



In a Lighter vein!!

Breaking news



Heart attack patients are more likely to survive when top cardiologists are not in the hospital, a new study suggests.

Researchers at Harvard Medical School found that when heart specialists are away at academic conferences, the survival rate at their hospitals actually improves.

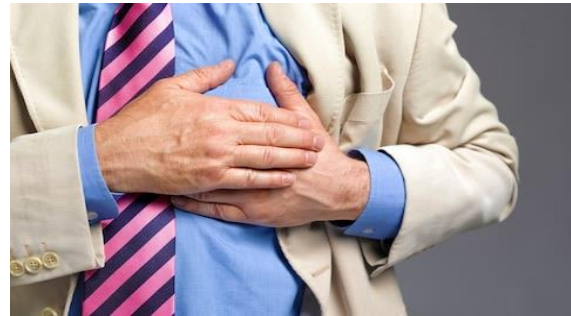
They believe that specialists who attend the meetings are more prone to using intensive interventions for their patients which may do more harm than good, rather than taking a more holistic approach.

"Many medical interventions deliver no mortality benefit, and the fact that mortality actually falls for heart attack patients during these conference dates raises important questions about how care might differ during these periods," said lead author Dr Anupam Jena, who described the findings as 'an unfortunate paradox.'

Dr Jena and his team looked at 3,153 heart attack patients who were admitted to hospitals in the US during the world's largest interventional cardiology meeting Transcatheter Cardiovascular Therapeutics. They then compared them to 31,156 heart attack patients who were hospitalized when top cardiologists were present.

They found that 19.5 per cent of patients who did not need stents to widen blood vessels died within 30 days of admission when cardiologists were in the hospital, but only 16.9 when they were away.

Study findings suggest fewer heart attack patients die when top cardiologists are away at conferences.



For patients who do not undergo stenting, doctors must choose the right cardiac medicines. Also accurately identify and treat concurrent illnesses that may affect the risk of dying, such as certain types of infectious diseases.

Even when stents were used, overall, 15.3 percent of patients who went to the hospital with a heart attack on the dates of the meeting died within 30 days of admission, compared with 16.7 percent of patients admitted on nonmeeting dates.

The findings suggest that while the doctors who stayed were equally skilled at stenting as doctors who attended the meetings, those who stayed may have been better at overall care.!!!

They found that doctors who attended conferences usually performed more stents, were much more focused on publishing research and more likely to run clinical trials than their peers who stayed behind.

"This is an unfortunate paradox given that professional conferences are designed to actually make us better physicians and improve the care we deliver," added Dr Jena.

"If doctors focus their attention on a particular kind of procedure, they might not develop other clinical skills that are as important to influencing outcomes as is knowledge of a specific procedure.

"Treating a cardiac patient isn't just about cardiac issues - it's about other factors that the patient brings to the hospital. The research was published in the JHA

**Response from our Cardiologists.....**

*Dr W S Santharaj
Consultant Cardiologist*

Acute Myocardial Infarction Mortality During Dates of National Interventional Cardiology Meetings. This interesting study showed 30 day mortality in patients with acute myocardial infarction is lower during interventional meetings mainly TCT. This study was conducted in Medicare patients only in USA. Main findings of this study are patients hospitalized with acute myocardial infarction during dates of Transcatheter Cardiovascular Therapeutics annual meetings had lower 30-day mortality compared with patients hospitalized with acute myocardial infarction during identical non meeting days in the ± 5 weeks. Rates of interventional cardiologist involvement were similar between meeting and non meeting dates, as were percutaneous coronary intervention rates. Mortality reductions were largest among patients hospitalized with non-ST-segment-elevation myocardial infarction who did not receive percutaneous coronary intervention.

Compared with cardiologists who treated patients during Trans catheter Cardiovascular Therapeutics meeting dates, those not practicing were of similar age and sex, but had greater publications, probability of National Institutes of Health funding, and clinical trial leadership; they also performed more percutaneous coronary interventions annually. The change in the treatment pattern could have contributed to the observed differences. The mortality of STEMI was insignificantly high in the study. Decision making in STEMI patients is straight forward and almost all undergo PCI. Therapeutic option has little influence in STEMI patients. In contrast significant low mortality was observed in patients with NSTEMI treated medically.

NSTEMI patients constitute a wide range with some with high risk features and some with lower risk. Co morbidities are also high in NSTEMI patients. Initial medical management with beta blockers, high dose statins, and better control of associated co morbidities could have influenced the findings. Therapeutic option has wider influence in NSTEMI patients than patients with STEMI.

Physician characteristics were interesting to note. Those who attended the meetings were academics probably knew more science than the art of medicine. There was no mention about the junior staff involved in the procedure. If junior staff is more involved in the procedures on non meeting days that could have some influence.



*Dr Naomali Amarasena
Consultant Cardiologist
Sri Jayewardenepura*

This is either a statistical fluke or interventional cardiologists are sometimes doing their patients more harm than good. The greatest increase in survival rates was among patients who were seen by an interventional cardiologist but didn't receive a stent. However the study did not give a valid explanation for the results. A 1.5% mortality reduction translated into several thousand lives saved – a sobering thought indeed.

But why?

Many attending a conference such as the TCT are aggressive interventional cardiologists who have come to make presentations involving the use of snazzy interventional techniques designed to create awe and wonder in the minds of those listening and observing. This would also have a domino effect leading the listeners from far flung lands like ours to imitate their techniques which may or may not be beneficial to the person who matters or should matter most – the patient. The presenter too may be regarded as one of the leading interventionalists of the day which probably is his goal.

Assuming this is a well conducted study the results clearly show that the Cardiologists left behind were also competent interventional cardiologists who however appeared to select the patients for stenting in the acute setting with more care.

A more sordid explanation would be the “lure of filthy lucre” where considerations other than improving the cardiac status of the patient makes some implant stents where medical therapy would suffice.



To draw a definite conclusion from a single study would be premature. But this is a timely reminder to those who use stents indiscriminately in both the acute and chronic setting that

“A holistic approach in a high tech environment” would be a better ‘mantra’ to follow.



*Dr Bhatiya R D Ranasinghe
Consultant Cardiologist.
Teaching Hospital Karapitiya*

It is very thought provoking news to have a paradox of more deaths when the top cardiologists are away attending conferences. Reasons could be that they would have undertaken high risk patients and may be got more referrals that were riskier to operate. Experienced operators are not apprehensive of tackling riskier patients.

We need to restudy the group who have undergone interventions and determine whether intervention was appropriate or not. This will bring to light whether unnecessary interventions were done or not. No re-flow phenomenon can convert stable patients into unstable ones specially if the interventions are carried out in STEMI patients who have presented late or in thrombolysed patients who are taken up late.

Hence I believe that before we make hasty conclusions it is important to restudy the patient groups which has undergone intervention in detail - whether the indications, timing and intervention techniques were appropriate or not.

However this study will be an eye opener for interventional cardiologists to rethink their decision making.