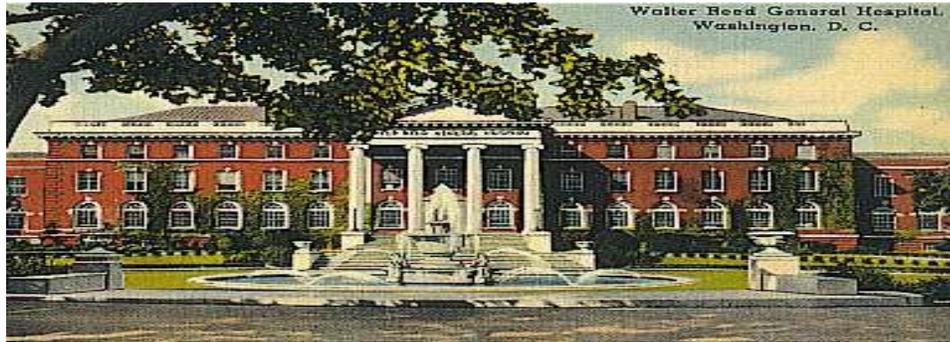


# Walter Reed Cardiovascular Center



## A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

### Commentary

Daniel E. Simpson, MD FACC

This issue marks the beginning of the second year of our Walter Reed Cardiovascular Center Newsletter. Over the past year we have presented a variety of topics on recent cardiovascular trials and guidelines such as drug-eluting coronary stents, aspirin for primary prevention, screening stress tests, EBCT and CRP testing.

March 2004 also marks the introduction of our new Walter Reed Cardiology Website. The revamped website provides information on obtaining appointments for evaluation and ancillary tests, contact numbers and clinic operating hours. The Patient Information section includes educational links about specific disease conditions and tests. In addition, the Referring Provider section includes copies of our Newsletters and will contain education slides.

The website is available at [www.wrmmc.amedd.army.mil](http://www.wrmmc.amedd.army.mil)  
Go to Clinical Departments → Medicine → Cardiology.

As a reminder, any and all patients will be accommodated here. **Just call 202-782-3832/3833 and ask to speak with the “E-DOC” or page 202-356-1111 x107-3311.** We remain available for e-mail, phone or page consultations for all of our primary care providers throughout the NCA/NARMC. Utilize the provided contact information for patient diagnostic or treatment questions.

### Cardiovascular Update

Daniel E. Simpson, MD FACC

*Effect of Intensive Compared With Moderate Lipid-Lowering Therapy on Progression of Coronary Atherosclerosis\**

**Background:** Statin therapy definitely reduces lipid levels as well as cardiovascular morbidity and mortality. However, there is limited data comparing present levels of LDL reduction versus more aggressive reduction.

**Methods:** Double blind, randomized trial of 654 patients comparing moderate reduction of LDL with pravastatin 40 mg versus aggressive reduction with atorvastatin 80 mg and the effects on atheroma burden by intravascular ultrasound (IVUS).

**Results:** 502 patients available for the full 18 month IVUS evaluation. LDL reduced more with atorvastatin (79 v 110 mg/dl;  $p < 0.001$ ) as expected. CRP also reduced more with atorvastatin (36.4% v 5.2%;  $p < 0.001$ ). The primary end point of atheroma progression by IVUS was 2.1% with pravastatin but there was no progression with atorvastatin (-0.4%).

**Conclusion:** More aggressive lipid lowering with atorvastatin compared with pravastatin resulted in lower LDL levels (as expected), lower CRP levels and prevention of atheroma progression by IVUS over 18 months.

**Comments:** Results indicate present goal LDL  $< 100$  for secondary prevention may be suboptimal. Whether this is atorvastatin specific or attainable from any statin with more aggressive titration is unknown.

\*JAMA. 2004;291:1071-1080

[www.jama.com](http://www.jama.com)

### Guideline Review

Daniel E. Simpson, MD FACC

*Recommendations for Management of Heart Failure and Preserved Systolic Function\**

Some 20-40% of heart failure cases are due to impairment of ventricular relaxation or “diastolic dysfunction” rather than reduction in systolic function. The risk of death appears to be lower in this population but the burden of symptoms is significant. Unfortunately, diagnosis is based mainly on clinical evidence of CHF in the absence of LV systolic dysfunction or significant valvular disease. Echocardiographic techniques are improving and do aid in the diagnosis. At this time, there are few clinical trials to guide management.

### Class I

- Control of systolic and diastolic hypertension in accordance with published guidelines
- Control of ventricular rate in patients with atrial fibrillation
- Diuretics to control pulmonary congestion and peripheral edema

### Class IIa

- Coronary revascularization in patients with coronary artery disease in whom symptomatic or demonstrable myocardial

ischemia is judged to have an adverse effect on diastolic function

Class IIb

- Restoration of sinus rhythm in patients with atrial fibrillation
- Use of b-blocking agents, ACE inhibitors, angiotensin receptor blockers, or calcium antagonists in patients with controlled hypertension to minimize symptoms of heart failure
- Digitalis to minimize symptoms of heart failure

Class I – General agreement that procedure/treatment is useful & effective

Class II – Conflicting evidence and/or divergence of opinion

Class III – Not useful/effective and in some cases may be harmful

\*ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult

[www.acc.org/clinical/statements.htm](http://www.acc.org/clinical/statements.htm)

**Cardiovascular Trials at WRAMC**

CARDIASTAR

PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-HF

Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka

WARCEF

Randomized, double-blind comparison of coumadin versus aspirin for the reduction of death and stroke in heart failure patients (EF < 30% and in sinus rhythm)

Questions/Referrals: Please contact Stephen Welka

RESCUE

Randomized, open label comparison of unfractionated heparin versus low molecular weight heparin in the treatment of high-risk non-ST elevation acute coronary syndromes

Questions/Referrals: Please contact Daniel Simpson