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MEDICAL IMAGING

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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.

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FDA ALERT [08/08/2008]

The FDA is notifying the public of the risk of a rare condition of muscle injury called rhabdomyolysis, which can lead to kidney failure or death, when simvastatin is used with amiodarone. This risk is dose-related and increases when a dose of simvastatin greater than 20 mg per day is given with amiodarone. A revision of the simvastatin labeling in 2002 described an increased risk of rhabdomyolysis when amiodarone is taken with simvastatin doses greater than 20 mg daily. However, the FDA continues to receive reports of rhabdomyolysis in patients treated concurrently with amiodarone and simvastatin, particularly with simvastatin doses greater than 20 mg daily. Prescribers should be aware of the increased risk of rhabdomyolysis when simvastatin is prescribed with amiodarone, and they should avoid doses of simvastatin greater than 20 mg per day in patients taking amiodarone.

No reduction of contrast induced nephropathy with intravenous bicarbonate

Patients assigned to isotonic saline received 1 ml/kg/h 0.9% sodium chloride for 12 hours before and after the procedure. Patients in the sodium bicarbonate group (154 mEq/L in dextrose and water) received 3 ml/kg for 1 hour before contrast injection, followed by an infusion of 1 ml/kg/h for 6 hours after the procedure. Hydration rate was reduced to 0.5 ml/kg/h in both arms for patients with ejection fraction <40% or New York Heart Association functional class III-IV. The results of this large randomized trial of patients with CKD who are at high risk for developing CIN demonstrate that there is no difference between sodium bicarbonate and isotonic saline in the prevention of CIN. The results of this trial are contrary to prior published trials on this topic, which have demonstrated a significant benefit with sodium bicarbonate infusion in patients with CKD undergoing coronary angiography and/or intervention. The incidence of CIN in patients receiving sodium bicarbonate infusion in these trials was around 1.8-2%, as compared to the current trial, where the incidence of CIN in these patients was 10%.

Patients with stable angina may achieve similar symptom relief with either optimal medical therapy or stenting

Individuals with chronic stable angina who have lower risk coronary anatomy (non left main, proximal LAD and severe triple vessel disease) can be treated first with aggressive medical therapy. The results of the recently published COURAGE trial outcomes show that there is no mortality or myocardial infarction benefit of PCI + aggressive medical therapy over aggressive medical therapy alone. There was an incremental reduction in anginal symptoms in the PCI group which persisted for 3 years. Aggressive medical therapy in this trial was much more comprehensive than is usually observed in the community setting including the use of statins to goal LDL levels, aspirin, ACE inhibitors/ARB's with compliance rates >90%. Patients with mild to moderate stable symptoms can be first treated with aggressive medical therapy including statins, ASA, ACEI/ARB's. According to **Dr. Norman Lepor of Westside Medical Associates of Los Angeles,** "64 slice CT coronary angiography and stress testing with nuclear or echo can help risk stratify patients into lower and higher risk groups". **Ranexa** represents the first new pharmacologic innovation in the treatment of chronic angina in over 20 years and is better tolerated than conventional therapies (beta-blockers, nitrates, calcium channel blockers) while providing significant symptomatic relief. According to **Dr. Lepor**, "PCI should be considered first line therapy for the more symptomatic patient, those with higher risk coronary anatomy and known left ventricular dysfunction".

Study indicates low vitamin D levels may increase risk of premature death

Low levels of vitamin D may raise a person's risk of premature death, according to a study published in the Aug. 11 issue of the *Archives of Internal Medicine*. Researchers analyzed data from a large government observational survey of more than 13,000 people who represented a realistic, diverse swath of U.S. adults ages 20 and up. Participants' vitamin D levels were collected by blood test from 1988 through 1994. They found that of the 1,800 people who died by December 31, 2000 -- 700 from cardiovascular diseases -- 400 were deficient in vitamin D, which translated to a 26 percent increased risk of death, but the number of heart disease-related deaths was insufficient to establish a cause-and-effect link to vitamin D deficiency. Nevertheless, the authors said that the study does highlight a trend, with other studies linking shortages of vitamin D to increased rates of breast cancer and depression in the elderly.

Cardiac resynchronization therapy may be underutilized

Fewer than half of eligible patients in the U.S. were implanted with cardiac resynchronization therapy (CRT) devices both to enhance ventricular function in patients with heart failure and to treat ventricular fibrillation and ventricular tachycardia. Though this device can cut death rates by more than one-third they continue to be underutilized. Just 12.4 percent of the nearly 34,000 heart failure patients admitted to hospitals during this time were discharged with CRT. Although clinical trials have shown that CRT helps patients with a left ventricular ejection fraction (LVEF) of 35 percent or less, only 14.3 percent of the patients with this condition received CRT.

Coronary CTA is more cost effective than invasive coronary angiography at diagnosing chest pain.

A new test is more cost-effective than current methods used to diagnose women at low risk of a heart attack who report chest pain, according to a study published in the *American Journal of Roentgenology*. In the study, researchers reviewed costs and health effects of performing the new non-invasive coronary CT angiography (CCTA) and the invasive coronary angiography. The results showed that "coronary CT angiography was $410 less in emergency department and hospital costs than the standard of care to triage a 55-year-old woman, and total healthcare costs decreased by $380. For any questions on Coronary CTA, please contact **Westside Medical Imaging**.

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

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