

Saturday, April 11, 2009 - Dubai



Wisdom From The Desert

Mr. Abdulla Bin Sougat

If ever there was a wise man of the desert it has to be Mr. Abdulla

Bin Sougat. Ask him the secret code of the world, the philosophy on which things are running, an interesting theory will greet you. The executive director of Sheikh Hamdan Awards believes in the number 7. He very eloquently tells us that, the world was created by God in 7 days, there are 7 days in the week, for a long time there were 7 wonders in the world, and his beautiful country is a union of 7 emirates. He also adds that Gulf Heart Association is made up of 7 countries, holding their 7th annual conference this year.

We had the pleasure of talking to this fascinating man, who has worked for the department of health for 27 years, and is chairman of conference and public relation committee.

Mr. Abdulla, what in your opinion, attracts doctors to Dubai?

Firstly, Dubai is generally attractive to all sectors in all aspects, for tourism, service infrastructure and entertainment. If I was to pinpoint one thing only, then the most important attraction of Dubai is its safety. It is a peaceful city where doctors have full access to knowledge from around the world and no bars to communication, as long as national security is not compromised. Thanks to His Highness Sheikh Mohammed, Dubai is currently being developed as a hub for medical facilities, so I think that the future looks bright for talented doctors who would like to work here.

You have worked for 27 years organizing events. After so many events, is there any special memory that stands out?

Oh there are so many, now that you ask. However, I will never forget the look in the eyes of His Highness Sheikh Hamdan, when the 3 Royal Colleges

of Physicians of UK, presented him with the honorary fellowships of their colleges. I often reflect on that moment and its enormity; because these 3 world renowned colleges have been around for centuries, and for them to come to a unanimous decision is very unusual, and in itself a historical moment. I had arranged the cameras to capture His Highness's feelings as he signed the documents. That image will remain with me forever.

Your work has given you the opportunity to work with professionals in medicine and science from all over the world. Do you have a message for them, especially the young physicians?

I would say that, as years go by, people tend to forget the reasons for choosing this noble profession. Prestige, power or money, become more important. Perhaps it is the natural cycle of events that leads to this change, but I would appeal to the future scientists, young physicians, not to forget the noble

reasons for joining this profession, and always think of the people they wish to help with their knowledge. I would also advise the physicians to create a system by which they can empower the nurses and paramedics to become part of an efficient medical team. Remember always, that team work means "Together Everyone Achieves More!" You people can do it.

What is your vision, as a son of the soil, for Dubai?

I hope and pray that one day, I will see the right people in the right places in my great nation.

We, the organizing committee of 7th Gulf Heart Association conference thank Abdullah Bin Sougat for his constant support, patience, attention to details, and absolute devotion during this as well as past activities. We always wish him the best in all his endeavours, and want him to know that he is a much appreciated pillar of support to us.

“Balancing the benefit and risk of antiplatelet therapy in clinical practice”



Dr. Mohammad Zubaid

The combination of aspirin and clopidogrel is currently the mainstay of antiplatelet therapy for patients with acute coronary syndromes (ACS). While aspirin inhibits platelet thromboxane A₂ production and platelet activation, clopidogrel inhibits adenosine diphosphate (ADP)-induced platelet activation by blocking the P₂Y₁₂ platelet receptor. When added to aspirin therapy in patients with ACS, clopidogrel significantly reduces

the risk of recurrent ischemic events. Clopidogrel's onset of action might be delayed and variable between individuals. A therapeutic level of inhibition is reached in 4–6 hours (h) after a 300 mg loading dose and 2 h after a 600 mg loading dose.

Laboratory analysis sometimes revealed that a substantial proportion of patients do not show adequate inhibition of ADP-induced aggregation. While this fact is still not

well investigated and no clear clinical outcomes have been linked to it; low responsiveness to clopidogrel has been shown to be associated with adverse outcomes after percutaneous coronary intervention (PCI).

The major task is to develop better and safer antiplatelet agents. In fact, oral antiplatelet agents, such as aspirin in the ISIS-2 study, and clopidogrel in COMMIT mega trial in moderate doses are among the very few classes of drugs,

which lead to an absolute mortality reduction benefit in patients after acute vascular thrombotic events. Prasugrel is an experimental thienopyridine, and an irreversible antagonist of the ADP P₂Y₁₂ receptor, leading to inhibition of platelet activation and aggregation. The recent TRITON trial, assessing head-to-head prasugrel versus standard of care clopidogrel, both on top of aspirin, reveals numerous controversies with regard to the trial design, definition of events, interpretation of the results, and suitability of the high maintenance prasugrel dose for chronic preventive human use.

Dr. Mohamed Zubaid, in his presentation today will review the evidence derived from the recent published studies regarding the use of Anti-Platelet agents in ACS setting. Furthermore Dr. Zubaid will provide a critical analysis comparing the most recent strategies in using antiplatelet therapy along the spectrum of ACS and future development.

SATELLITE SYMPOSIUM

NOT TO BE MISSED

“Balancing the benefit and risk of antiplatelet therapy in clinical practice”

By Dr. Mohammad Zubaid

Saturday 11th of April 2009 12.20 - 12.50
(Al Baraha Section 2 & 3)


sanofi aventis
Because health matters

This News Print is produced by:

Dubai Heart Center

Editors: Dr. Quraitulain Zaidi

Dr. Nooshin Mohomad Bazargani

Dr. Suresh N Krishnan

Sponsored by Sanofi Aventis

Printing Company: Signatures Advertising



Quraitulain zaidi

I have a patient who has a host of medical problems. He is diabetic, hypertensive and has had 3 heart attacks. Two of them were major attacks, one minor. His angiogram revealed 3 vessel disease, but the vessels are not graftable, and his ejection fraction is only 25%. Last year, he was admitted to our hospital five times, either with heart failure, or with unstable angina. He is 60 years old and manages a small motel in Dubai. Because he manages a motel, the working hours are irregular and usually late.

He fascinates me no end, and I find him worthy of being mentioned because, I always see him smiling; and this smile is very mischievous. It says to you, "Do what you want Doc, I am not gonna change myself. I am not gonna argue with you, but thank you any ways."

Everytime I admit him, I ask him, "Henry, were you taking the medications?"

Henry says, "Yes", with a smile. knowing very well what the next question is going to be.

Oncall in the Emergency Room

So I continue, "But not always; sometimes you forget to take the pills....." I look him straight in the eyes.

Henry's eyes twinkle with mischief. He chuckles softly, and an endearing dimple appears next to his mouth as he decides to be honest and says, "Yes, sometimes I forget."

I used to get angry, when I first met him. Then I noticed the smile. It taught me to smile with him, and at him, giving me a sense of humour about the whole situation. Even while he is silent, he seems to be saying, "If I can be happy with all my problems, why can't you."

On Christmas Eve, his motel was all set for extra guests and parties; but that day he became breathless and reluctantly came to the hospital in need of IV frusemide. I admitted him, but by the evening, once he felt better, he left the hospital against medical advice, to go and work some more.

Today, I have admitted him again. Tomorrow, I am sure he will demand to go home again. He agitates and worries me, but this is him and this is how he wants to lead his life. He enjoys his work, and wants to be at it till the very end.

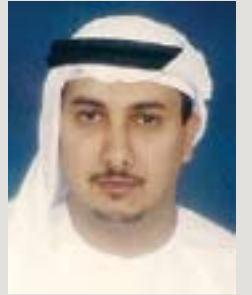
I am not his priest or mentor. Having realized that, I no longer preach to him about the ifs and buts of non

compliance. After all, he has a right to be who he wants to be; and if he's happy despite his not-so-perfect life, he is a better human being than me. I have yet to master the art of being happy in all seasons.

There is so much to learn from people around us. Every human contact teaches us a lesson more precious than the medical jargon in text books

and journals. One might argue for best practice over sentimentality in our work place, but there is no better method to reach out to a patient than, by putting yourself in their shoes and asking them what they want. No matter what new contraption medical science comes up with, humanity is not going out of style yet.

Awareness campaign should last the whole year



Dr. Fahad Omar Ahmed S. Baslaib

Dr. Fahad, Head of the Cardiology unit at Rashid Hospital, is well known for his knowledge, wisdom, vision and charisma. It comes as a surprise then, that he is also very humble at heart. When we approached him for a talk, the clarity of his thoughts was like a breath of fresh air.

Dr. Fahad, what is your strategic planning for improvement of the cardiology unit at Rashid Hospital?

My top priority is to educate and train the junior doctors who wish to work with us. I want to have a good system of ongoing education and hands on practice for them, so that they can become dependable physicians in the future. In fact, this January, we started a rotation for all our first oncalls, in various parts of our unit, including coronary care unit, interventional laboratory, noninvasive cardiac lab etc.

My next priority is to be able to form a database and registry of the common cardiac conditions so that we can begin a solid research foundation. I will be more than happy to collaborate with Dubai Heart Centre for this. My goal is to be able to create a data bank of cardiology cases for the entire gulf and hence produce high quality research from the region.

One of the objectives we have achieved so far, is the establishment of a cardiac rehabilitation section in Rashid Hospital for our patients. This is currently functioning with a doctor, dietician, physiotherapist and pharmacist. It runs twice a week, thanks to our administration. I am genuinely grateful to them for their assistance in the matter.

The Rashid Hospital Trauma Centre has been the key attraction for the institution until now. Where do you perceive is the place of the cardiology unit in the institution?

People who know Rashid hospital know it for the trauma centre. I agree with you on that; but what people don't know is that, cardiology is the 3rd busiest unit in Rashid hospital, according

to our statistics. This is the reason, our administration has helped us so much, for example, in establishing the rehab unit. Furthermore, we are about to launch a full fledged Cardiac Interventional Unit which will have 8 beds dedicated to angiogram patients and a cathlab. This could not have been possible without the administrative support and the large number of patients who come to us with acute cardiac emergencies.

Why do you think health messages and promotional activities like World Heart Day celebration are not working as effectively as they should in reducing the burden of heart disease?

I have a lot of respect for these activities, and yes, I have seen people working really hard in our profession, in the region to promote awareness. My argument is that, the awareness campaign should last the whole year, not just one day., because we need to reinforce the message. At the same time, the message has to be exciting. We are not exciting our public enough about caring for their heart. Perhaps, and I strongly believe this, the primary health care sector needs to be educated further, so that they can join hands with us in accomplishing the task. Once again, this system of education should be ongoing, and not for a few days in a year. After all, we cannot see all cardiac patients forever, and when we discharge them to the primary care, the physicians must know how to follow up these patients.

What would be your message for junior physicians who want to reach your position in cardiology, or medicine?

Work hard, and then work harder. Don't believe in spoon feeding. Struggle yourself for knowledge and don't always wait to be taught. You have to know your objectives and where you want to be in the next 5 years. Find your motivational tools and use them to stay motivated. Most of all, keep the patient on the top of your priority list so that you can't go wrong. Thank you.

“Gulf Unites Against Heart Disease”

Exercise and physical activity play a vital role in preventing heart disease, diabetes and obesity. It is also beneficial in those who already have these conditions in preventing or slowing down complications.

On the occasion of the **7th Annual Gulf Heart Association Conference**, Dubai Health Authority (Dubai Heart Center), and Dubai Police (Sheikh Mohd. Bin Rashid Al Maktoum Sports & Physical Fitness Program) are hosting a **walkathon** on **11th April 2009, 17:30-18:30 at Intercontinental Hotel, Dubai Festival City** to focus on the benefit of exercise and spread awareness on risky lifestyle as a cause of these diseases.

Join us in this Walkathon!

We request all participating countries and interested public bodies to join this united front against heart disease and show your support by participating in this walkathon.

Sponsored By: **PHILIPS**

Drugs Or Intervention - What Will Save Me?

Dr. Yahya Kiwan



Dr. Yahya Kiwan is a Consultant Interventional Cardiologist working at the Dubai Heart Center at Dubai Hospital. He has worked across the globe in many countries and did his Fellowship in Cardiology as well as Intervention in Australia. He is an active Physician with many publications to his name in both regional and international Journals. He is especially keen on educating the next generation of Physicians and Cardiologists. We spoke to him regarding his recently published editorial about Pros and Cons of medical treatment and procedures.

Practices in Interventional Cardiology have seen many changes over the years, and this happens more rapidly compared to other subspecialties. Why do you think it is so?

This is quintessentially, the beauty of Interventional Cardiology. Every day, a new study is being conducted. It is a hyperdynamic field in every sense of the word and you will see

that treatment valid 2 years ago might be considered a relative or absolute contraindication today. This is a healthy phenomenon, and we will continue this research till the best possible treatment option is found for patients. Perhaps the other reason so much research work is seen in this field, is that if you sit with 4 cardiologists, each one will give a different opinion on the same subject. This diversity has led people to explore different areas in same managements, procedures and techniques. Thanks to this, we have a treasure trove of literature to rely upon and back our decisions.

Dr. Yahya, you have an editorial based on the latest report from ACC/AHA about appropriate and inappropriate procedural indications. Do you mean to say that there is an over use of interventional procedures or bypass surgeries?

Yes I do. In fact, there are procedures being done in many centers over the world, where current international guidelines are not being followed, nor

do these places have their own guidelines or protocols. Such places depend upon personal experience of the operator. Such practice of so called "Off-Label" procedures cannot be justified in the era of Evidence Based Medicine, where Randomized Controlled Trials provide the best possible answers. At the same time, we cannot say this is abuse of clinical practice, but it does show us, that in Medicine, in general, a consensus of opinion may not always be found. However, if a new procedure such as left main stenting is done as a part of a Randomized Control Trial, not only will the center learn from the experience, but they may come out proving that it is better than bypass surgery, who knows? In that case, the center can even influence existing guidelines to change for the better. This is how Medicine has improved over the years.

Do you think intensifying medical treatment will have a role in delaying these procedures/ surgeries?

Absolutely Yes ! over the last 10 years, there has been a lot of development in medical treatment; (e.g) in Statin Therapy, new Antiplatelet agents such as Prasugrel are on their way, Beta

Blockers as well as ACE Inhibitors. The positive effects of these medications are well documented in large Randomized Controlled Trials in the guidelines. These drugs , when taken in proper dosages, have significantly improved morbidity, survival and quality of life in patients with stable and unstable Coronary artery disease. Trials such as ICTUS in unstable IHD or COURAGE in stable IHD are two of them. I want to give the example of thrombolytic therapy: If a fibrinolytic agent is given within 2 hours of myocardial infarction, especially in a pre - hospital setting, it can give a survival rate as good as, or even better than coronary intervention.

So what are your future plans?

I have noticed during my training and ongoing experience that, there is a dearth for easy to follow handbooks for junior cardiologists and interventionists on the subject of coronary intervention. I am thinking of, and planning to write a handbook on these interventional procedures.



Elizabeth Thomas

My Perspective

The 7th GHA cardiology conference is attended by many physicians and cardiologists. There was another set of health care professionals without whom physicians, cardiologists and even hospitals cannot run smoothly day after day. These important people are the nursing staff. We decided to get hold of one of them during the event. Sister Elizabeth Thomas, has more than 8 years of experience in the field of nursing, especially looking after cardiology patients. She is currently working at the Dubai Heart Center. She provided us with an over view of the nursing perspective.

Sister Elizabeth, welcome to the conference, we hope you are enjoying the lectures. Please tell us what compelled you to attend this event?

Thank you very much. I am indeed finding the lectures most informative and the list of speakers was pretty attractive not only to me, but to anyone looking for an update on the latest treatment modalities for cardiology patients in our setting. This is what I am here for.

What important update are you looking for to influence your practice?

I have often faced situations where patients have many queries regarding

their management and disease process. Since we are always around them, sometimes it is easier for them to ask us the questions and pass it on to the doctors. Also, many times, we are the first responders in case of emergencies. I wish to take the essential information I gather during this conference and pass it on to my colleagues during our in hospital CME sessions and also to my patients. That would truly improve our practice.

What do you think is the nurse's role in acute cardiac care, and how do you tackle it?

As I have mentioned before, as a first responder we often take over the task of recognizing signs of distress early, and act immediately to help the patient and alert the doctor. Often it is crucial to pass the right message on, and for that you need to be sensitive to critical signs and symptoms. We also have to be aware of our medications both in the ward and what needs to be ordered promptly. It's like you have to think one step ahead of the physician in order to have a smooth outcome in acute scenarios.

How effective is your in put in prevention of heart disease?

Now that you mention it, we don't have any data on the effectiveness of our interventions yet, but this is something our team at the heart centre is looking into and pretty soon we will have the answers. Currently we are trying our best to provide health education at every opportunity.

Health is:

A state of complete physical, mental, and social well-being and not just the absence of disease.

WHO



معهد الإمارات للصحة والسلامة
EMIRATES INSTITUTE
FOR HEALTH AND SAFETY

Your Health and Safety is our Mission

CME Event

Cardiovascular Disease (CVD) Prevention Forum

April 22nd, 2009 8:15 am – 4:30 pm
Le Royal Meridien Hotel, Abu Dhabi

Forum Registration Fee: 795 AED (includes refreshments, lunch, handouts and certificate of attendance)
Forum registration payment must be received by April 16th, 2009
Registration forms and additional information available through EIHS Office (contact details below)

P.O. Box 6723 Abu Dhabi | Tel: +971 2 627 7767 | Fax: +971 2 627 7667 | e-mail: info@eihs.ae



Dr. Nooshin Mohammed Bazargani

Almost half of those who die from chronic diseases are in the productive years. The economic consequences – driven by productivity reduction

Workplace wellness

and increase in cost caused by these disease among the work force – are dramatic. The WHO estimated that between 2005 – 2012 income loss (international dollars) could rise to as much as 558 billion dollars in China, 237 billion dollars in India, 303 billion dollars in Russia, and 33 billion dollars in the UK.

Countries such as Brazil, China, Russia, and India currently loose more than 20 millions productive life years annually due to chronic disease and that number is expected to grow by 65% by 2030.

The losses in productivity associated with those disease like disability, unplanned absence and increased accident are as much as 400% more than the cost of treatment.

Proven health benefit:

Work place health promotion has generally focused on promoting worker health through the reduction of individual risk related behaviors such as tobacco use, physical activity and poor nutrition. These programs have the potential to reach significant proportion of employee adults, up to

54% of world population. In 2003, a comprehensive study focusing on the economic return of workplace held promotion concluded that workplace programs can achieve a 25-30% reduction in medical absenteeism caused in an average period of about 3.6 years. It also showed:

An average 27% reduction in sick leave absenteeism

An average 26% reduction in healthcare cost.

An average 32% reduction in worker compensation and disability claim costs.

Another proof that prevention is better than treatment.



Dr. Paul Armstrong

“Dubai Has Young Heart Attack Victims”

well developed leading to delays in presentation for acute CV illness. Similarly there appeared to be a lack of broad and deep infrastructure from paramedical personnel that limited the dedicated professional staff from achieving all that was possible

I was surprised to find some native Dubai pts expressing lack of confidence in their local care despite what appeared to be a fine overall standards delivered by a dedicated cardiac team

What do you mean by «Acute Coronary Syndrome System of Care»? And how does this system plan to incorporate the current practice guidelines as per ACC/AHA/ESC?

The uses of the word» systems of care» highlights the multiple processes of care that are required to address not only the use of evidence based medicines but also their timely applications and ensuring the most appropriate triage of patients to the institutions best equipped to deliver their optimal care

Devolution of care to various health professionals including nurses, pharmacists, dieticians etc is part of “systems issues”. I will append some articles that we have written that address these issues more comprehensively. It will be evident from these how they intersect with guideline based care

How far are we from achieving the goal of eradicating ischemic heart disease?

There is no single answer to this question: variation across countries is major and although the incidence of acute ischemic disease has declined in N America its prevalence has increased because of the aging population and some of our successes e.g. Reducing MI mortality and resulting increased CHF

Overall major progress has occurred but the current epidemic of obesity and diabetes threatens the advances we have made

in the past decade in cessation of smoking, control of hypertension and hypercholesterolemia

What in your opinion is the greatest achievement in cardiology, in the 21st century?

My top 2 are:

1] The major reduction in morbidity and mortality after acute coronary syndromes based on new understanding of risk stratification , timely triage and effective reperfusion

2] Broad secondary prevention strategies that have dramatically reduced recurrent events after ACS

Advances in molecular medicine while exciting and showing great promise based on a few examples are not yet fulfilling their promise

Emergence of novel imaging techniques & devices for coronary disease & CHF occupy much attention but on a population basis are still falling short of their promise.



Mr. Jean-Marc Voissier
General Manager

“As a leading International pharmaceutical company, sanofi-aventis has been at the forefront of increasing awareness about key healthcare issues around the world, particularly the Gulf region, where diabetes prevalence is one of the highest in the world and Atherothrombosis remains the leading cause of death. As part of its corporate social responsibility, sanofi-aventis Gulf collaborated with leading Regional and local Healthcare organizations

and authorities to launch dedicated programs to manage Diabetes, Atherothrombosis, Hypertension and other related disorders, under “Your Health Matters” initiative. The campaign launched in 2007 in collaboration with the Gulf Heart Association and the Emirates Cardiac Society has evolved to include 3 Gulf countries and is addressing the public, the patients and the physicians to increase their awareness about Diabetes and Cardiovascular diseases. In March 2009, sanofi-aventis took the lead in signing a 3-years agreement of collaboration with the Ministry of Health in UAE to address the growing problem of Diabetes

and Atherothrombotic complications, proving once again the strong commitment of the company towards the well being of Gulf citizens and residents. The collaboration will witness the expansion of clinical research programs to address unmet needs in the region, and educational programs to certify physicians in different topics to improve healthcare practice in the Gulf countries.”

Plavix
Clopidogrel 75mg
Take Protection Further. Today.

Sanofi-aventis
Gulf Regional Office, P.O. Box 53899
Phone: + 971 4 429 9200
Fax: + 971 4 429 8255
Website: <http://ae.sanofi-aventis.com>

