3th World Congress on
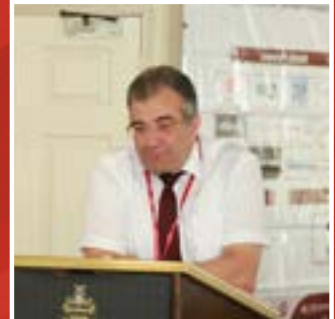
CARDIOLOGY AND CARDIAC NURSING

March 25-26, 2019 | Amsterdam, Netherlands

CARDIOLOGY SUMMIT 2019

KEYNOTE FORUM
DAY 1

Jean Du Plessis

Fiona Stanley Hospital and University of Notre Dame, Australia

BIOGRAPHY

Jean Du Plessis is the Head of Service of Neonatology at Fiona Stanley Hospital, Perth, Western Australia. He is also an adjunct associate professor at University of Notre Dame, Fremantle. In addition to long standing clinical career, he also possesses excellent administrative and diplomatic skills and has track record of successful delivery of high quality patient care to the population of South Perth. Du Plessis has been closely involved with University of Western Australia. He is current investigator of various clinical trials running in the neonatal unit. His research interests include innovations to improve neonatal health care.

Jean.DuPlessis@health.wa.gov.au

SAFE PRACTICE – A PATIENT CENTRED INITIATIVE IN AUSTRALIA TO PROMOTE SKIN-TO-SKIN IN THE EARLY HOURS AFTER BIRTH. FROM PILOT TO PRACTICE

Skin to skin or 'Kangaroo Care' (KC) soon after birth is a well-established practice in Australia with many benefits like mother-baby bonding, thermoregulation and promoting breast feeding. While majority of newborns tolerate it well, some may become compromised with serious consequences. Supervision for KC in the first few hours after birth is crucial time for both mother and her baby but also poses challenges to workload of midwifery staff in a busy birthing suite. A prior audit from our centre revealed only 21% compliance with paper-based observation chart for newborns in the immediate postpartum period. The objective of this study was to improve vigilance for newborns receiving KC soon after birth.

Methods: This quality assurance activity (SAFE- Saturation Assessment for Early Hours) was undertaken in a maternity unit of tertiary hospital. All babies receiving KC had continuous pulse oximetery monitoring after birth for the first hour. A cross sectional survey was performed to collate feedback from midwifery staff and the mothers. Data was analysed qualitatively and quantitatively.

Results: Response rate to survey was 80% for midwifery staff and 71% for mothers. Most midwifery staff received the practice positively and felt more reassured about the baby's status. The survey identified gaps in maternal knowledge about risks and benefits of KC. Overwhelming majority of staff recommended instituting this practice at other centres.

Conclusion: Continuous pulse oximetery in the first hour is a simple non-invasive and innovative approach to improve vigilance for all newborns receiving skin to skin care soon after birth. The success of this initiative lead to the implementation of two hours of continuous pulse oximetry momitoring for all babies at our institution.

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Les Rodriguez

Johnson & Johnson, USA

BIOGRAPHY

Les Rodriguez is an engineer and a psychologist. He completed his PhD in health psychology and behavioral medicine from Northcentral University, USA, and has master's (advanced) degrees in engineering, psychology, and business from Florida International University, Mississippi State University, and Southern New Hampshire University, as well as undergraduate degrees in psychology, business management, and biology from Columbia College, Interamerican University of Puerto Rico, and Pikes Peak CC, USA. He is a former adjunct professor of Southern New Hampshire University, USA. He is dual career, with over 28 years' experience in mental health and psychology settings and 36 years' experience designing and manufacturing medical devices for use in clinical chemistry, hematology, ophthalmology, and cardiovascular. He is currently a director with Johnson & Johnson, USA.

lrodr140@its.jnj.comm

TYPE D PERSONALITY AS A RISK FACTOR FOR REPEATED EPISODES OF CORONARY ARTERY SPASM

A significant relationship exists between personality type and cardiovascular health, particularly among individuals with type D personality. Individuals with type D personality are at significantly higher risk of recurrent cardiac episodes, myocardial infarction, poorer outcome following a myocardial infarction, and premature cardiac-related death compared to individuals that are not type D personality. The purpose of this study was to determine whether patients with type D personality were at higher risk of experiencing repeated episodes of coronary artery spasm requiring medical attention compared to non-Type D personality patients. Using a quasi-experimental design, with 44 coronary artery spasm patients, type D and non-type D personality patients were compared. Demographic, clinical, and psychological data was collected. Hypothesis testing, correlation matrix, single regression, multiple regression, and logistic regression analysis were used to examine the relationship between type D personality and repeated episodes of coronary artery spasm while adjusting for demographic, clinical, and psychological factors. The study assessed the impact of type D personality on repeated episodes of coronary artery spasm. The probability of experiencing repeated episodes of coronary artery spasm requiring medical attention was greater among patients who had a type D personality, Patients who had a type D personality were more likely to experience anxiety and depression disorder. Smoking was a predictor of coronary artery spasm among patients who had a type D personality. Type D personality is a predictor of coronary artery spasm and a risk factor for repeated episodes of coronary artery spasm requiring medical attention.

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William E Feeman Jr

The Bowling Green Study, USA

BIOGRAPHY

William E Feeman Jr is a family physician who trained at the Ohio State University College of Medicine and has spent his professional career investigating the primary and secondary prevention of Athero Thrombotic Disease (ATD). His database includes 870 patients who developed some form of clinical ATD in the 1978-2018 timeframe. He has published his results in major medical journals and has done multiple poster presentations in regional/national/international symposia.

BGS43402@yahoo.com

PREDICTION OF THE POPULATION AT RISK OF ATHEROTHROMBOTIC DIDSEASE-2018 UPDATE (BACK TO FRAMINGHAM)

The Framingham Study has shown that the population at risk of Athero-Thrombotic Disease (ATD) differs from those not at risk by a number of conditions termed risk factors and differs not in kind but in severity of those risk factors. The chief risk factors are cigarette smoking, dyslipidemia, and hypertension. Dyslipidemia is measured by the Cholesterol Retention Fraction (CRF, defined as [LDL-HDL]/LDL). Hypertension is determined by systolic blood pressure (SBP). CRF-SBP plot positions are know for 870 people who developed some form of clinical ATD during the 1978-2018 timeframe. When the CRF-SBP plots of these 870 patients are plotted on a graph, a threshold line can be drawn with CRF-SBP plot loci of (0.74,100) and (0.49,140) when the precipitation method of HDL-cholesterol measurement is used. Above this threshold line lie the plots of 85% of all ATD patients of any age. If cigarette smoking status is accounted for, then only 6% of ATD patients can not be predicted by CRF-SBP plot position above the threshold line and/or cigarette smoking status. These plots may be stratified into CRF-SBP cohorts and the average age of ATD onset calculated. Current cigarette smoking is associated with early onset ATD (aged 64 years or less) in virtually all cohorts; past cigarette smoking, with cohorts having CRF values of 0.70 or higher; never smoking, with cohorts having CRF values of 0.75 or higher. The population at risk of ATD can be identified and the average age of ATD onset predicted.

Monica Trofin

Monza Hospital Group, Romania

BIOGRAPHY

Monica Trofin works as a cardiologist at the Monza Hospital in Bucharest, Romania, which is a part of Monza Group. She is interested in cardiac electrophysiology and cardiac imaging. She worked in Zurich, Switzerland as a rhythmologist, taking part in studies that developed the cardiac ablation methods. Since 2015 Dr. Trofin is European certified (level 1) in implanting cardiac devices. Focusing her interest in cardiac magnetic resonance, she completed fellowships in Cardiac Center Leipzig and in CMR-Academy of Cardiac Institute of Berlin, Germany. Dr. Monica Trofin is also passionate in teaching and is highly active in broading the quality of healthcare in her country.

Trofin_monica@yahoo.com

CUSTOMIZED SELECTION OF PATIENTS WITH HIGH RISK OF SUDDEN DEATH USING LGE-CMR – THE STATE OF ART

The DANISH trial taught us that for a large number of patients with non-ischemic systolic heart failure, implanting an ICD does not decrease the mortality and that the survival in this group of patients decreased linearly with increasing age. Nowadays, the left ventricular ejection fraction (lower or equal with 35%) is the key criterion of the current guidelines for implanting an ICD in primary prevention purposes. In addition, registry data outlined that many patients (70-80%) with DCM and out-of-hospital aborted cardiac arrest did not show a markedly reduced LV-EF%. Therefore, it became clear that we need to extend the evaluation of patients using new criteria in order to better select the patients who are at high risk of sudden death from arrhythmic events. Late gadolinium enhancement in CMR is a proven powerful predictor of ventricular arrhythmias in patients with ventricular dysfunction, irrespective of ischemic or non-ischemic etiology. Multiple studies as well as meta-analysis, evaluating thousands of patients, showed that the arrhythmic endpoint was reached in a significant higher percent of patients with a positive test vs patients with a negative LGE test. This lecture will topic the current meta-analysis and the main actual indications of performing LGE-CMR as well as the detailed explanation of the method and its algorithms. The analysis and interpretation of data will also be covered during this presentation. An interesting question is to be pointed out for the further studies, aiming if patients with LGE would be ellicite for primary prevention with ICD irrespective of their systolic function measured with the ejection fraction. This question is addressing the fact that the correct selection of patients who are at highest risk of arrhythmic events will persuade the most benefit of ICD-therapy.