



Cardiovascular News Update

Dear Colleague,

Westside Medical Associates of Los Angeles (WMALA) in conjunction with Westside Medical Imaging (WMI) would like to provide you with this weekly update on important new developments in cardiovascular care. If you have any suggestions on subjects you would like covered, please let us know.

Norman E. Lepor MD FACC FAHA FSCAI

Study shows coronary calcium predicts risk of cardiovascular events.

Coronary calcification was strongly associated with the risk of cardiovascular events across several major racial and ethnic groups according to a study published in the New England Journal of Medicine. The researchers found that the risk of MI or death from cardiovascular disease was increased 7-fold for those with moderately high levels of coronary artery calcium. Dr. Detrano and colleagues noted that increased coronary artery calcium significantly predicted increased risk for coronary events independent of standard risk factors such as age, body mass index, and smoking status in all four racial and ethnic groups studied -- whites, blacks, Hispanics, and Chinese. Current recommendations by the SHAPE task force are to screen males > 45 years of age and women > 55 years of age with any cardiovascular risk factor. Please contact Westside Medical Imaging at 310-623-1150 for information regarding our comprehensive cardiovascular screening assets.

Implantable ECG loop recorder may help stratify risk of death in patients with syncope.

Implantable ECG loop recorder, which are very useful to identify the cause of syncope, may help stratify risk in patients who have diminished left ventricular function following myocardial infarction. Poul Erik Bloch Thomsen, M.D., Ph.D., of the University of Copenhagen in Denmark, and colleagues found that implantable loop recorder detected a number of serious and potentially treatable cardiac arrhythmias but high-degree atrioventricular (AV) block, which is not a shockable arrhythmia, was the most powerful predictor of cardiac death. Please do not hesitate to contact Westside Medical Associates of Los Angeles cardiologists at 310-289-9955 if you have patients with syncope of unknown etiology who may benefit from this technology.

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ACC says high-dose statin should be used before Vytorin.

According to the American College of Cardiology, individuals having trouble controlling their cholesterol levels should first try stronger doses of statin drugs before trying Vytorin (ezetimibe and simvastatin). Though no safety issues were identified with Vytorin in the recently released ENHANCE trial, it did show no added benefit when ezetimibe was added to simvastatin in reducing plaque progression in the carotid artery.

Avandia may slow progression of atherosclerosis in diabetes patients who have undergone bypass surgery.

Avandia (rosiglitazone) prevents plaque buildup in diabetics after bypass surgery, according to the results of the VICTORY (Vein Coronary Atherosclerosis and Rosiglitazone After Bypass Surgery). Patients were randomly assigned to receive Avandia or a placebo and for one year. Patients taking Avandia had better blood sugar control, compared with those on a placebo and showed improved cholesterol levels, fewer signs of inflammation of blood vessels, and lower blood pressure. The researchers also said that there was no significant difference in cardiovascular events between the two groups.

Study suggests abacavir may double the risk of a heart attack.

Ziagen (abacavir), a commonly used AIDS drug, appears to nearly double the risk of a heart attack. Researchers at the University of Copenhagen also said that another less frequently used AIDS drug, Videx (didanosine), increased the chances of a heart attack by 50 percent. No increased heart attack risk was found for patients on the other drugs in the study, AZT (zidovudine), Zerit (stavudine), or Epivir (lamivudine).

American Heart Association recommends compression-only CPR to help cardiac arrest victims.

When you see an adult suddenly collapse, use Hands-Only CPR: that's CPR without mouth-to-mouth breaths. And it can help save lives. Hands only CPR has been found to be more effective in maintaining cerebral and coronary blood flow than conventional CPR in patients who have cardiac arrest. Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by bystanders who see an adult suddenly collapse in the "out-of-hospital" setting. It consists of two steps:

1. Call 911 (or send someone to do that).
2. Begin providing high-quality chest compressions by pushing hard and fast in the center of the chest with minimal interruptions

The American Heart Association recommends conventional CPR (that is, CPR with a combination of breaths and compressions) for all infants and children, for adult victims who are found already unconscious and not breathing normally, and for any victims of drowning or collapse due to breathing problems.

Higher doses of Celebrex may increase stroke, heart attack risk.

An analysis of studies involving Celebrex (celecoxib) showed higher doses of the drug were associated with an increasing risk of heart attacks and strokes. The authors found that participants taking the biggest Celebrex dose of 400 milligrams twice a day tripled their

chance of a heart attack or stroke, compared with people taking a placebo. Patients taking Celebrex twice daily at the 200-milligram dose doubled their risk of a heart attack while there was no increase in patients taking 400 milligrams once a day. Celebrex and other NSAID's, including ibuprofen and naproxen should be prescribed at the lowest dose possible and for the shortest duration possible.

ApoB levels may be best measure of heart health in patients at high risk for cardiovascular events.

The American Diabetes Association and American College of Cardiology experts say that measuring LDL-cholesterol may no longer be the best measure of heart health in patients at high risk for heart attacks and strokes. After LDL cholesterol is lowered to recommended levels in high-risk patients, testing for the protein ApoB, which is the atherogenic apoprotein found in LDL, IDL and VLDL may more accurately identify those still at risk for cardiovascular events. The panel said that if ApoB levels are high, patients may need more aggressive lifestyle interventions or larger doses of lipid-lowering statin drugs, even if LDL cholesterol levels are within normal range. They recommended a target ApoB level of less than 90 for high-risk patients without established heart disease and less than 80 for the highest-risk patients.

Combination cholesterol drug may reduce flushing, study suggests.

Scientists at the Jacksonville Center for Clinical Research in Florida says that Cordaptive (extended release niacin and laropiprant) will allow patients to take high doses of the cholesterol-lowering vitamin niacin without the bothersome side effect known as flushing. During the trial, the research team randomized 1,455 patients with elevated cholesterol to receive either increasing doses of Cordaptive until they reached niacin consumption of two grams per day or Niaspan, an extended-release form of niacin. After 16 weeks, patients receiving Cordaptive had an average of one flushing episode per month, while those receiving Niaspan alone had one per week.

Westside Medical Associates of Los Angeles (WMALA) and Westside Medical Imaging (WMI) are premier centers in cardiac diagnosis and treatment.

Please feel free to contact
[Norman Lepor MD, Hooman Madyoon MD or Ivor Geft MD](#)
at (310) 289-9955
or check our website at www.westsidemedimaging.com.

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