When making decisions about allocation of healthcare resources, many decision makers consider the impact of the intervention on both costs and health outcomes.<sup>6</sup> Health outcomes are commonly aggregated into quality-adjusted life years (QALYs), which is a metric that combines both survival and quality of life. QALY represents a significant challenge to quality of life for patients, due to a combination of the debilitating effects of the condition and the necessity for hospitalisation. Despite the incidence of the condition and the extent of burden experienced there is a paucity of utility data available for AHF, which could be used in economic analyses.

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## SHARPening up research in Scotland

The Scottish Heart and Arterial Disease Risk Prevention (SHARP) charity has aimed to reduce and prevent premature morbidity and mortality from cardiovascular disease in Scotland since its formation. The recent SHARP Annual Scientific Meeting – held on November 22–23 2012 in Dundee – highlighted the SHARP prize, initiated two years ago to encourage young researchers. Dr Alan Bagg reports.

Encouraging young researchers  
Death rates from coronary heart disease (CHD) are falling across the UK, but the rates remain high in Scotland with a slower rate of decline than the rest of the devolved nations. A recent Audit Scotland report has highlighted that although death rates of all types of heart disease have reduced by around 40% in the past 30 years, they remain the second highest cause of death after cancer. Between 1991 and 1996 the SHARP mobile screening unit successfully screened 16,400 Scots between the ages of 18 and 70 years, mainly at their place of work. Currently 14,000 people remain alive on this database, all of whom are available for data linking with the information available for SHARP members to use for their own research.

One of the most popular sessions of the recent meeting was the SHARP prize presentations, where a real sense of achievement was apparent in the young researchers. The prize is intended to help them develop their work, and presenting at our annual meeting gave them the opportunity to discuss developing their project further with other researchers attending the meeting.

Three six abstracts presented are published below. Congratulations to Naveed Akbar (Newcastle Hospital, Dundee) who was the 2012 SHARP prize winner.

The enthusiasm for the SHARP prize remains strong and promotion of the SHARP prize is an important component of our approach in reducing the long-term burden of cardiovascular disease. Although not unique, this prize will continue in 2013 with £500 being available to the winner to attend either national or international conferences. For further details, contact SHARP@shard.ac.uk

Strengthening long-term links between academic medicine and healthcare delivery has been highlighted in a report from the Academy of Medical Sciences.<sup>1</sup> Our aim should be a clinical workforce able to utilize research for patient benefit and non-academic clinicians have an important role within their programmed activity, mentoring those aspiring researchers.

2012 SHARP prize abstracts  
Chronic inflammation and cardiovascular diseases: a need for better cholesterol management?

Presented by Naveed Akbar, PhD Student, Vascular and Inflammatory Diseases Research Unit, Newcastle Hospital and Medical School, University of Newcastle

Chronic inflammation is associated with adverse cardiovascular events. However, significant disease heterogeneity exists within disease cohorts. Thus there is an urgent need to better understand the pathophysiology owing to these differences.

We demonstrate that a single protein mutation (AS2N1), fundamental in the normal regulation of cytokine expression through nuclear factor kappa-beta induces autoimmune diseases, cardiac hypertrophy, vascular dysfunction and produces increased oxidative stress in mice, which are further exacerbated by hypercholesterolemia.

Our data provides a novel insight into cellular regulation of chronic inflammation and subsequent cardiovascular health, suggesting a need for more stringent management of cholesterol in inflammatory diseases.

Changing patterns in the diagnosis of ACS in Scotland since 2000

Presented by Siobhán Whelan (University of Edinburgh) on behalf of NHS Information and Statistics Division

We assessed the impact of the publication of the European/American Universal Definition of Myocardial Infarction (2000 and 2007), the Scottish Cardiac Society vote (2007), to support this and the introduction of sensitive troponin assays (2007) on the epidemiology of acute coronary syndrome (ACS) in Scotland since 2000.

Figure 1 shows that between 2000–2011 the incidence of myocardial infarction (MI) increased by 38% and unstable angina

Figure 1. Annual hospital admissions in Scotland for acute coronary syndrome

Figure 1 shows that between 2000–2011 the incidence of myocardial infarction (MI) increased by 38% and unstable angina

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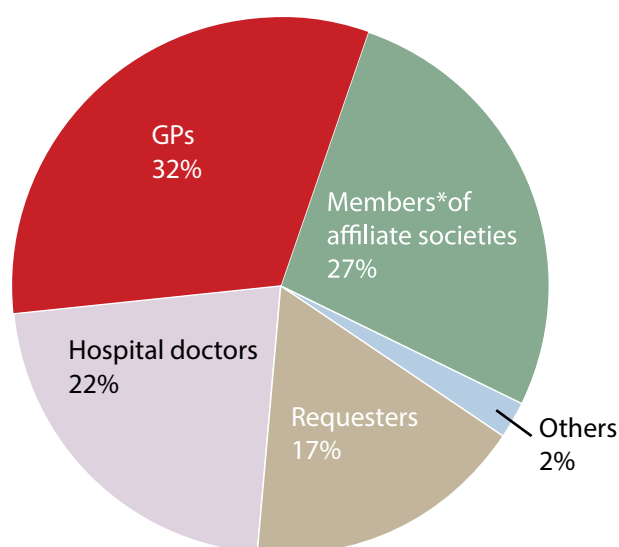
- Hospital cardiologists (all grades) and allied disciplines, e.g. cardiothoracic and vascular surgeons, consultants in diabetology, renal medicine and care of the elderly, and nurse consultants
- General practitioners including GPs with a special interest in cardiovascular medicine, all CHD clinics, CHD leads, diabetes leads, renal leads, high prescribers, and selected nurses working in primary care CHD clinics

Thousands more readers access the journal online

## The BJC is the official journal and circulated to the membership of the:

- **CardioVascular General Practitioners:** formerly the National GPSI Cardiology Forum, and now renamed CVGP (CardioVascular General Practitioners: the Society for GPs with an interest in Cardiovascular Medicine), it provides specific clinical education, continuing professional development, support and representation at policy level to all GPs involved in cardiovascular care.
- **HEART UK:** a charity set up to support all those at risk of inherited high cholesterol and cardiovascular disease, with a professional division for health professionals who care for people with lipid abnormalities.
- **Scottish Heart and Arterial Risk Prevention Group:** a charity providing education and research for doctors and nurses concerned with tackling the problem of premature illness and death due to cardiovascular disease.
- **National Obesity Forum:** a charity established to raise awareness of the growing impact of obesity and overweight on patients and the NHS.
- **British Junior Cardiologists' Association:** the national body representing the interests of junior cardiologists for training, education and research issues.
- **UK Stroke Forum:** hosted by the Stroke Association, the UKSF is a coalition of over 30 organisations committed to improving stroke care in the UK. It aims to bring together healthcare professionals to meet and share ideas, and also enables patients to meet stroke professionals and help shape future services.
- **Cardiorenal Forum:** an independent group set up to highlight the important clinical overlap that exists between patients presenting with a primary cardiovascular or renal problem.
- **British Hypertension Association Information Service:** a provider of information to doctors, nurses and other healthcare professionals who work in the field of hypertension and cardiovascular diseases.
- **British Association for Cardiovascular Prevention and Rehabilitation:** an association concerned with the practice and philosophy of cardiac rehabilitation. It produces national guidelines and develops educational programmes and professional training systems in this field.
- **British Heart Valve Society:** A specialist group which draws on all disciplines relevant to valve disease, examining both the wider issues and those immediately related to clinical practice.
- **British Association for Nursing in Cardiac Care:** a forum for communication, professional development and national representation for all nurses in Britain who are involved in the care of cardiovascular patients.

## Print readership data



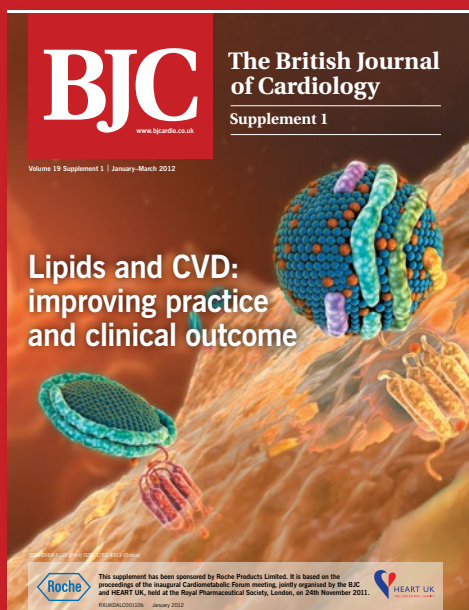
\*Members are either hospital doctors, GPs or nurses with an interest in cardiology

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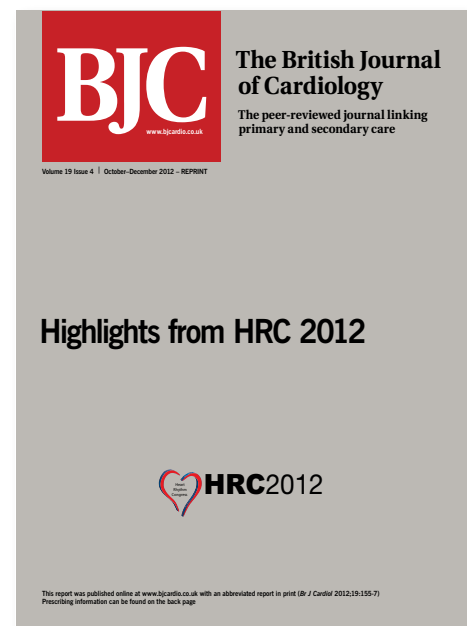
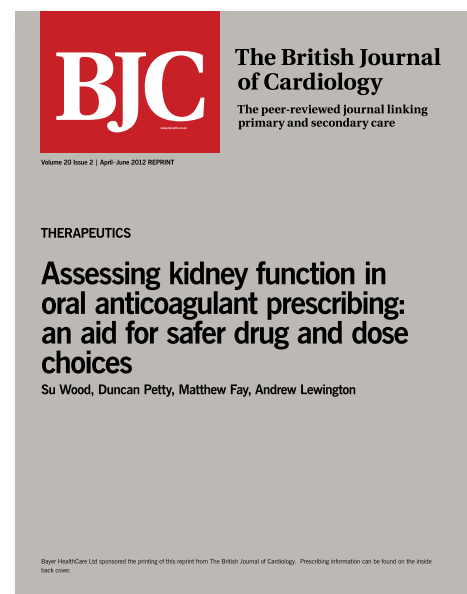
Reprints of peer-reviewed articles under the auspices of the BJC provide a highly effective opportunity for dissemination of key messages.

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# Meetings

The BJC has a wealth of experience in running high calibre and highly successful educational meetings. The BJC is uniquely placed, with its prestigious editorial board, to organise innovative educational initiatives including round table meetings and symposia. We can organise the recruitment of faculty, moderator and delegates from our extensive readership database. We organise the Annual Scientific Meeting of the Cardiorenal Forum, meetings for the Cardiometabolic Forum and smaller postgraduate meetings throughout the year.

As well as pre-event promotion within the journal and online, we offer a rapid and skilled dissemination of information through publication of highlight reports, supplements, podcasts and e-newsletters, amongst other post-meeting opportunities.

The BJC has an excellent reputation with leading pharmaceutical companies for the publication of high-quality review supplements, meeting reports and podcasts on therapeutic areas.

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# BJC Learning

Our great free educational resource BJC Learning is fast becoming a popular solution for the continuing professional development requirements of today's healthcare professionals. Offering comprehensive elearning programmes on key clinical areas and written by experts, programmes include angina, anticoagulation, heart valve disease and pulmonary hypertension, with heart failure coming soon. Individual modules on more niche topics can also be supported.

This has all been made possible with the support of pharma, who have provided educational grants for these independent programmes ensuring delivery of best practice.

## BJC Learning offers:

- Partners the opportunity to support educational initiatives
- Best practice guidance from expert writers
- Endorsement by professional bodies
- CPD points for users where and when they want
- Certificates for revalidation

For further details about sponsorship of BJC Learning, contact:

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Comments from past users include

**“Well written,  
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**“Will recommend as  
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me great  
confidence”**

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and concise”**

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succinct and  
practice-based”**

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and up-to-date  
information”**

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and revalidation”**

**“Thank you for  
this great free  
resource”**

**“A good overview  
with relevant links  
to other literature”**



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BJC online, [www.bjcardio.co.uk](http://www.bjcardio.co.uk), which incorporates BJC Learning, [www.bjcardio.co.uk/learning](http://www.bjcardio.co.uk/learning), is a fully interactive resource for our rapidly expanding community of over 13,000 registered profiled professional users and over 160,000 unique visitors per year. Our sister websites, BJC Arrhythmia Watch, [www.arwatch.co.uk](http://www.arwatch.co.uk) and the Cardiorenal Forum, [www.cardiorenalforum.com](http://www.cardiorenalforum.com), attract more specialist visitors to their sites.

Sponsorship options of these independent peer-reviewed digital resources include:

- Leaderboard and skyscraper banner advertising on the websites
- Skyscraper banner advertising on monthly newsletters alerting new online content
- Sponsorship of our 'Focus' newsletters in particular therapeutic areas
- Custom delivered podcasts
- Custom educational CME/CPD modules and supplements

Features include:

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- Breaking international cardiovascular news
- Digital supplements and linked cardiovascular resources

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- Newsletter alert to new content
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- Topical 'Focus' newsletters
- Modular programmes for CPD activity
- Access to podcasts reviewing major meetings



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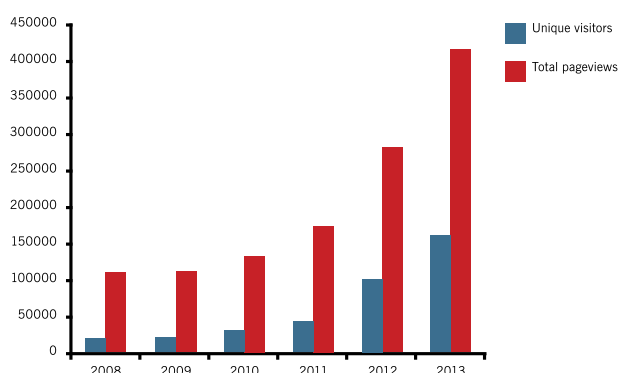
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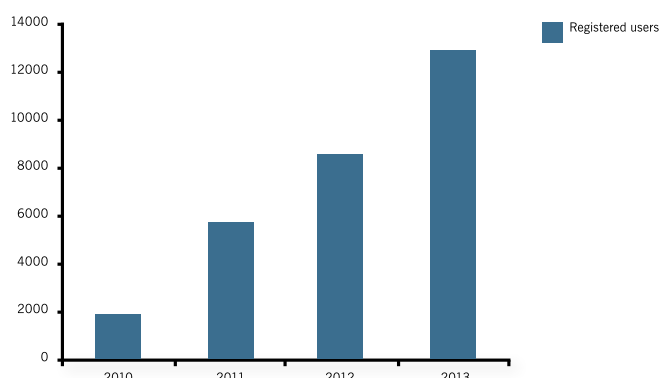
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Skyscraper 2	Run-of site (shared)	£300	£550	£1,550		160x300 pixels
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BJC sponsored newsletter skyscraper			From £2500		160 x 600 pixels	
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December 2013

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**Position statement on anti-arrhythmic drugs**

**Renal denervation for hypertension: where are we now?**

**Despite promising initial results with renal denervation (RDN), there is a lot more work to be done before its role in the management of hypertension is set in stone, according to this review from the Royal Brompton Hospital, London. The authors compare the various available devices, and call for more studies powered to assess the impact of therapy on mortality and long-term blood pressure control**

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**Current prescribing of statins and persistence to statins following ACS in the UK: a MINAP/GPRD study**

March 2012 Br J Cardiol 2012;19:24 doi: 10.5607/bjc.2012.003

Authors: Rachael Boggan, Susan Eaton, Adam Timmis, Harry Hemmings, Zahava Gabriel, Isabel Minhas, Tjerd P van Die

View details

National Institute for Health and Clinical Excellence (NICE) guideline CG67 recommends that acute coronary syndrome (ACS) cases are treated with high-intensity statins (defined as statins used in doses that produce greater cholesterol lowering than simvastatin 40 mg). The objectives of this study were to describe current UK prescribing of statins following ACS. This study used data from linkage between the Myocardial Ischaemia National Audit Project (MINAP) database and the General Practice Research Database (GPRD). The study included adults aged 40+ with a discharge diagnosis in MINAP of myocardial infarction, ischaemic stroke or negative ACS discharged alive to home. A total of 6,138 ACS cases were included. Most ACS cases were prescribed both a statin at hospital discharge and by their GP, however, 340 of the 6,138 ACS cases (5.5%) had no record of statin prescription from either source. Of the ACS cases prescribed a statin by their GP, 30.1% received a high-intensity statin dose. At year four, 43% (95% confidence interval [CI] 41-45%) of ACS cases prescribed a statin remained on treatment (42% for those starting low and 45% for high intensity). In conclusion, statin therapy is provided to most ACS cases in the UK but duration and dosage is shorter and lower than recommended.

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**FOCUS ON ANTICOAGULATION**

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December 2013

Dear Colleagues,

Our latest newsletter highlights studies presented at the Heart Rhythm Congress (HRC) 2013 meeting held in Birmingham, from 20th-22nd September 2013.

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**Palpitations - sinister or benign?**

When are palpitations benign and when do they signal high risk? This timely issue was addressed by Ms Angela Hall, Lead Cardiac Rhythm Management (CRM) Specialist Nurse (James Cook University Hospital, Middlesbrough) and Dr Brian Boley (St George's Hospital, London) who looked at how to assess patients and identify those with a significant heart rhythm abnormality that may require treatment.

[Read more](#)

**Assessing exercise safety in 'at risk' patients**

The safety of exercising in patients with arrhythmias was discussed by Dr Matt Fay (Westfield Medical Centre, Yorkshire). He considered when it should be recommended and when it could be counter-productive, such as when the arrhythmia is adrenergically driven.

[Read more](#)

**What is a molecular autopsy?**

The fast-developing field of molecular autopsy was addressed by Dr Hari Raju (St George's Hospital, London), who was the winner of the Young Investigator's Award (Basic Science). Dr Raju outlines plans for greater genetic testing, as part of a broad molecular autopsy strategy in sudden arrhythmic death syndrome.

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**NEWSLETTER SKYSCRAPER**

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Whole page: Premium	IFC, Contents, Editorial	£2,250	£2,150	£2,000	280x216	257x186	286x222
Whole page: Premium	Outside Back Cover	£2,500	£2,300	£2,200	280x216	257x186	286x222
2-page spread	Run of Issue	£2,500	£2,300	£2,200	280x432	257x372	286x222 (Each page)
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Loose inserts (up to 30g)	Secondary care	£2,240	n/a	n/a	
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<b>Clinical papers</b>	Audit, practice reviews, clinical studies, imaging techniques, rehabilitation and primary care
<b>Drug reviews</b>	New and established compounds assessed by key opinion leaders
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