

HEART OF THE MATTER

Preventing a Tim Russert Event

I am sure that many of you have been asked the same question that I have this summer. It typically occurred at a cocktail party, when a 50-something woman, upon learning that I am a cardiologist, sidled up and motioned toward a portly gentleman hovering over the appetizers. "That's my husband. He saw his doctor last week and was told that his blood pressure was a little high, but that he shouldn't worry. They'll check him again next year. What should he do to prevent a heart attack like Tim Russert's?"

Mr. Russert's untimely death sent shivers through millions of middle-aged men and their families. Here was a guy seemingly getting the best preventive care, yet he died from an acute myocardial infarction. Despite our efforts, sudden death remains the most common outcome of heart disease. It is estimated that at least a third of all heart attacks lead to sudden death, often the first expression of coronary heart disease. After resuscitation, patients often admit to symptoms they attributed to anything but a myocardial infarction.

Sudden death can occur as the first expression of coronary heart disease, in the setting of known coronary heart disease or in patients with advanced heart failure. Early evaluation, either by stress or by electrophysiologic testing or more sophisticated imaging with fast CT or MRI, can help in identifying patients at increased risk, but it provides little help in establishing timing of the mortality event.

It is likely that Mr. Russert's event occurred as a result of a plaque rupture and thrombus formation. The development of that plaque can be modified with statin therapy—although little is known about the effect of statins on sudden death.

Acceleration of plaque formation can occur with a variety of stimuli, including cigarette smoking, hypertension, and diabetes. The aggressive treatment of hypertension—a major step on the road to acute MI and heart failure—is critical. I am convinced that calcium entry blockers, particularly dihydropyridines, are the most effective treatment of hypertension. But since most patients with hypertension require more than one drug, β -blockers also are essential for preventing the long-term mortality and morbidity of hypertension, which include sudden death and heart failure. These drugs mitigate the adrenergic surge that occurs with an acute MI or ischemic stress. However, I admit that achieving adequate treatment of hypertension is one of the most difficult therapeutic challenges I face.

Sudden death as an expression of heart failure probably is related to a complex relation between interstitial fibrosis and increased circulating catecholamines leading to the development of micro reentry circuits that then degenerate into ventricular fibrillation. In patients with heart failure and those who have experienced a MI, β -blockers significantly decrease the risk of sudden death.



BY SIDNEY GOLDSTEIN, M.D.

It is therefore distressing that in studies of implantable cardioverter defibrillators in heart failure, β -blockers are underutilized. Implantable cardioverter defibrillators do play an important role in the prevention of sudden death in heart failure, but as noted in previous columns, we still do not have a good understanding of which patients are best suited for ICD use.

Lastly, a comment about aspirin. Widely used in the general population, therapy with this ubiquitous drug has a paradoxical effect, as reported in the Physicians' Health Study (N. Engl. J. Med. 1989;321:129-35), by decreasing MI mortality but increasing sudden death. Guidance for aspirin therapy for primary prevention has been based in part on Framingham risk scores (N. Engl. J. Med. 2002;346:1468-74). In my opinion, aspirin has benefit in high-risk patients with ischemic heart disease and particularly in those patients who have experienced an acute coronary syndrome. But for primary prevention, the evidence is not very supportive for its use.

This leads us to the continued quandary posed by my cocktail party questioner. Unfortunately, it is almost impossible to predict the timing of sudden death, but we have been successful in decreasing the likelihood of experiencing an event in the unknown future. Its occurrence is a little like playing Russian roulette: Sometimes, the gun is loaded. ■

DR. GOLDSTEIN, *medical editor of CARDIOLOGY NEWS, is professor of medicine at Wayne State University and division head, emeritus, of cardiovascular medicine at Henry Ford Hospital, Detroit.*

Adverse Event Reports Persist

Interaction from page 1

Although the precise mechanism is not known, it is related to amiodarone's inhibition of the cytochrome P450 3A4 (CYP3A4) enzyme, which also metabolizes simvastatin, a HMG-CoA reductase inhibitor, according to the FDA.

The FDA is advising that health care professionals consider prescribing another statin in patients who need more than 20 mg of simvastatin to reach their lipid goals and are either taking amiodarone or starting amiodarone treatment.

The alert also applies to the combination drug products that contain simvastatin: simvastatin and ezetimibe (marketed as Vytorin) and simvastatin and extended-release niacin (Simcor). Simvastatin alone is marketed as Zocor and is also available in generic formulations. Amiodarone, an antiarrhythmic drug approved for controlling life-threatening recurrent ventricular arrhythmias, is marketed as Cordarone and Pacerone.

The prescribing information for amiodarone is also being revised to include this information. The FDA does not have any data on how changes in the amiodarone dose in patients also taking simvastatin affect their risk of rhabdomyolysis.

The full alert is available at www.fda.gov/medwatch/safety/2008/safety08.htm#Simvastatin. ■

Adverse events associated with these drugs can be reported to the FDA's MedWatch program at 800-332-1088 or www.fda.gov/MedWatch/report.htm.

Cardiology News

President, IMNG Alan J. Imhoff

Executive Director, Editorial Mary Jo M. Dales

Executive Editor, IMNG Denise Fulton

Executive Editor, EGMN Kathy Scarbeck

Publication Editor Catherine Hackett

Senior Editors Christina Chase, Kathryn DeMott, Lori Buckner Farmer, Joyce Frieden, Keith Haglund, Gwendolyn B. Hall, Gina L. Henderson, Sally Koch Kubetin, Teresa Lassman, Mark S. Lesney, Jane Salodof MacNeil, Catherine Cooper Nellist, Amy Pfeiffer, Calvin Pierce, Terry Rudd, Robin Turner, Elizabeth Wood

Associate Editors Alicia Ault, Lorinda Bullock, Jay C. Cherniak, Richard Franki, Randall Frey, Renée Matthews, Leanne Sullivan

Bureaus Betsy Bates (Los Angeles), Sherry Boschert (San Francisco), Doug Brunk (San Diego), Robert Finn (San Francisco), Jonathan Gardner (London), Bruce Jancin (Denver), Fran Lowry (Orlando), Diana Mahoney (New England), Damian McNamara (Miami), Mary Ellen Schneider (New York), Michele G. Sullivan (Mid-Atlantic), Nancy Walsh (New York), Patrice Wendling (Chicago), Sharon Worcester (Southeast), Mitchel L. Zoler (Philadelphia)

Senior Writers Jeff Evans, Elizabeth Mechatie, Heidi Splete, Miriam E. Tucker, Kerri Wachter

Assistant Editor Denise Napoli

Contributing Writers Christine Kilgore, Mary Ann Moon

Copy Chief Felicia R. Black

Assistant Copy Chief Carol Nicotera-Ward

Copy Editors Therese Borden, Julia Duncan, Mimi Harrison, Virginia Ingram-Wells, Jane Locastro

Editorial Offices 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, 800-445-6975, cardiologynews@elsevier.com

Executive Director, Operations Jim Chicca

Director, Production/Manufacturing Yvonne Evans

Production Manager Judi Sheffer

Production Specialists Victor De la Cruz, Anthony Draper, Tracy Law, Rebecca Slebodnik

Information Technology Manager Doug Sullivan

Senior Systems Administrator Lee J. Unger

Systems Administrator/Application Support Peter Ayinde

Operations Assistant Melissa Kasimatis

Creative Director Louise A. Koenig

Design Supervisor Elizabeth Byrne Lobdell

Senior Designers Sarah L. Gallant, Julie Keller

Design Staff Yenling Liu, Lisa M. Marfori

Photo Editors Rebecca Gardner, Vivian E. Lee, Sheryllyn M. Mattes

Project Manager Susan D. Hite

Assignments Manager Megan Evans

Department Coordinator Vicki Long

Accounts Payable Coordinator Daniela Silva

H.R. Manager Cynthia Barrett

Address Changes Fax change of address (with old mailing label) to 973-290-8245 or e-mail change to subs@elsevier.com

Reprints Call 240-221-2419

CARDIOLOGY NEWS is an independent newspaper that provides the practicing specialist with timely and relevant news and commentary about clinical developments in the field and about the impact of health care policy on the specialty and the physician's practice.

The ideas and opinions expressed in CARDIOLOGY NEWS do not necessarily reflect those of the Publisher. Elsevier Inc. will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

V.P., Med. Ed./Bus. Development Sylvia H. Reitman

Program Managers, Med. Ed. Jenny R. McMahan, Malika Wicks

Senior Director, Marketing/Research Janice Theobald

Circulation Analyst Barbara Cavallaro

Marketing Associate Jennifer Savo

Sales Director Mark E. Altier, 973-290-8220, m.altier@elsevier.com

National Account Manager Christy Tetterton, 973-290-8231, c.tetterton@elsevier.com

Business Controller Dennis Quirk

Adv. Services Manager Joan Friedman

Credit Supervisor Patricia H. Ramsey

Manager, Administration/Conventions Lynne Kalish

Sales Assistant Karen Benarzi

Receptionist Linda Wilson

Advertising Offices 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250

Classified Sales Manager Brian Vishnupad, 212-633-3129, fax 212-633-3820, b.vishnupad@elsevier.com

Classified Advertising Offices 360 Park Ave. South, 9th fl., New York, NY 10010, 800-379-8785

POSTMASTER Send changes of address (with old mailing label) to CARDIOLOGY NEWS Circulation, 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960.

CARDIOLOGY NEWS (ISSN 1544-8800) is published monthly by Elsevier Inc., 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250. Subscription price is \$95.00 per year.

©Copyright 2008, by Elsevier Inc.



INTERNATIONAL
MEDICAL NEWS
GROUP

