

New European Society of Cardiology recommendations published

Uninterrupted VKAs in ablation and device implantation

The European Society of Cardiology (ESC) has recommended uninterrupted anticoagulation with vitamin K antagonists (VKAs) during ablation and device implantation in a position paper presented at the European Heart Rhythm Association Europace – Cardiotim 2015 meeting held recently in Milan, Italy.

Chair of the writing group Professor Christian Sticherling (Universitätsspital Basel, Switzerland) said: "Traditionally we interrupted anticoagulation during device implantation and restarted it afterwards. And we bridged with heparin around the time of the operation. The new recommendation is to continue to give the VKA and perform the operation without any bridging. That shows the lowest rate of perioperative bleeding."

He added: "Also new is the recommendation not to interrupt VKAs during ablation and particularly during pulmonary vein isolation which is the most common type of ablation nowadays."

The paper, produced by the EHRA, has been published in *Europace* (doi: 10.1093/europace/euv190).

Arrhythmias and CKD

The first ESC recommendations for patients with cardiac arrhythmias and chronic kidney disease (CKD) were also presented at the meeting.

"There is increasing awareness in the cardiology community that renal impairment influences how we treat patients with arrhythmias," said Chair of the writing group Professor Giuseppe Boriani (University of Bologna, Italy).

"The introduction of non-vitamin K oral anticoagulants (NOACs) as an alternative to warfarin brought this issue to the fore since renal function determines whether or not they can be prescribed. The ESC decided it was a good time to introduce recommendations."

The paper, produced by the EHRA, also recommends using estimated glomerular filtration rate (eGFR) as more reliable than serum creatinine for classifying the severity of CKD.

It has been published in *Europace* (doi: 10.1093/europace/euv202).

Time is muscle in acute heart failure

Urgent diagnosis and treatment in acute heart failure (AHF) has been emphasised for the first time in joint recommendations published in a consensus paper from the

Heart Failure Association (HFA) of the ESC, the European Society for Emergency Medicine and the Society for Academic Emergency Medicine in the USA.

"This is the first guidance to insist that AHF is like acute coronary syndrome (ACS) in that it needs urgent diagnosis and appropriate treatment," said Professor Alexandre Mebazaa, lead author and HFA board member. "By introducing the time to therapy concept together with new medications for AHF we hope to achieve the reductions in mortality and morbidity seen with ACS."

The consensus paper outlines:

- An algorithm for the management of AHF
- Tests and treatments to be performed pre-hospital, and in the emergency department, coronary care unit (CCU) or intensive care unit (ICU)
- The role of nurses in the management of AHF
- How to use oxygen therapy and ventilatory support
- How to manage new and currently prescribed medicines
- Criteria for discharge from hospital and recommendations for follow up.

The paper has been published in the *European Heart Journal* (doi: 10.1093/eurheartj/ehs104).

NICE quality standard on atrial fibrillation released

The National Institute of Health and Care Excellence (NICE) has published a new quality standard on the treatment and management of atrial fibrillation (AF) in adults.

Dr Matthew Fay, a Bradford GP and specialist member of the committee that developed the standard, said: "This quality standard brings into sharp focus the key issue of stroke prevention. In doing so it continues to highlight the need for a change in practice so that everyone with

AF is considered for anticoagulation and the quality of that anticoagulation is always kept under review by clinicians and commissioning groups."

The quality standard includes six statements aimed at healthcare professionals caring for people in danger of developing, or who already have, AF. These include:

- Adults with a type of AF called 'non-valvular' who have a stroke risk score of 2 or more (as estimated by their doctor using

Detail from the NICE quality standard

Atrial fibrillation: treatment and management

NICE quality standard [QS93] Published date: July 2015

2 Priorities

NICE quality standards describe the high-priority areas for quality improvement in a defined care or service area. Each standard is a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning set of recommendations, and are designed to support the measurement of improvement.

This quality standard covers identification, treatment and management of atrial fibrillation (including paroxysmal, persistent atrial fibrillation, and atrial flutter) in adults (18 years and older). For more information see the topic overview for adults with both valvular and non-valvular atrial fibrillation unless specified otherwise at statement level.

Related quality standards

NEWS

the CHA₂DS₂-VASC risk score) are offered treatment with an anticoagulant to lower their risk of having a blood clot that could cause a stroke.

- Adults with AF who are prescribed an anticoagulant talk with their doctor at least once a year about the types of anticoagulants they could have and the advantages and disadvantages of each.
- Adults with AF who are taking a vitamin K antagonist have regular blood tests to check whether the dose they are taking is at the right level to reduce their risk of stroke and bleeding problems.
- Adults with AF who still have symptoms after treatment are referred within four weeks for specialised care that aims to ease their symptoms and reduce

their risk of having a stroke or heart attack.

The quality standard also includes NICE's first developmental statement on the provision and use of coagulometers for people on long-term vitamin K antagonist therapy, so they can check how well the treatment is working.

Full guidance is available at www.nice.org.uk/guidance/qs93

'Ultrasound on demand' – how will it work in the UK?

An 'Ultrasound on demand' scheme has recently been launched in the UK. Aimed at providing access to the best technology at an affordable monthly fee, 'Ultrasound on demand' offers a range of hi-spec ultrasound packages that are charged for when used, which means that ultrasound services can be tailored to both current and future needs as demand and patient workload change.

'Ultrasound on demand,' launched by Philips, is a flexible scheme with 50 options and access to advanced facilities, such as three-dimensional (3D transoesophageal echo (TOE), which previously may have been limited by the restrictions of upfront investment costs.

The new 'on demand' approach provides the facility to explore new imaging options and future-proof services, by letting users upgrade and alter systems without locking in capital expenditure budgets, as additional functionality is only charged when used. Phillips hopes this flexibility will remove obstacles to more advanced and specialised treatments.

The cardiologist's perspective

The BJC asked Dr Antoinette Kenny (Consultant Cardiologist and Specialist in Echocardiography, Regional Cardiothoracic Centre, Freeman Hospital, Newcastle upon Tyne) for her first impressions on the concept of this new scheme.

■ The demand for ultrasound services has never been higher but in an era of economic uncertainty and funding

constraints, healthcare providers are under increasing pressure to tighten their belts with capital spending budgets often the first to face the chop.

It is becoming increasingly difficult to persuade cash-strapped Trusts to commit to large capital outlay for new and replacement equipment and traditional leasing agreements can be plagued with inflexibility and are often seen as relatively poor value for money. In addition, it is often difficult to persuade those holding the purse strings to provide new services without a track record of effectiveness – the classic chicken/egg problem. Business managers may balk at opening their wallets for services which may only be used infrequently, a problem perhaps more pertinent to the private sector.

Into the maelstrom of service funding difficulties comes Philips' new concept of 'Ultrasound on demand'. The premise is a little like your home digital TV viewing service. There is a monthly rental package to provide your core ultrasound requirements. After this come the specialty add-on bundles, which are funded on a flexible 'pay as you use' basis with a monthly usage pricing cap to ensure a spending safety net.

Within a cardiology department, such on-demand facilities may include TOE, 3D imaging and advanced quantification tools such as strain and speckle imaging (the equivalent perhaps of choosing to pay to watch a Newcastle-Sunderland derby!). In such a manner, it is possible to provide specialty and new services without the pain of up-front capital outlay costs. Coupled with this is the benefit of advanced data analytics, which provide in-depth information

Dr Antoinette Kenny



on utilisation of services. These data are often difficult to obtain from the traditional IT systems within which we work and should facilitate strategic planning and rationalisation of service delivery, very worthy goals.

Pioneering approaches are required to promote a viable and synergistic relationship between healthcare providers and industry in harsh economic times and Philips are to be commended for their novel and flexible 'Ultrasound on demand' system. It will remain to be seen whether it provides sufficient novel and cost-saving features to rise above those provided by traditional leasing systems.

The devil, as always, will be in the details. However, on the information to date, it appears an attractive model with the potential to allay the financial anxieties of business departments whilst promoting development of services by clinicians – could this be a win-win? ■