

Emotions Drive PCI Rates for Stable CAD Patients

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WASHINGTON — When it comes to recommending angioplasty for stable coronary artery disease, evidence can take a backseat to worry, guilt, and the fear of legal liability.

"It appears that both cardiologists and primary care physicians [PCPs] have trouble balancing these psychological and emotional factors with scientific evidence

in decision making, and this leads them to recommending more tests and procedures," which eventually culminate in a trip to the cardiac catheterization lab, Dr. Grace Lin said at a conference sponsored by the American Heart Association. Once there, if any lesions at all are identified, "the die is cast" for percutaneous coronary intervention (PCI), she said.

Dr. Lin drew these conclusions from a series of six focus-group meetings she held with 28 primary care providers and 20

cardiologists (13 interventional and 7 non-interventional). She presented each group with three case scenarios based on actual patients with symptoms of stable coronary artery disease (CAD), and asked the participants to describe how they would arrive at a treatment recommendation.

All of the physicians lived in California; their mean duration of practice was 17 years. To help identify any regional differences, she drew one-third from San Francisco, one-third from the city's sub-

urbs, and one-third from a rural county. "We also interviewed PCPs and cardiologists separately, to encourage frank discussion," said Dr. Lin of the University of California, San Francisco.

Group discussions were set around three case scenarios representing minimally symptomatic or asymptomatic patients for whom the current evidence shows no benefit of PCI over optimal medical therapy. She described one of the cases: a 45-year-old male with a family history of myocar-

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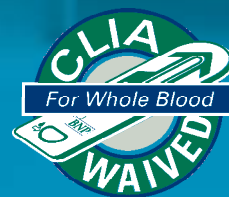
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Smokers Gain From Quitting After CABG

NEW ORLEANS — Patients who quit smoking within a year after coronary artery bypass graft surgery prolong their life expectancy by an average of 3 years, Dr. Don Poldermans said at the annual meeting of the American College of Cardiology.

"This [information] is a practical tool for physicians to use. ... It may be the ultimate reason for the patient to quit smoking," observed Dr. Poldermans of Erasmus University, Rotterdam, the Netherlands.

It's well accepted that smoking cessation after coronary revascularization or MI reduces mortality risk. Dr. Poldermans presented the first study to quantify this benefit in years of life saved.

He reported on 30-year outcomes for 1,041 consecutive patients who underwent venous CABG at the medical center in 1971-1980. A total of 551 were smokers at the time, of whom 43% quit within a year.

The 10-year survival was 88% in those who quit, compared with 77% in the persistent smokers. Survival at 15 and 30 years was 70% and 19%, respectively, in the patients who had quit smoking, compared with 53% and 11% in those who did not.

The average life expectancy was 20 years for patients who quit smoking and 17 years for persistent smokers.

Smokers younger than 50 years at the time of CABG who quit smoking within the next year lived an average of 3.5 years longer than did those who kept smoking. Patients aged 50-60 years at surgery and who ceased smoking gained an average of 2.8 years, compared with persistent smokers. Those who quit following CABG after age 60 had a 1.7-year greater life expectancy than did those who didn't quit.

Dr. Poldermans said that these are conservative estimates of the life expectancy benefit of smoking cessation because they derive from the early era of CABG. In the early 1970s, CABG was largely reserved for relatively young, otherwise healthy patients of a sort that cardiac surgeons seldom encounter today. Today's CABG patients are much sicker, older, and higher risk—and the greater a patient's risk, the greater the benefit of an effective intervention.

After adjustment for potential confounders, smoking cessation remained an independent predictor of lower mortality, conferring a 38% relative risk reduction.

—Bruce Jancin