



Canadian Cardiovascular Congress

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Ten Guidelines and Position Statements Released at CCC 2009

Edmonton - A record number of evidence-based guidelines and position statements are being issued by the Canadian Cardiovascular Society in conjunction with its annual meeting. The Canadian Cardiovascular Congress has often been the venue of new practice recommendations but this year 10 sets of guidelines or position statements are being released; a more typical number is one or two. Many of these guidelines, which are largely based on published data, advocate important modifications in the definition of appropriate care. Importantly, even though the data are drawn from clinical trials worldwide, the guidelines are assembled by Canadian experts specifically for application in the setting of Canadian healthcare. The guidelines not only identify recommendations for cardiovascular specialists but also for family physicians, nurse practitioners and other clinicians who deliver cardiovascular care.

Edmonton - À l'occasion de son congrès annuel, la Société canadienne de cardiologie dévoile cette année un nombre record de recommandations et de déclarations de principe fondées sur des preuves. Si le Congrès canadien de santé cardiovasculaire est souvent la tribune par excellence pour la divulgation de nouvelles recommandations, on n'en compte habituellement qu'une ou deux par année et non 10 comme c'est le cas en 2009. Ces nouvelles recommandations, qui s'appuient pour la plupart sur des données publiées, apportent en général d'importantes modifications à la définition des soins appropriés. Il importe ici de souligner que même si les données proviennent d'essais cliniques menés partout dans le monde, les recommandations sont élaborées par des experts du Canada à des fins de mise en application dans le système de santé canadien. Ces recommandations sont destinées non seulement aux spécialistes en santé cardiovasculaire, mais aussi aux médecins de famille, aux infirmières praticiennes et aux autres cliniciens qui prodiguent des soins cardiovasculaires.

By Ted Bosworth

The increasing demand for evidence-based medicine has made guidelines critically important for defining accepted standards. In cardiovascular (CV) medicine, the Canadian Cardiovascular Society (CCS) has formed numerous committees to evaluate various aspects of patient care, often working in collaboration with other specialist groups with shared interests. Although the CCS has never previously issued as many guidelines in a single year, the new sets of clinical recommendations exemplify the efforts to harness rapidly and constantly evolving clinical data.

Of the updated guidelines, the most significant may be those outlining treatment of elevated cholesterol, those providing guidance for management of congenital heart disease in adults and those identifying acceptable strategies for the diagnosis and treatment of heart failure, but the CCS has also collaborated with the Canadian Association of Radiologists (CAR) to issue new training standards for computed tomography in the evaluation of CV disease; the Canadian Heart Rhythm Society (CHRS) to draw up recommendations for use of genetic testing in the evaluation of inherited cardiac arrhythmias; and the Canadian Pediatric Society (CPS) and the Canadian Academy of Child and Adolescent Psychiatry (CACAP) to provide a position statement on cardiac evaluation in children or adolescents being considered for stimulant therapy in the treatment of attention-deficit/hyperactivity disorder (ADHD).

In the cholesterol guidelines, published earlier this month in the *Canadian Journal of Cardiology* by Genest et al. (2009;25:567-79) and reviewed in a workshop during the CCC, one of the most significant changes was a redefinition of the primary LDL target in high-risk patients as <2.0 mmol/L or at least a 50% reduction from baseline. The guidelines, incorporating recently published data, emphasize the use of objective tools, such as the Framingham Risk Score, for evaluating risk and have placed more emphasis on

high-sensitivity C-reactive protein as an acceptable stratification tool for intermediate-risk patients.

In the adult congenital heart disease guidelines, new data were collated to improve descriptions of the clinical complications in this population, such as the complex arrhythmias and distinctive forms of heart disease that stem from specific abnormalities. In the heart failure guidelines, a series of recent clinical trials has generated the data needed to improve guidance of when and how to employ intracardiac devices to prevent life-threatening arrhythmias.

The vast increase in the number of children receiving stimulant medications for the treatment of ADHD was an impetus to provide formal guidelines for considering the potential CV risk posed by these agents. Based on the published data, the consensus from the CCS, CPS and the CACAP is that stimulants are not associated with a high rate of sudden death in otherwise healthy children, but known or undiagnosed heart disease may increase the risk of arrhythmias in children or adolescents taking these medications. In these individuals, consultation with a CV specialist is appropriate.

The development of guidelines was identified by CCS president Dr. Charles Kerr, Department of Cardiology, St. Paul's Hospital, Vancouver, and Professor of Medicine, University of British Columbia, as one of its most important missions. He noted that guidelines for common CV conditions such as heart failure can generate hundreds of thousands of hits on the CCS Web site and generate "enormous" influence. The experts who participate in the creation of the guidelines not only assemble the data on which guidelines are based but also play a critical role in identifying the quality of those data and interpreting their significance for clinical care. In addition to their value in guiding diagnosis and treatment, the guidelines are playing an increasingly critical role in permitting the current state of clinical science to be defined. □



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