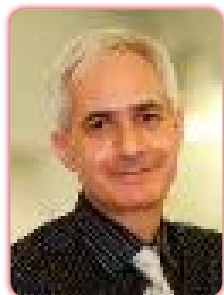**conference**series.com

JOINT EVENT ON

2nd International Conference on **Hypertension & Healthcare**

and

2nd International Conference on
Non-invasive Cardiac Imaging, Nuclear Cardiology & Echocardiography
September 11-13, 2017 | Amsterdam, Netherlands

Attila Kardos

Milton Keynes University Hospital, UK

What is new in the assessment of patients with chest pain ESC and the NICE recommendations

The prevalence of chest pain presentation to the emergency department is in the range of 25-30%. Stable coronary artery disease has a relatively good long-term outcome with low MCAE rate. The standardization of the diagnosis and management of chest pain patients had been proposed by the European Society of Cardiology and the UK National Institute of Health and Care Excellence (NICE) in 2013 and 2010 respectively. The evolution of diagnostic modalities in cardiology and the evidence from imaging based RCT the triple pillars of chest pain diagnostics (clinical symptoms and risk factors, pre-test probability assessment, and a variety of diagnostic tests for risk stratification) as has been simplified to symptomatic assessment and anatomical imaging of coronary arteries by Cardiac CT Angiography as a gate keeper modality in the update documents of the NICE guidelines in November 2016. Utilizing its high negative predictive accuracy CCTA can be used as a rule out test but equally can predict event depending on the extent and severity of coronary artery disease. Functional test like stress echocardiography, myocardial nuclear perfusion scintigraphy, CMR perfusion have a different role in detecting objective sign of ischaemia in patients with equivocal or moderate degree of coronary artery stenosis on CCTA and in patients with previous coronary artery disease who present with uncertain chest pain symptoms. Those patients only who had sever coronary stenosis on CCTA or present with typical chest pain with prior know CAD will be considered for invasive coronary angiography with view to risk stratify/deliver treatment. In this talk the currently operational guidelines will be reviewed and discussed.

Biography

Attila Kardos is a consultant cardiologist at Milton Keynes University Hospital NHS Foundation Trust and a Hon Senior Lecturer to the Division of Cardiovascular Medicine, Radcliffe Department of Medicine Oxford University. He is a clinical lead in multimodality Cardiovascular Imaging and a Director of Research and Development of the Trust. His research interest includes advanced imaging based recognition or cardiovascular pathologies utilizing Cardiac MRI , Cardiac CTA, and advanced echocardiography. His earlier research encompasses exercise physiology and the influence of the autonomic nervous system on exercise performance. Dr Kardos is Chief investigator on in the VECTRA CEB research project that investigates the utility of electrical biomarker in chest pain assessment. He has been and currently is a local principle investigator in several multi-centric trials e.g. EMPHESIS, PARADIGME, PARADIGME –Extent, IMPROVE-IT, RAPID –CTCA, EVAREST, EUROASPIRE-V, SUPPORT-HF2. He is also a member of several Editorial board of a variety of scientific journals.

akardos@me.com

Notes:

J Hypertens, an open access journal
ISSN: 2167-1095

Hypertension 2017 & Nuclear Cardiology 2017
September 11-13, 2017

Volume 6, Issue 3 (Suppl)

Page 46