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Lower annual cardiac events in diabetics with a normal exercise GMPI and a functional capacity ≥ 7 METS on treadmill

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Background & Aim: Good exercise capacity has a high Negative Predictive Value (NPV) in patients with known or suspected Coronary Artery Disease (CAD) similar to a normal Gated Myocardial Perfusion Imaging (GMPI). The aim of this study was to evaluate NPV of functional capacity during treadmill exercise in diabetics with normal GMPI in Pakistani population.

Method: This was a prospective study which included 338 diabetics with normal exercise GMPI at Karachi Institute of Heart Diseases from June 2014 till June 2016. On the basis of Metabolic Equivalents (METS) achieved during exercise, these patients were divided into Group A: ≥ 7 METS (140 patients) and Group B: < 7 METS (198 patients). These patients were followed up on telephone (for 18 ± 3 months) for fatal or non-fatal myocardial infarction (FMI and NFMI, respectively). Regarding risk factors in Group A and B, like obesity (50 vs. 54%), hypertension (61 vs. 60%), smoking (14 vs. 15%), dyslipidemia (32 vs. 42%) and family history (32 vs. 30%), no significant difference was found.

Result: The mean age predicted HR (MAPHR) achieved in group was significantly higher than Group B (86% vs. 83%). No significant difference was found between LV functional parameters (like ejection fraction, end diastolic and systolic volumes) of two groups. During follow up period, the overall all cardiac events reported in Group A was 03 (all NFMI and no FMI) while in Group B 16 events (15 NFMI and 01 FMI) were reported. Annualized event rate for overall events, NFMI and FMI in two groups were 1.43 vs. 5.39%, 1.43 vs. 5.05 and 0% vs. 0.3%, respectively.

Conclusion: We concluded that NPV of a normal GMPI is higher in diabetic patients with a functional capacity ≥ 7 METS than their counterparts who could achieve < 7 METS on treadmill.

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Update on the management of peripartum cardiomyopathy

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Peripartum Cardiomyopathy (PPCM) is a rare cause of heart failure affecting women late in pregnancy or in the early puerperium. The management of Heart Failure (HF) due to PPCM is similar to that of HF due to other causes that occur during pregnancy with special attention to particular risks during pregnancy, including fetal risks. Decisions regarding use of implantable cardioverter defibrillator and cardiac resynchronization therapy in patients with PPCM should include consideration of the potential of recovery of ventricular function. Decisions regarding the timing and mode of delivery in PPCM should be made based upon multidisciplinary input from cardiology, obstetrics, anesthesiology, and neonatology services. Prompt delivery is suggested in women with PPCM with advanced HF. The risk of recurrence with subsequent pregnancy is highest among women with persistent Left Ventricular (LV) systolic dysfunction. All women with PPCM should receive counseling on the potential risk of recurrence with future pregnancies.

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