



Michigan Outpatient Cardiovascular Association

September Edition

“Created by the World Heart Federation, **World Heart Day informs people around the globe that CVD, including heart disease and stroke, is the world’s leading cause of death claiming 18.6 million lives each year**, and highlights the actions that individuals can take to prevent and control CVD. It aims to **drive action to educate people** that by controlling risk factors such as tobacco use, unhealthy diet, and physical inactivity, at least 80% of premature deaths from heart disease and stroke could be avoided.



World Heart Day is a global campaign during which individuals, families, communities, and governments around the world participate in **activities to take charge of their heart health and that of others.**” <https://world-heart-federation.org/world-heart-day/about-whd/>

FYI:

Keep an eye out for upcoming October Board Meeting, date & legislative speaker to be announced soon!

PANTHER: Should Clopidogrel Become the 'New Aspirin' in CAD?

“A P2Y12 inhibitor, such as clopidogrel or ticagrelor, might be a better choice than aspirin for antiplatelet monotherapy in patients with coronary artery disease, results of a new meta-analysis suggest.

The PANTHER meta-analysis showed that P2Y12 inhibitor treatment lowered the risk for subsequent ischemic events, particularly myocardial infarction (MI), compared with aspirin, without increasing bleeding risk.

The relative risk for the primary composite endpoint — cardiovascular death, MI, and stroke — was reduced by 12% in patients who received a P2Y12 inhibitor, compared with aspirin, primarily driven by a 23% relative reduction of MI. Stroke was also numerically but not significantly lower with P2Y12 inhibitor therapy.

The overall risk of major bleeding did not significantly differ, whereas gastrointestinal bleeding and hemorrhagic stroke occurred less frequently in patients who received a P2Y12 inhibitor rather than aspirin monotherapy.

“Based on this evidence, long-term P2Y12 inhibitor monotherapy may be warranted instead of long-term aspirin monotherapy for secondary prevention in patients with coronary artery disease,” lead investigator of the analysis, Marco Valgimigli, MD, Cardiocentro Ticino Foundation, Lugano, Switzerland, concluded.

Valgimigli presented the data at the recent European Society of Cardiology (ESC) Congress 2022 held in Barcelona, Spain.”

<https://www.medscape.com/viewarticle/980117?reg=1>

New ESC Cardio-Oncology Guideline Aims to Reduce Cardiotoxicity

“Cardiovascular disease risk factors, as well as established disease, in patients undergoing cancer therapy can be safely managed to minimize cancer therapy-related cardiovascular toxicity (CVR-CVT), conclude the first cardio-oncology guidelines from the European Society of Cardiology.

The guidelines were presented at the European Society of Cardiology (ESC) Congress 2022 on August 27 and published simultaneously in the European Heart Journal.

Guideline cochair Alexander R. Lyon, MD, PhD, told theheart.org| Medscape Cardiology that the aim of the guideline was to “personalize the decision-making of a patient with cancer who has cardiovascular disease or is at risk of developing it from their treatment...because it’s not one size fits all.”

A “very strong theme throughout the guideline is risk assessment, and the fact that that risk is dynamic, it can change...because how you manage someone who’s at high risk is going to be different,” to someone who is at moderate or low risk, he said.”

<https://www.medscape.com/viewarticle/980044>



M.O.C.A. Board Spotlight:

Luay Sayed MD, FACC, FFSVM



Dr. Sayed is an interventional cardiologist in Shelby Township Michigan. He finished his internal medicine residency at Case Western Reserve University then went on to do vascular medicine training at Cleveland clinic followed by cardiology fellowship at Loyola University and interventional cardiology fellowship at Indiana heart Institute.

Dr. Sayed is the president of Advanced Cardiovascular Associates in Shelby Township and is associated with Troy Beaumont hospital, Henry Ford Macomb and Ascension Macomb hospitals.

Dr. Sayed's area of expertise includes structural heart procedures, complex coronary intervention, and endovascular interventions with limb salvage procedures.



Bedtime vs Daytime Blood Pressure Medication Dustup: TIME vs HYGIA

"There's been debate for some time about when patients should take their blood pressure medication. Most patients, driven more by habit and convenience, take their pills in the morning. And yet there is a current of thought pushing for BP meds to be given at night. This idea, termed chronotherapy, suggests that dose timing could be more important than which drug you use. The results of the TIME trial have thrown cold water on this idea, but I suspect that the debate is far from over.

There is a certain logic to the idea of nighttime administration of antihypertensives. Blood pressure normally dips at night and there is evidence that people who lack this normal nocturnal dip, often termed non-dippers, are at increased risk for cardiovascular events. Correcting persistently high overnight blood pressure makes intuitive sense. It's also conceivable that taking medications at night would lead to fewer side effects or at least fewer patient-reported side effects. Mild leg swelling from calcium channel blockers is probably less bothersome if you're already in bed. Lightheadedness or dizziness, which can also happen after patients take their medications (especially if they take multiple medications), is not going to be much of an issue if you're asleep.

But there are theoretical concerns too. Nighttime administration of antihypertensives could theoretically lead to nocturnal hypotension and falls if patients get up in the middle of the night. Falls, fractures, and the consequent medical complications are not minor issues. Faced with these conflicting paradigms, the TIME trial is particularly interesting because it suggests that the timing simply doesn't matter. As far as null results go, the TIME trial, which randomized patients to morning vs nighttime administration of blood pressure medication, is pretty definitive."

<https://www.medscape.com/viewarticle/979901>

Mandrola Previews His Top 5 Trials From ESC 2022

- Timing of Blood Pressure Meds
- Screening for Heart and Vascular Disease
- Ischemic Cardiomyopathy and PCI
- More Testing -- Just to Be Sure
- Will Another Dogma Fall in Electrophysiology?

John Mandrola, MD, practices cardiac electrophysiology in Louisville, Kentucky, and is a writer and podcaster for Medscape. He espouses a conservative approach to medical practice. He participates in clinical research and writes often about the state of medical evidence.

<https://www.medscape.com/viewarticle/979560>