

MEETING HIGHLIGHTS

Highlights of the 2006 Scientific Sessions of the European Society of Cardiology

Barcelona, Spain, September 2–5, 2006

Jeroen J. Bax, MD, PhD,* Bernard De Bruyne, MD, PhD,† Anselm K. Gitt, MD,‡
Steen Kristensen, MD, DMSc,|| Cecilia Linde, MD, PhD,¶ Don Poldermans, MD, PhD,#
Fausto J. Pinto, MD, PhD,** Piotr Ponikowski, MD, PhD,†† Bernard D. Prendergast, MD,‡‡
Enrico Abagiti-Rosei, MD,§§ Sidney C. Smith, Jr, MD,||| Karin R. Sipido, MD, PhD,¶¶
Ernst E. van der Wall, MD, PhD,* Michal Tendera, MD, ESC President,## Michel Komajda, MD
(Chair of the Congress Program Committee)§

*Leiden and Rotterdam, the Netherlands; Aalst and Leuven, Belgium; Ludwigshafen, Germany; Paris, France;
Manchester, United Kingdom; Brescia, Italy; Aarhus, Denmark; Stockholm, Sweden; Lisbon, Portugal;
Wroclaw and Katowice, Poland; and Chapel Hill, North Carolina*

The World Congress of Cardiology (WCC) held in Barcelona (4 days, September 2006) was a joint meeting of the annual congress of the European Society of Cardiology (ESC) and the World Heart Federation (WHF), with more than 25,500 active participants attending from 135 different countries. In particular, 25% of the total attendance was from Africa, North and South America, and Asia.

A record number of 229 prearranged sessions (30 meeting rooms running in parallel) were organized, including 12 with other societies including the American College of Cardiology and the American Heart Association. A total of 10,594 abstracts from 94 different countries were submitted, and 3,917 (37%) were selected for presentation, including 34% dedicated to basic science.

The theme of the meeting was “cardiovascular disease and ageing.” The clinical profile and the management of elderly patients with cardiovascular diseases (CVDs) were addressed in 18 pre-arranged sessions and 125 scientific abstracts. In this document, the Global Health Agenda (a summary of special reports from the WHF plenary sessions) is discussed first, followed by the Euro Heart Survey program and Hotline sessions. Thereafter, a summary of the

most important contributions presented at the different sessions is provided.

THE GLOBAL HEALTH AGENDA

Cardiovascular diseases are now the leading cause of death worldwide claiming more than 17.5 million lives in 2005. The greatest numbers of CVD deaths (80%) occur in low- and middle-income countries where the prevalence of CVD is increasing at an alarming rate and health care resources are limited. For inexplicable reasons, the United Nations has not included CVD and chronic diseases among the Millennium development goals, designed to reduce poverty and promote health in developing countries by the year 2015. Limited funds mean limited action directed at prevention and control. This situation must be corrected if progress is to be recognized in preventing the early morbidity and mortality from CVD worldwide.

In an adult population, poor health due to CVD threatens sustainable economic growth and has an especially crippling effect on countries with developing economies. In 2000, the productive years of life lost due to CVD occurring in the workforce of 5 selected countries included 1.1 million in Brazil, 0.3 million in South Africa, 3.3 million in Russia, 6.7 million in China, and 9.2 million in India for a total of 20.1 million. It is estimated that, between 2005 and 2015, CVD and its risk factors such as hypertension and diabetes will impose huge costs through lost productivity and reduce the gross domestic product in most low- and middle-income countries that are now experiencing rapid economic growth. Obesity and diabetes are 2 risk factors for CVD that are growing in prevalence worldwide. Their incidence among children is of particular concern as childhood obesity generally predicts adult obesity. Childhood obesity is increasing across all continents such that 10% of the world's childhood population is now overweight or obese. In many Westernized countries, the prevalence of children who are overweight is as high as 20% and increasing prevalence is

From the *Leiden University Medical Center, Leiden, the Netherlands; †Cardiovascular Center Aalst, OLV Clinic, Aalst, Belgium; ‡Institut fuer Herzinfarktforschung an der Universität Heidelberg, Ludwigshafen, Germany; §University Pierre et Marie Curie, Paris, France; ||Aarhus University Hospital Skejby, Aarhus, Denmark; ¶Karolinska University Hospital, Stockholm, Sweden; #Erasmus Medical Center, Rotterdam, the Netherlands; **Lisbon University, Lisbon, Portugal; ††Clinical Military Hospital, Wroclaw, Poland; ‡‡Wythenshawe Hospital, Manchester, United Kingdom; §§Università degli Studi di Brescia, Brescia, Italy; |||University of North Carolina at Chapel Hill, Chapel Hill, North Carolina; ¶¶KUL, Leuven, Belgium; and the ##Silesian School of Medicine, Katowice, Poland. Dr. Bax has research grants from Guidant, Medtronic, GE Healthcare, and BMS Medical Imaging. Dr. Gitt is an advisor/consultant to BMS Medical Imaging, Eli Lilly, Essex Pharma, Glaxo, MSD, Pfizer, Sanofi-Aventis, and Servier. Dr. Linde was a member of the PI Medtronic study and receives research grants from Medtronic. Dr. Poldermans receives research grants from Merck and Novartis. Dr. Ponikowski is a consultant for VIFOR and receives honoraria for lectures for Merck.

Manuscript received October 11, 2006, accepted October 16, 2006.

Abbreviations and Acronyms

ACE	= angiotensin-converting enzyme
ACS	= acute coronary syndrome
CRT	= cardiac resynchronization therapy
CVD	= cardiovascular disease
ESC	= European Society of Cardiology
MRI	= magnetic resonance imaging
MSCT	= multislice computed tomography
NYHA	= New York Heart Association
PCI	= percutaneous coronary intervention
SPECT	= single-photon emission computed tomography
STEMI	= ST-segment elevation myocardial infarction
VHD	= valvular heart disease
WCC	= World Congress of Cardiology
WHF	= World Heart Federation

now occurring in many developing countries. Type 2 diabetes in childhood, secondary to obesity, is increasingly common in many countries, and its complications, especially the increased risk of CVD, greatly shorten the life expectancy for many in the obese childhood population.

Africa faces now a double burden, the combined epidemics of communicable diseases and emerging chronic diseases. In Africa, CVD is major component of chronic diseases and includes hypertension, stroke, cardiomyopathy, rheumatic heart disease, and the increasing prevalence of ischemic heart disease. Prevention must be the cornerstone of effective clinical and public health intervention. For example, only 60 children need to be treated with penicillin to prevent 1 case of rheumatic heart disease. Hypertension prevention and control can eliminate most stroke morbidity and mortality. In Africa, increased emphasis must be made on CVD risk factor awareness, surveillance, advocacy, and adherence to best practices.

Worldwide, more than 15 million people have rheumatic heart disease and at least 350,000 related deaths occur yearly. The WHF sponsors demonstration sites and training workshops in the South Pacific and is and is developing sites in Africa to assist with the development of critically needed register-based programs. Portable echocardiography is increasingly available in countries with developing economies and is the only reliable method for the detection of subclinical rheumatic heart disease. Vaccines for the prevention of rheumatic heart disease are now in early clinical trials and hold great potential if effective, safe, and affordable.

The mortality from CVD in China has more than doubled during the last 20 years. The WHF sponsors a large secondary prevention program involving hospitals in all 31 provinces and regions of China. The goal is to improve utilization of secondary prevention therapies known to improve outcomes for patients hospitalized with CVD. Current utilization of these therapies is being determined for hospitals in each region, after which strategies designed to operate under limited resources will be initiated to

improve their implementation. It is anticipated that this program will provide important information to assist in improving the outcome for patients with CVD in China and serve as a model for other low- and middle-income countries.

EURO HEART SURVEY

The Euro Heart Survey program of the ESC provides systematic information on the management of patients with CVD in clinical practice in Europe. During the WCC 2006, data of current surveys were presented in 5 symposia covering the following topics: ageing and CVD, acute coronary syndromes (ACS), heart failure, percutaneous coronary intervention (PCI), and atrial fibrillation.

Ageing and CVDs. The population is ageing rapidly, with 13.7% of the European population aged 65 years or older, which is twice the world level. With age, the prevalence of death due to CVD increases steeply up to about 40% in the elderly. In the second Euro Heart Survey on ACS, 40% of consecutive patients were older than 70 years. The elderly less often received reperfusion and acute adjunctive treatment and had 3 times higher 30-day and 1-year mortality than patients younger than 70 years. In the PCI survey, 19% of all patients undergoing PCI were older than 75 years (mean age 79 years), with 75% having multivessel disease. Although the rate of complications was low, the elderly suffered from bleeding and renal failure requiring dialysis twice as often as younger patients. In the survey on valvular heart disease (VHD), the most common valve diseases were aortic stenosis and mitral regurgitation. In patients older than 75 years, surgery was denied in 33% with severe aortic stenosis and in 64% with severe mitral regurgitation.

ACS. The comparison of the 2 Euro Heart Surveys on ACS-I in 2000 and ACS-II in 2004 demonstrated a significant improvement in adherence to current treatment guidelines with an increase of primary reperfusion for ST-segment elevation myocardial infarction from 56% to 64% and a shift from thrombolysis to primary PCI. Adjunctive medical treatment with beta-blockers, angiotensin-converting enzyme (ACE) inhibitors, clopidogrel, and statins improved over the years. This improvement in adherence to guidelines was associated with a trend towards lower 30-day and 1-year mortality in clinical practice.

PCI. The Euro Heart Survey on PCI enrolled 13,152 consecutive patients in 134 centers of 39 ESC member countries between June 2005 and January 2006. The indications for the intervention were ACS in 57% of all patients. Two-thirds of the patients undergoing PCI had multivessel disease. However, in 69% of all cases, 1 lesion was treated, probably reflecting incomplete revascularization. Stenting rate in clinical practice was 93%; a total of 41% of patients received drug-eluting stents with great variation between countries from below 10% up to 80%. The use of diagnostic devices like intravascular ultrasound or pressure/flow wires and therapeutic devices like distal protection devices,

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