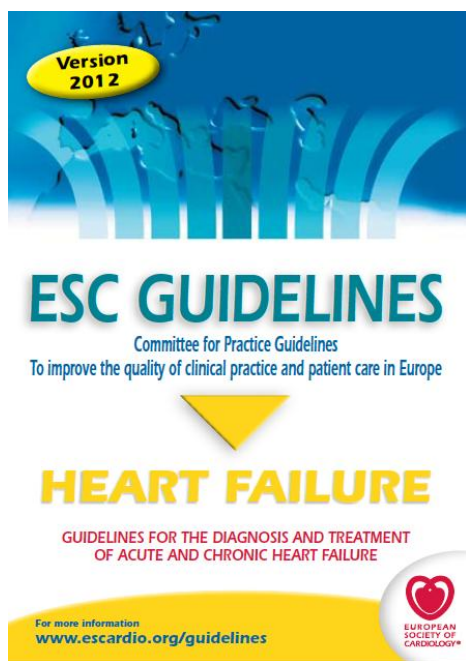


# Novedades del Congreso de la Heart Failure Association, Belgrado 2012

Juan F. Delgado

# Presentación de las nuevas guías clínicas de IC



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# VHC y desarrollo de miocardiopatía

[www.escardio.org/HFA](http://www.escardio.org/HFA)

## Action plan against HCV induced cardiomyopathy *Observational study shows anti-viral treatments can reverse HCV related cardiomyopathy*



*Doctor Ahmed Saleh,  
Academy of Scientific  
Research and  
Technology,  
Cairo  
Abstract first author*

All patients diagnosed with cardiomyopathy should be screened for hepatitis C virus (HCV) infections; just as all patients diagnosed with HCV infections should be screened for cardiomyopathy, concluded the authors of an Egyptian abstract presented at the Heart Failure 2012 congress. The recommendations follow findings

cytokines,” said Saleh, from the Academy of Scientific Research and Technology in Cairo.

Around 10 to 15% of cases of cardiomyopathy in Egypt and areas with high HCV prevalence are thought to be caused by HCV infections. “Since there’s very little data concerning the cardiotropism of HCV, many cardiologists classify HCV cardiomyopathy as being of unknown aetiology,” said Saleh.

The abstract reported on three separate observational studies undertaken at the Academy of Scientific Research and Technology in Cairo, and Tokyo University in Japan.

- In the first observational study, the researchers evaluated 50 HCV patients and 50 normal controls with ECG and conventional echo. In comparison to controls, they found that HCV

- In the third observational study, 20 HCV positive cases with dilated cardiomyopathy had echo Doppler and speckle tracking procedures before and after treatment for HCV. Treatment was with cetirizine alone or combined with interferon and Ribavirin (triple therapy). The results showed that significant improvements were observed for systolic function following treatment ( $p < 0.05$ ).

“We believe that all newly diagnosed HCV cases should be subject to assessments by multidisciplinary teams including hepatologists, cardiologists, nephrologists, dermatologists and neurologists,” said Saleh.

Particular attention, he adds, needs to be paid to HCV in developing countries where it has reached

# Nuevos datos del viejo estudio DIG

## Digoxin in high risk Heart Failure patients with reduced ejection fractions

An old drug revisited

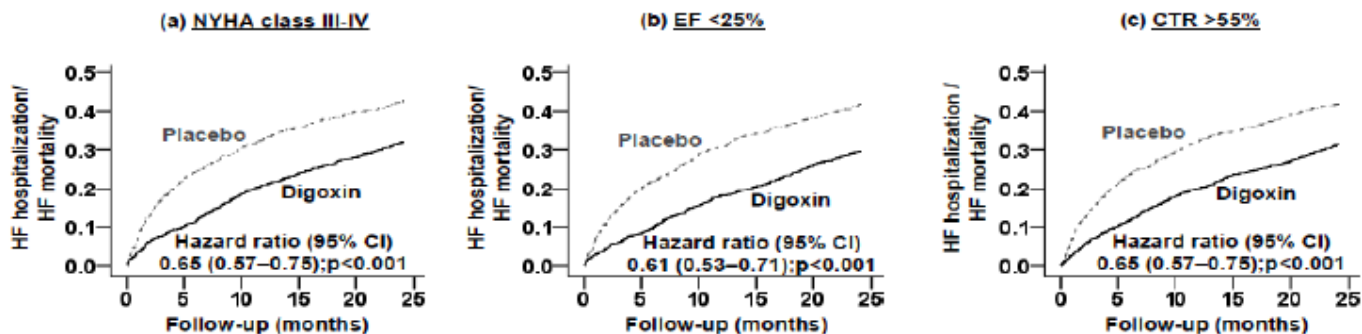
**Topics:** Heart Failure (HF)

**Date:** 22 May 2012

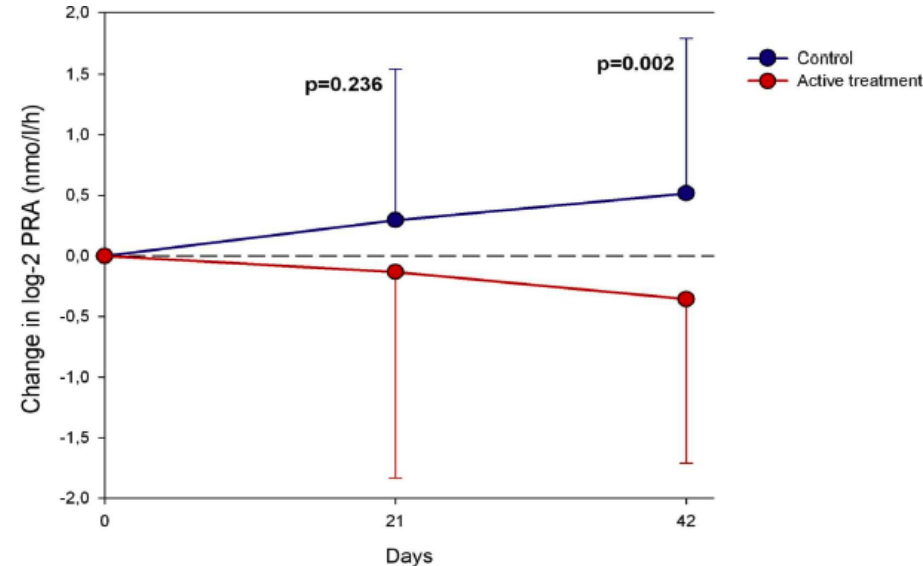
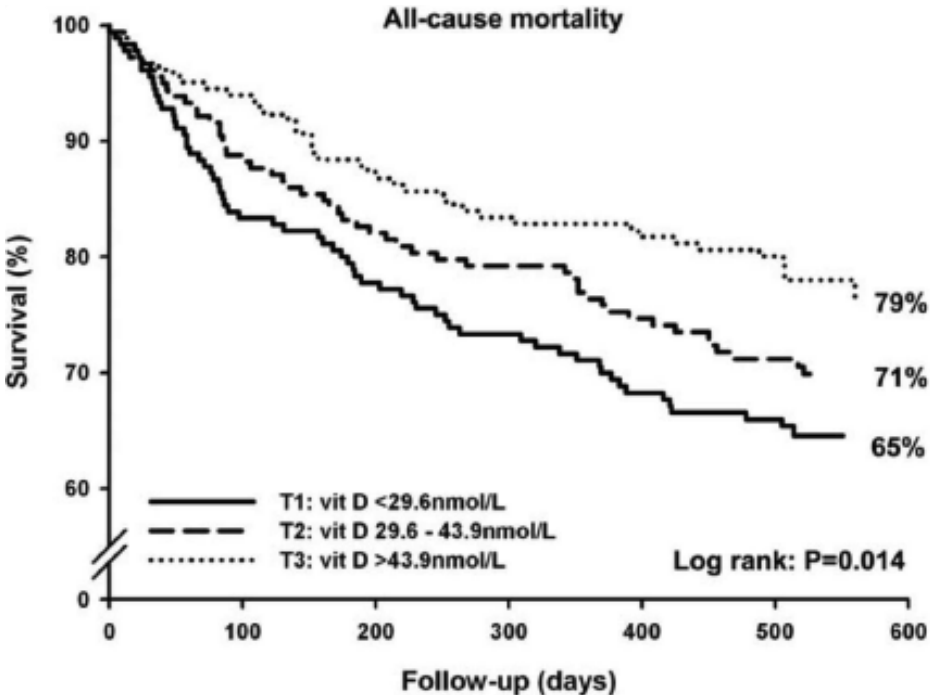
Digoxin - the oldest compound in cardiovascular medicine - has an important role to play in treating high risk patients with heart failure (HF), reports the latest analysis from National Health Blood and Lung Institute Digitalis Investigation Group (DIG) trial.

The study, presented in the Late Breaking Clinical Trial Update Session yesterday, reports a new analysis in patients with NYHA class III-IV, left ventricular ejection fractions (LVEF) less than 25% and cardio thoracic ratios (CTRs) less than 50%.

Hospitalisation for HF is associated with post discharge mortality and re-admission rates that can be as high as 15 and 30% respectively at 60 to 90 days post discharge. This unacceptably high event rate occurs despite widespread use of evidence based therapies.



# Un paso mas en el estudio de la influencia de la vitamina D en la IC: actividad de renina plasmática



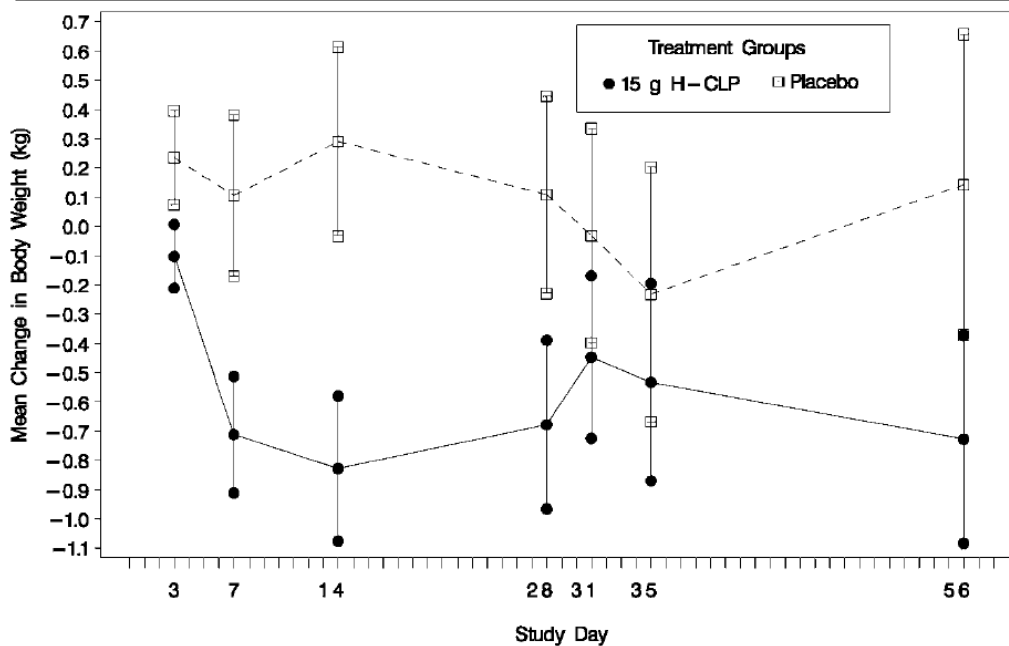
**Geometric means (95% CI)**

	0	21	42
Control	4.9(2.9-8.5)	6.3(3.8-10.4)	7.3(4.5-11.8)
Active	6.5(3.8-11.2)	6.2(3.7-10.4)	5.2(2.9-9.5)

# Polielectrolito ranurado en el tratamiento de la congestión. SORBENT CTST-21

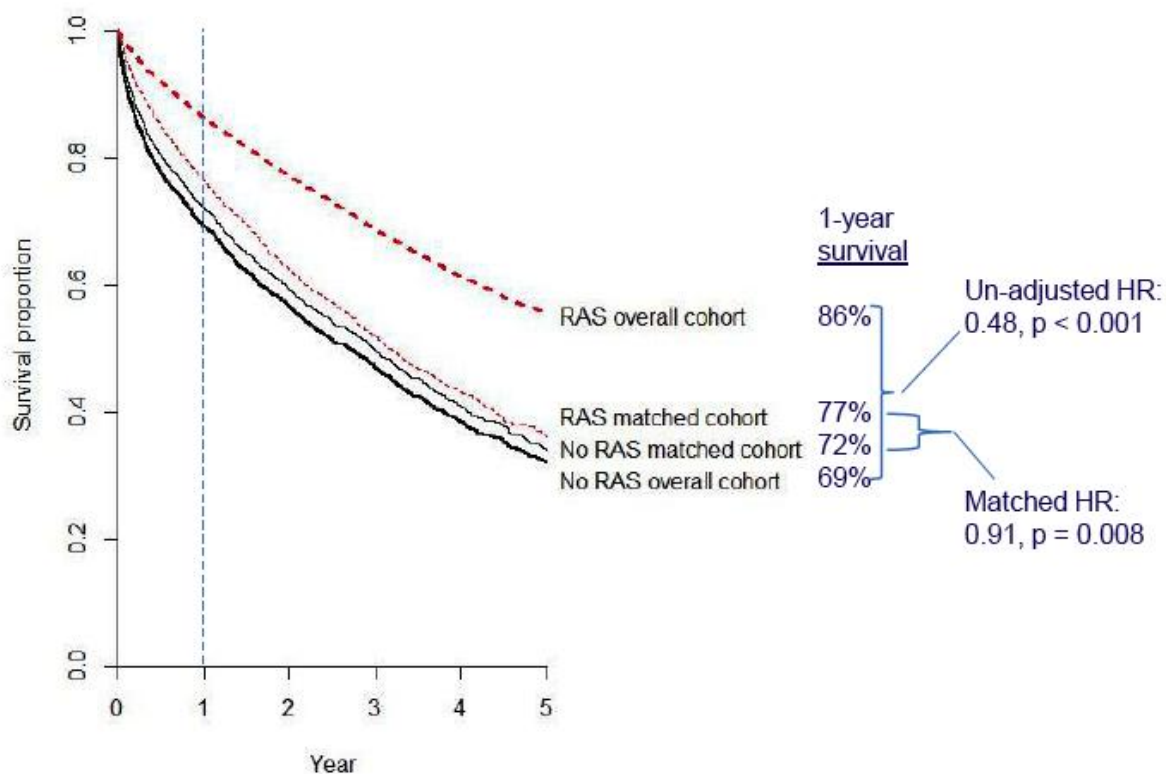
**A double-blind, randomized, parallel, placebo-controlled study examining the effect of cross-linked polyelectrolyte in heart failure patients with chronic kidney disease**

Maria Rosa Costanzo<sup>1\*</sup>, J. Thomas Heywood<sup>2</sup>, Barry M. Massie<sup>3</sup>, Julie Iwashita<sup>4</sup>, Lee Henderson<sup>4</sup>, Merab Mamatsashvili<sup>5</sup>, Hamayak Sisakian<sup>6</sup>, Hamlet Hayrapetyan<sup>7</sup>, Philip Sager<sup>8</sup>, Dirk J. van Veldhuisen<sup>9</sup>, and Detlef Albrecht<sup>4</sup>



# Registro sueco de IC

## Bloqueo del SRAA en IC con FEVI preservada



No. at risk							
Overall	No RAS	3673	2156	1425	884	467	234
	RAS	12543	9177	6580	4193	2340	1216
Matched	No RAS	3329	2028	1349	846	453	229
	RAS	3329	2181	1447	880	475	238

# Apixaban produce mayores beneficios que warfarina en pacientes con IC y disfunción sistólica del VI

## Apixaban delivers greatest benefits in HF and LVSD patients: ARISTOTLE trial

ARISTOTLE sub-study explores different AF groups

**Topics:** Heart Failure (HF)

**Date:** 21 May 2012

Apixaban - the new direct oral factor Xa inhibitor – was found to be superior to warfarin with respect to both efficacy and safety, finds the latest analysis of the ARISTOTLE trial which included patients with atrial fibrillation (AF) and at least one other risk factor for stroke or systemic embolism (SSE).

In a sub-study, presented yesterday in the Late Breaking Clinical Trial Update Session, the effects of apixaban and warfarin were compared in AF patients according to their left ventricular systolic function and heart failure (HF) status.

“Patients with LV systolic dysfunction (LVSD) were at greatest risk of an adverse fatal or non-fatal clinical outcome. Therefore, because the superiority of apixaban over warfarin was consistent across subgroups, the absolute benefit of apixaban was particularly large in patients with LVSD. Patients with HF but without LVSD - i.e. patients with HF and preserved ejection fraction (HF-PEF) - were at lower risk than those with LVSD and obtained an intermediate benefit with apixaban, compared with warfarin,” said the presenter of the study, Professor John McMurray.





# Terapia de resincronización cardiaca

## Update on implanted devices in heart failure

Heart Failure 2012

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**Topics:** Heart Failure (HF)

**Date:** 20 May 2012

The 2012 Heart Failure Guidelines provide the latest ESC recommendations for the use of devices (Implantable Cardioverter Defibrillators and Cardiac Resynchronisation Therapy) in patients with chronic systolic heart failure. This document incorporates the most recent trial evidence and further refines the ESC Guideline Update that was published in 2010.

The use of Implantable Cardioverter Defibrillators (ICDs) for both primary (patient with symptomatic HF (NYHA class II–III) and an  $EF \leq 35\%$ ) and secondary prevention (survivors of cardiac arrest and in patients with sustained symptomatic ventricular arrhythmias) is presented and the key evidence supporting the recommendation and levels of evidence is clearly and concisely reviewed. The importance of ventricular dysrhythmia in causing sudden death in patients with heart failure is emphasized. Approximately one half of the deaths in these patients are sudden and, notably, this mode of death is most common in patients with milder symptoms. The Guidelines continue to provide the strongest class of recommendation for both primary and secondary prevention in appropriate patients (I A).



# CardioFit®

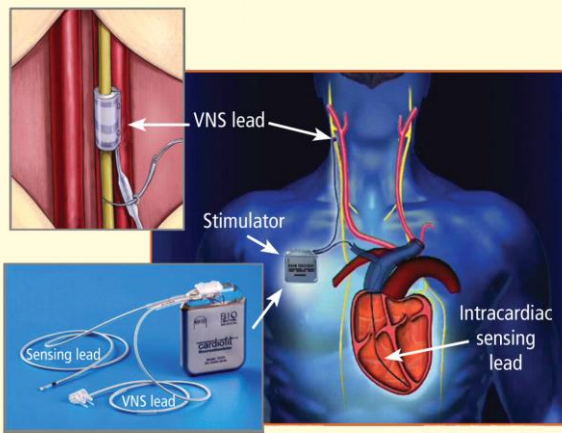
## Pivotal study to reduce heart failure gets underway

New safety data on cardioFit™ device

**Topics:** Heart Failure (HF)

**Date:** 20 May 2012

An implantable electrical stimulation device, providing vagal nerve stimulation to patients with heart failure, demonstrated long term safety in a feasibility study, reports a Serbian abstract. The pivotal study of the CardioFit™ device, which aims to enrol 650 patients, started last month.



ClinicalTrials.gov  
 A service of the U.S. National Institutes of Health

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Full Text View

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No Study Results Posted

[Related Studies](#)

### Neural Cardiac Therapy for Heart Failure Study (NECTAR-HF)

**This study is currently recruiting participants.**

Verified June 2012 by Boston Scientific Corporation

First Received on June 28, 2011. Last Updated on June 12, 2012 [History of Changes](#)

Sponsor:	Boston Scientific Corporation
Information provided by (Responsible Party):	Boston Scientific Corporation
ClinicalTrials.gov Identifier:	NCT01385176

#### Purpose

The NECTAR-HF feasibility trial is designed to evaluate the application of right vagal nerve stimulation in heart failure patients with a New York Heart Association Class III, an ejection fraction than 35 %, and a narrow QRS duration equal to or less than 130 ms.

Condition	Intervention	Phase
Heart Failure Congestive Heart Failure	Device: Vagal Nerve Stimulation	Phase 2

# Treatment of functional mitral regurgitation by percutaneous annuloplasty: results of the TITAN Trial

**Tomasz Siminiak<sup>1</sup>, Justina C. Wu<sup>2</sup>, Michael Haude<sup>3</sup>, Uta C. Hoppe<sup>4</sup>, Jerzy Sadowski<sup>5</sup>, Janusz Lipiecki<sup>6</sup>, Jean Fajadet<sup>7</sup>, Amil M. Shah<sup>2</sup>, Ted Feldman<sup>8</sup>, David M. Kaye<sup>9</sup>, Steven L. Goldberg<sup>10†</sup>, Wayne C. Levy<sup>10</sup>, Scott D. Solomon<sup>2</sup>, and David G. Reuter<sup>11†\*</sup>**

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