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Ischemic stable coronary disease between guidelines and real life

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Statement of the Problem: The aim of the study is to emphasize the difference between incidence, prevalence and mortality of stable coronary ischemic disease in real life and the data from the guidelines. In the light of current protocols, we diagnose and stratify the risk of stable coronary ischemic disease depending on gender, age and the presence of chest pain. This approach ignores a significant number of asymptomatic subjects who present one or more cardiovascular risk factors. Among this, diabetes mellitus and chronic kidney disease represents clinical equivalents of coronary ischemic disease as the guidelines specifies.

Theoretical Orientation: According to a lot of clinical studies performed in UK and USA, the majority percent of sudden deaths are caused by ischemic heart disease. So, what are the reasons to exclude from diagnose and risk stratification the most vulnerable candidates? Messrs Bayes de Luna and Roberto Elosua proved in a remarkable study published in 2012, that the greatest number of sudden deaths, 300.000/year, are encountered in general population. The second most frequent sudden deaths, 250.000/year, are registered in the subgroup with risk factors in general population. In another study performed in USA and published in 2008, 80% of sudden deaths were caused by coronary ischemic disease. According to the most recent statistic data, the mortality decreases in ischemic heart disease, but its incidence is increasing.

Conclusion: Current guidelines mention that the avoidance of excessive costs for elaborated investigation represented a constant concern, but in real life coronary ischemic disease remains under-diagnosed and under-treated.

Recommendations: Every clinical physician must decide upon the most proper methods to diagnose coronary ischemic disease depending on the clinical data of the patient.

Recent Publications

1. Kee-Joon Choi, Jae-Kwan Song, You-Ho Kim et al (2016), Prognosis of Variant Angina Manifesting as Aborted Sudden Cardiac Death, J Am Coll Cardiol;68:137-45.
2. Wilkins E, Wilson L, Wickramasinghe K, Bhatnagar P, Leal J, Luengo-Fernandez R, Burns R, Rayner M and Townsend N (2017) European cardiovascular disease statistics. European Heart Network.
3. Antonio Bayes de Luna and Roberto Elosua (2012) Sudden death, Rev ESP Cardiol. 65:1039-1052.
4. Jaskanwal D Sara, Mackram F Eleid, Rajiv Gulati, and David R. Holmes Jr, (2014), Sudden cardiac death from the perspective of coronary artery disease. Mayo Clin Proc. 89(12):1685-1698.
5. Sumeet S Chugh, Kyndaron Reinier and Jonathan Jui, (2008), Epidemiology of sudden cardiac death: clinical and research implication, Prog Cardiovasc Dis. 51(3): 213-228.

Biography

Camelia Nicolae is an Assistant Professor in Internal Medicine and Cardiology Department at Carol Davila University of Medicine and Pharmacy, Bucharest. She has been working in the Coronary and Intensive Care Unit. In clinical activity, she was interested in diagnosis and treatment of acute coronary syndrome, acute cardiac failure and pulmonary thromboembolism. She had a special preoccupation about ventricular remodelling post-acute myocardial infarction, which was reflected in her Doctoral thesis. After the publication of the latest cardiology guidelines about stable coronary ischemic disease, she developed a constant interest in the high incidence and prevalence of this pathology in real life. She is constantly searching diagnostic solutions for early identification of coronary ischemic disease in different subgroups of general population with high cardiovascular risk. She has published over 70 scientific papers.