



62 CONGRESSO NAZIONALE SIGG
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INVECCHIAMENTO:
SCENARIO 2.0

V: Università degli Studi della Campania Luigi Vanvitelli

LA VALUTAZIONE DEL PAZIENTE ANZIANO CON STENOSI AORTICA CALCIFICA: UNA MINI SURVEY TERRITORIALE NEL SETTING DELLE CURE PRIMARIE

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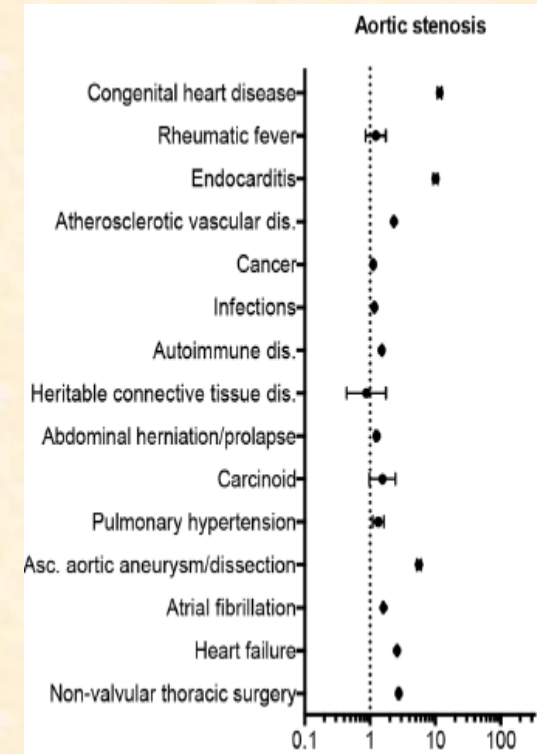
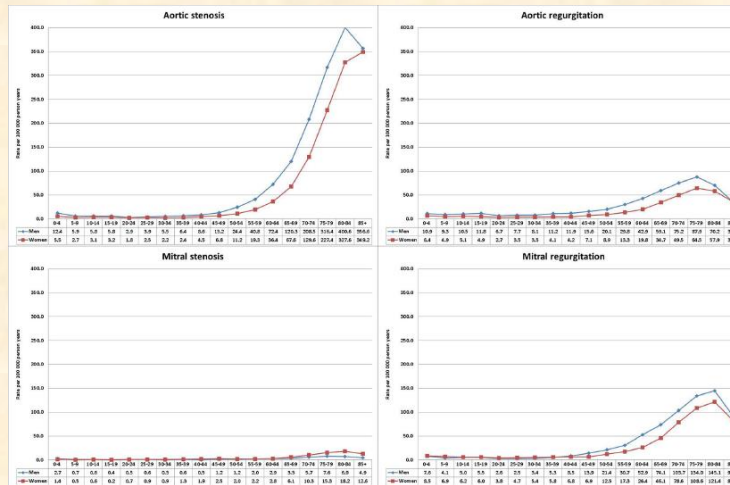
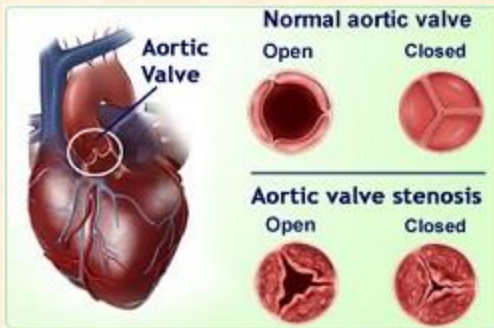
Valerio Massimo Magro¹, Giovanni Scala², Gianfranco Puzio³, Maria Cristina Magnotti⁴, Michele Caturano⁵, Walter Verrusio⁶, Fulvio Cacciapuoti⁷, Diana Lama⁸



SOCIETÀ ITALIANA
DI GERONTOLOGIA
E GERIATRIA

BACKGROUND

La stenosi valvolare aortica calcifica (SAC) dell'anziano colpisce circa il 3 per cento delle persone di età superiore a 65 anni associandosi con una maggiore morbilità e mortalità rispetto ad altre patologie. La sua eziologia oggi si è visto comprendere processi assimilabili a quelli dell'aterosclerosi, tra cui l'accumulo di lipidi, l'infiammazione, e la calcificazione. L'American Academy of Family Physicians ha trattato questa condizione emanando key recommendations for practice ai Medici di Medicina Generale.



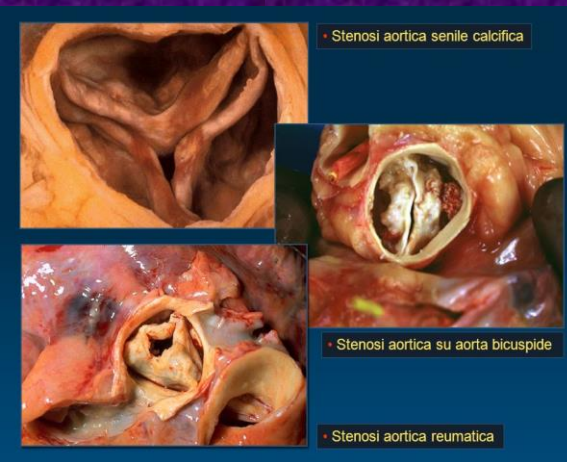
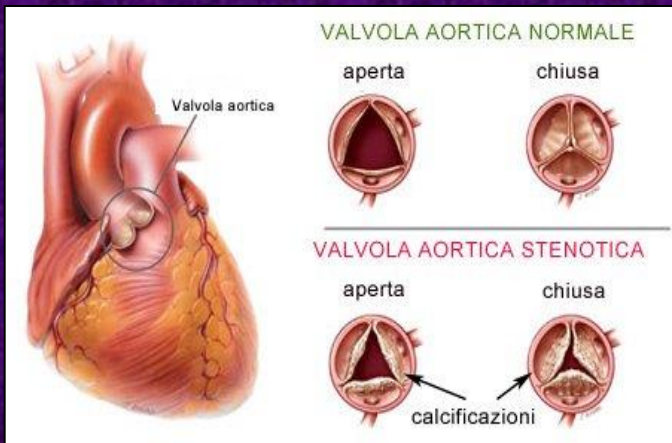
ORIGINAL RESEARCH ARTICLE

Epidemiology of valvular heart disease in a Swedish nationwide hospital-based register study

Pontus Andell,¹ Xinjun Li,² Andreas Martinsson,¹ Charlotte Andersson,³ Martin Stagmo,¹ Bengt Zöller,² Kristina Sundquist,² J Gustav Smith^{1,4}

Andell P, et al. *Heart* 2017;0:1–8. doi:10.1136/heartjnl-2016-310894

FISIOPATOLOGIA DELLA STENOSI AORTICA DELL'ANZIANO



Le fasi iniziali della stenosi aortica sono in molti modi simili a quelle dell'aterosclerosi. Infatti, le due condizioni condividono diversi fattori di rischio, come si è visto in grandi studi longitudinali che hanno dimostrato costantemente che l'incidenza della stenosi aortica è legata a fattori quali fumo, età ed ipertensione.

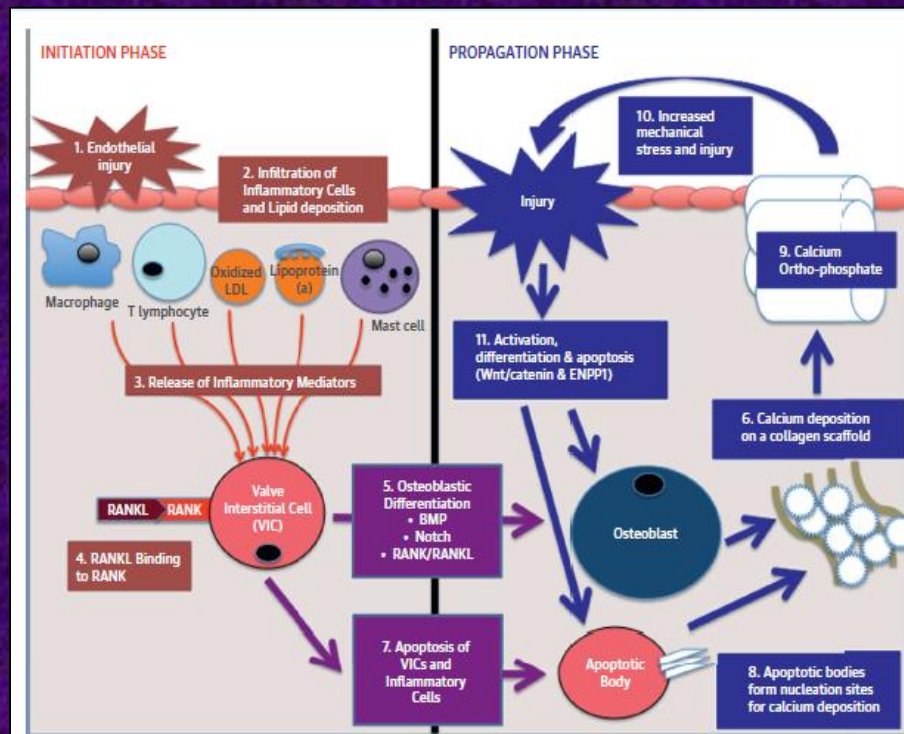


ECO – TC - PET

STATE-OF-THE-ART REVIEW
Calcification in Aortic Stenosis
 The Skeleton Key
 Tania A. Pawade, MD,*† David E. Newby, MD, PhD,*† Marc R. Dweck, MD, PhD*††

JACC VOL. 66, NO. 5, 2015
 AUGUST 4, 2015:561-77

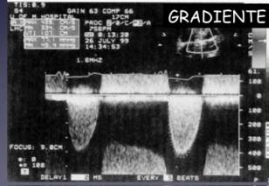
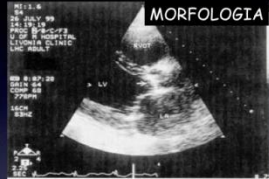
Come nell'aterosclerosi, il danno endoteliale dovuto ad aumentato stress meccanico e ridotto shear stress sembra alla base delle iniziali lesioni valvolari.



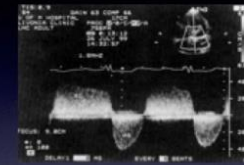
DIAGNOSI: PRECOCE O TARDIVA?

DIAGNOSI

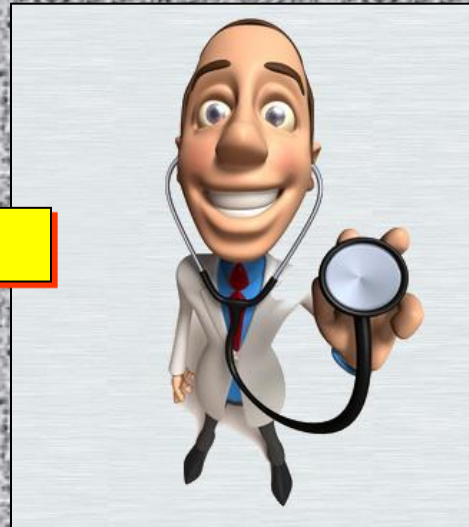
1. ALTERATA MORFOLOGIA VALVOLARE (calcificazioni)
2. RIDOTTA APERTURA delle CUSPIDI
3. RIDOTTA AREA VALVOLARE
4. GRADIENTE



ENTITA' →
GRADIENTE m AVA



ENTITA'	GRADIENTE m	AVA	AVA indicizzata
LIEVE	< 25	1.5-2	> 0.9
MODERATA	25-50	1-1.5	0.6-0.9
SEVERA	> 50	< 1	< 0.6

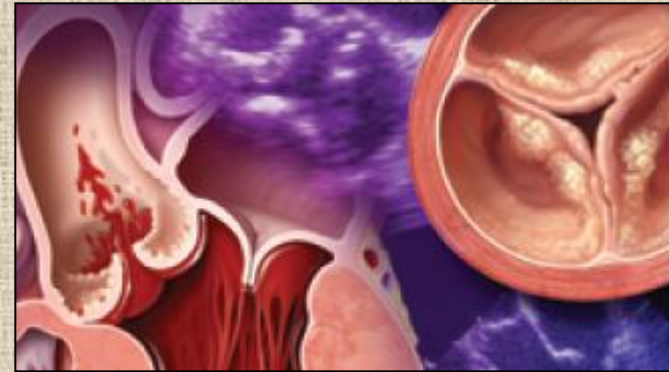


Il paziente anziano è un
paziente difficile!

MATERIALI E METODI

Sono stati contattati 30 MMG operanti in diverse Regioni.

E' stato fornito un piccolo questionario anonimo strutturato in items esploranti diversi aspetti riguardanti: età/numero di soggetti presi in carico, percentuale di pazienti con diagnosi codificata di stenosi aortica, presenza di fattori rischio/red flags, conoscenza delle linee guida di qualsiasi società scientifica, nazionale o no (AHA, AAFP, SIMG, SIC, ANMCO), livello di coscienza del medico del problema ed informazione al paziente.



Aortic Stenosis: Diagnosis and Treatment

BRIAN H. GRIMARD, MD, and JAN M. LARSON, MD, *Mayo Clinic, St. Augustine, Florida*

Am Fam Physician. 2008;78(6):717-724, 725.

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	Evidence rating
Echocardiography is recommended in patients with classic symptoms of aortic stenosis accompanied by a systolic murmur and in asymptomatic patients with a grade 3/6 or louder systolic murmur.	C
Aortic valve replacement is the only effective treatment for patients with severe symptomatic aortic stenosis.	B
Watchful waiting is recommended for most patients with asymptomatic aortic stenosis, including those with severe disease.	B
Serial Doppler echocardiography is recommended annually for severe aortic stenosis, every one to two years for moderate disease, and every three to five years for mild disease.	C
Aspirin prophylaxis should be considered in adults with a 10-year risk of cardiovascular disease of 6 percent or greater, which is common with aortic stenosis.	A
Intensive lipid-lowering therapy has not been shown to stop the progression of calcific aortic stenosis and is not recommended in the absence of other indications for statin therapy.	C

medico e paziente 3
 Periodico di formazione e informazione per il Medico di famiglia
 Anno XXXVIII n. 3 maggio-giugno 2012

CA. PROSTATICO il ruolo del Prostate health index nella diagnosi precoce
STENOSI AORTICA quali prospettive per la terapia ipolipemizzante
MEETING EAS l'ipotesi HDL in prevenzione cardiovascolare
PROFESSIONE la gestione del dolore in Medicina generale

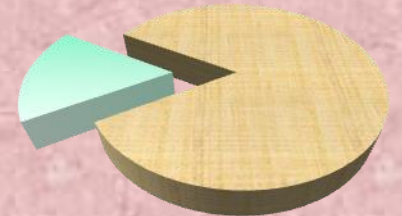
MP
 MEDICINA PRATICA

QUANDO LA STIPSI COMPROMETTE LA QUALITÀ DI VITA DEL PAZIENTE

Indicazioni di diagnosi e terapia per le forme croniche

IL "MONDO REALE"

Sono state analizzate 25 schede (5 non restituite o non adeguatamente compilate), per un totale di circa 32122 pazienti presi in carico, di cui meno dell'1% con diagnosi codificata di stenosi aortica (problema attuale o pregresso) nei gestionali (circa 79 soggetti, quindi, con una presa in carico di 3 pazienti per medico).



1
2

The screenshot shows a medical software interface for patient management. The main window displays patient information for ASSIRELLI MARIA, including a list of medical conditions (e.g., RETINOPATIA DIABETICA, DIABETE MELLITO TIPO II, IPERCOLESTEROLEMIA, BRONCHITE CRONICA OSTRUTTIVA, ASMA, IPERTENSIONE ESSENZIALE, IPERTENSIONE ARTERIOSA, K CUTANEO, PRESENZA SOSTITUZIONE LARINGE, ALLERGIA AD ALTRA SOSTANZA ANTI-INFETTIVA, ALLERGIA UOVA, POLINEUROPATIA DIABETICA, ARTROSI, CALCOLOSI RENALE) and a list of medications (e.g., METFORALMILLE, METFONORM, AVANDIA, ENAPREN, ACEDIUR MITE, TORVAST, SPIRIVA). A dialog box titled 'Integrazione Quick' is open, showing options for data extraction (ad oggi, nel periodo) and buttons for 'Avvia Quick' and 'Chiudi'. The bottom of the screen shows a 'Motivo visita' section with a list of visits and a summary of patient data.

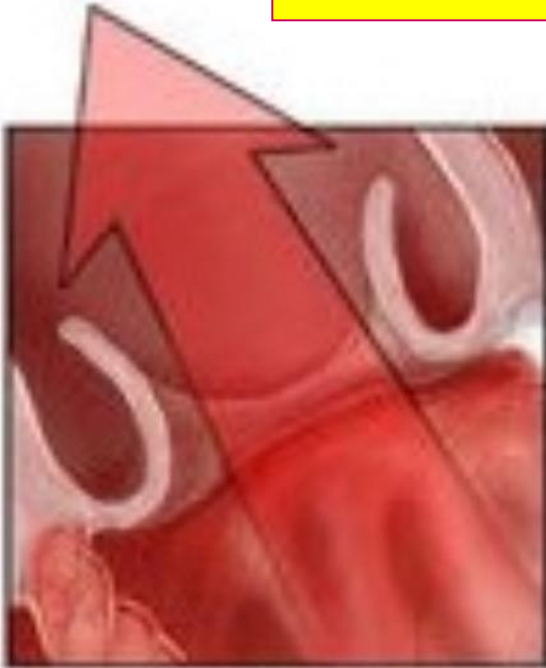
Terapie	Richieste	Vaccini	consigli	mBds	n°	Posologia	E	T
23.01.10								
25.12.09					2		A	NM
25.11.09					1		A	CD
21.12.09					1		NX	H
06.05.09					2		CD	A
29.05.09					2		CD	A
17.12.09					1		NX	C
04.04.09					1		CD	A

Quick	Diagnosi
QuickIpertensione 2	
QuickDislipidemie 2	
QuickDiabete 2	
QuickBPCO 2	
QuickAsma 2	

Quick	Diagnosi
QuickDiabete	
COLESTEROLO TOTALE	
QuickDiabete	
Quick BPCO	

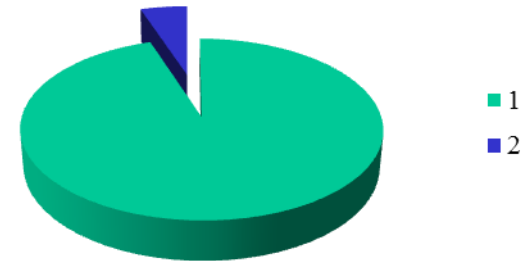
Nessun problema associato (ALFA)
QUICK DISLIPIDEMIE
Nome: MARIA - Cognome: ASSIRELLI - Livello RCV PreTratt: Alto - Livello LDL PreTratt: 177 - Target LDL: 100 - Riduzione LDL Target: 43,5 - Colesterolo LDL: 135,2 - Terapia Ipcolesterol: Si - Terapia in corso: Rosuvastatina 20mg - Diabete: Si - Colesterolo Totale: 210 - Colesterolo HDL: 48 - Trigliceridemia: 134 - PA Sistolica Prima: 138 - PA Sistolica Seconda: 140 - PA Diastolica Prima: 75 - PA Diastolica Seconda: 90 - Terapia Antipertensiva: Si - Precedenti

RISULTATI - 1



Normal aortic valve

1. Il 95% aveva una età >75 ed era andato incontro a sostituzione aortica
2. Meno del 5% era in terapia con diuretici ed ace-inibitori
3. Una restante quota (1% circa) ancora in corso di valutazione per TAVI



Vi era una diagnosi di **scompenso cardiaco** (EF media 45%) nel 30% dei casi.

Una diagnosi codificata di **ipertensione arteriosa** era presente in più dell'80% dei pazienti.

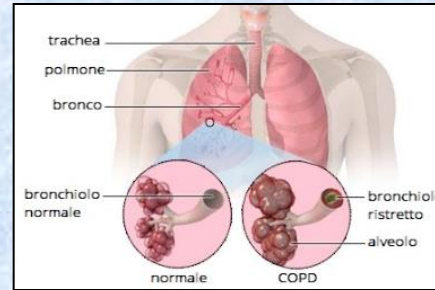
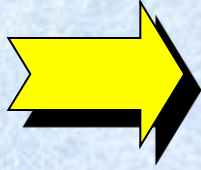


30%

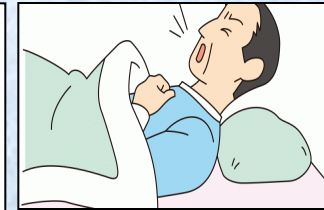
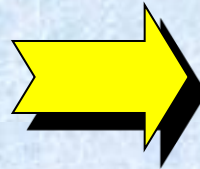


RISULTATI - 2

Vi erano comorbidità significative in oltre il 50% dei soggetti con diagnosi di Sac: BPCO, demenza di Alzheimer, FA, cardiopatia ischemica e diabete di tipo 2 (un caso insulino-trattato).



Il 95% dei pazienti era stato diagnosticato per sintomi da scompenso, dolore anginoso o dispnea da sforzo



Nel 4% circa dei casi la diagnosi era stata fatta in occasione delle ricerche del danno d'organo per ipertensione arteriosa. Un soggetto aveva avuto una diagnosi occasionale di valvulopatia.



RISULTATI-3

Non vi erano dati sui gestionali sulla obiettività cardiologica dei pazienti, riguardo a grado della dispnea, soffi cardiaci, score validati di gravità quali NYHA ed EHRA.

Nessun medico intervistato ha saputo citare una Linea Guida esistente o consultata sulla SAc o sulle valvulopatie in generale.



Supervisione specialistica

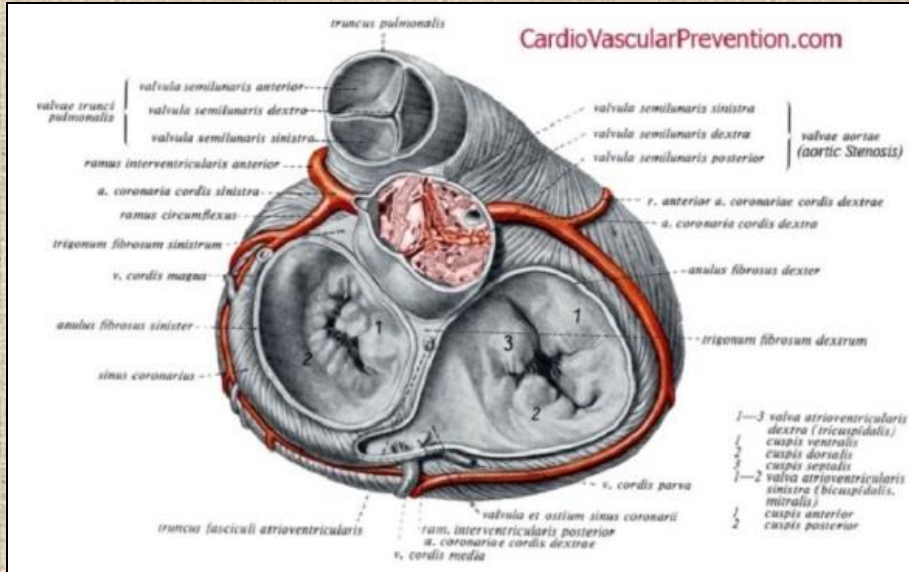
Sul totale degli intervistati, tre colleghi hanno dichiarato di essere a conoscenza dell'esistenza di Linee Guida ad hoc sull'argomento (per discussioni con altri colleghi, frequentazione di Congressi o dalla Letteratura medica).

Allo stesso modo, le informazioni al paziente sono state lasciate in maniera più approfondita al cardiologo e/o al cardiocirurgo di riferimento



Sorveglianza post-operatoria del paziente o alla prescrizione del follow-up ecocardiografico.

IL RUOLO DEL MEDICO



Il ruolo clinico



TAKE HOME MESSAGE

IMPORTANZA DELLA ECOCARDIOGRAFIA

CriticalCareNurse Vol 33, No. 2, APRIL 2013



ID: 16-0026; September 2016
DOI: 10.1530/ERP-16-0026

Focused cardiac ultrasound is feasible in the general practice setting and alters diagnosis and management of cardiac disease

James Yates MBBS¹, Collin Forbes Royle MBBS MD FANZCA^{2,3},
Carolyn Royle MBBS FRACP⁴, Allistair George Royle MBBS MD FRACS FCSANZ^{2,5}
and David Jeffrey Canty MBBS (Hons) PhD FANZCA PGDipEcho^{2,3,6,7}

Design and setting: A prospective observational study of 80 patients aged over 50 years and who had not received echocardiography or chest CT within 12 months presenting to a general practice.

Severe valvular aortic stenosis in a 78-year-old woman

Małgorzata Kurpesa¹, Anna Kierus-Gudaj¹, Tomasz Rechciński¹, Jarosław Kasprzak¹,
Małgorzata Marszał-Marciniak¹, Witold Pawłowski², Maria Krzemińska-Pakuła¹

Kardiologia 2007; 65: 577-581

We present a case of a 78-year-old woman with severe valvular aortic stenosis which was diagnosed for the first time ever in our department despite the patient having been treated by general practitioners for several years because of diabetes mellitus. The patient complained of recurrent syncope, effort dyspnea and angina. During echocardiographic evaluation calcified stenotic aortic valve with extremely high maximal aortic gradient (199 mmHg) was found. The patient was qualified for surgical intervention. She died several hours after aortic valve replacement because of an acute aortic rupture and massive pericardial bleeding.

Cardiovascular Medicine

Aortic Stenosis: Pathophysiology, Diagnosis, and Medical Management of Nonsurgical Patients

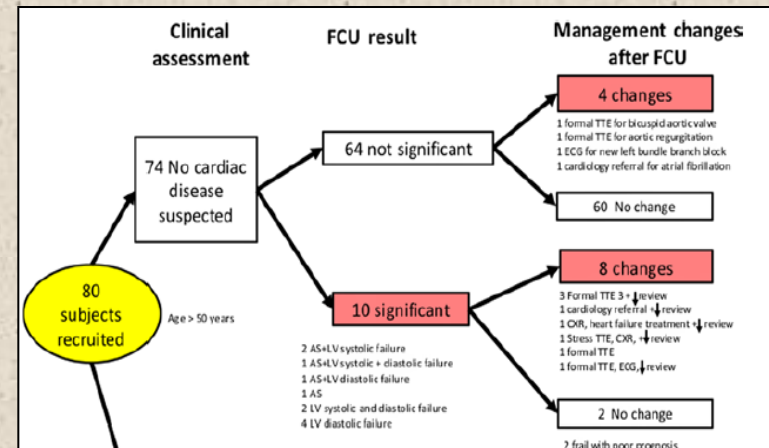
THERESA CARY, RN, MSN, ACNS-BC, CCRN, CHFN
JUDITH PEARCE, RN, BSN, CCRN

The gold standard for diagnosing aortic stenosis is noninvasive 2-dimensional Doppler echocardiography.

Medical Management of Asymptomatic Patients

Currently no known medical therapy is available to prevent CAVD or delay the progression of aortic stenosis.^{21,24} Treatment focuses on reducing cardiovascular risk factors, including hypertension, diabetes mellitus, smoking tobacco, high cholesterol levels, overweight, and lack of exercise.²⁴

Many patients do not recognize the initial manifestations of aortic stenosis



ATTESA O TERAPIE PRECOCI?

Circulation



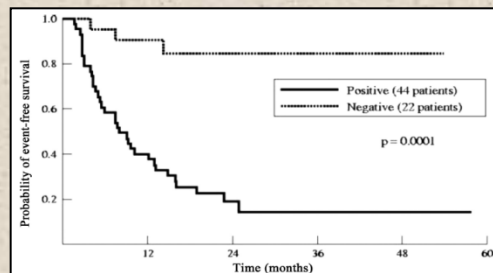
CONTROVERSIES IN CARDIOVASCULAR MEDICINE

Should Severe Aortic Stenosis Be Operated on Before Symptom Onset?

Aortic Valve Replacement Should Be Operated on Before Symptom Onset

Blase A. Carabello, MD

Circulation. 2012;126:112-117



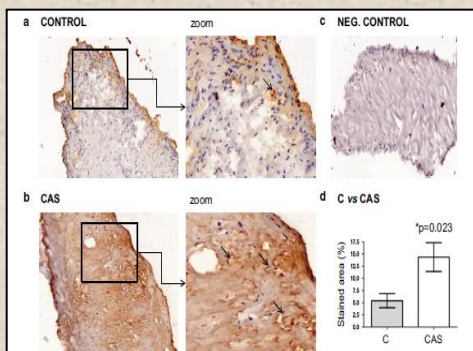
diminished. Thus, it appears reasonable to perform AVR for asymptomatic patients with an aortic valve area $<0.8 \text{ cm}^2$ who also have any of the following: (1) A positive exercise test, (2) heavy valve calcification, (3) documented rapid progression of AS from serial measurements, (4) excessive LVH, or (5) rising natriuretic peptides, providing the patient is referred to a surgical team with an established track record of excellent operative outcomes. Ultimately, a randomized

N	Predictive Value, pg/mL, BNP	Predictive Value, pg/mL, ProBNP	Outcome
29	...	50	6 of 11 with a PBNP >50 pg/mL developed symp to ms vs 2 of 18 with PBNP <50 pg/mL
130	...	31 vs 131	For predicting asymptomatic patients who developed symptoms
27	...	190	Predicted symptom onset
107	16-71 vs 64-242	...	Those who remained asymptomatic vs those who developed symptoms
70	66	...	Predicted symptom onset

A clinical perspective on the utility of alpha 1 antichymotrypsin for the early diagnosis of calcific aortic stenosis

Tatiana Martin-Rojas¹, Laura Mourino-Alvarez¹, Felix Gil-Dones¹, Fernando de la Cuesta¹, Esther Rosello-Lleti², Carlos M. Laborde², Miguel Rivera², Luis Fernando Lopez-Almodovar², Juan Antonio Lopez², Finn Akerstrom², Luis R. Padia³ and Maria G. Barderas^{1*}

Martin-Rojas et al. *Clin Proteom* (2017) 14:12



Response to Carabello

Prediman K. Shah, MD

My esteemed colleague, Dr Carabello, suggests that most patients with severe asymptomatic aortic stenosis should undergo aortic valve replacement surgery. Before recommending valve replacement surgery, one must evaluate the relative risks of surgery (both mortality and morbidity) compared with watchful waiting. The surgical mortality varies widely (1%–3% in most experienced centers), and the combined risk of death related to valve replacement and the late complications of a prosthetic valve more than likely exceed the risk of sudden death in a truly asymptomatic patient; furthermore, valve surgery does not completely eliminate the risk of late sudden death. Therefore, for most asymptomatic patients with severe aortic stenosis, careful watchful waiting appears to be justified and is supported by the totality of published data and reflected in the guidelines of the American Heart Association and American College of Cardiology. Exceptions to this strategy might be considered in patients with severe aortic stenosis who are seemingly asymptomatic but whose abnormal functional status is unmasked by an abnormal stress test (pseudosymptomatic patients) and in those with rapid progression of signs of aortic stenosis severity or myocardial dysfunction, especially if scheduling of surgery after onset of symptoms would entail a significant delay because of logistic reasons. The totality of clinical evidence appears to support that watchful waiting, rather than prophylactic surgical valve replacement, is likely best for most patients with truly asymptomatic severe aortic stenosis. If future studies establish the safety and efficacy of percutaneous aortic valve replacement in asymptomatic subjects, this conservative strategy may require revision.

World Journal of Cardiology

Diagnosis and management of patients with asymptomatic severe aortic stenosis

World J Cardiol 2016 February 26; 8(2): 192-200

Minako Katayama, Hari P Chaliki

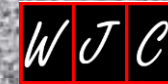
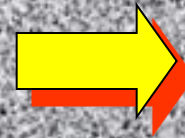
Decisions for AVR are based on the presence or absence of symptoms, but proactive investigation with multimodality testing for risk assessment is recommended in patients who are asymptomatic or who have indeterminate symptoms.

Exercise stress testing is recommended for asymptomatic severe AS patients in addition to two-dimensional/Doppler echocardiographic testing at rest for risk stratification. If a patient is not physically appropriate for exercise testing, use of a biomarker and multiple imaging modalities, such as CT and MRI with contrast, can complement the risk stratification of asymptomatic severe AS.

CONCLUSIONI

Dall'esame dei dati si evince che la questione della diagnosi precoce della SAc non è particolarmente sentita nel setting della Primary Care.

La gestione dei pazienti si attiene per lo più ai videot specialistici che alle Raccomandazioni delle varie società.

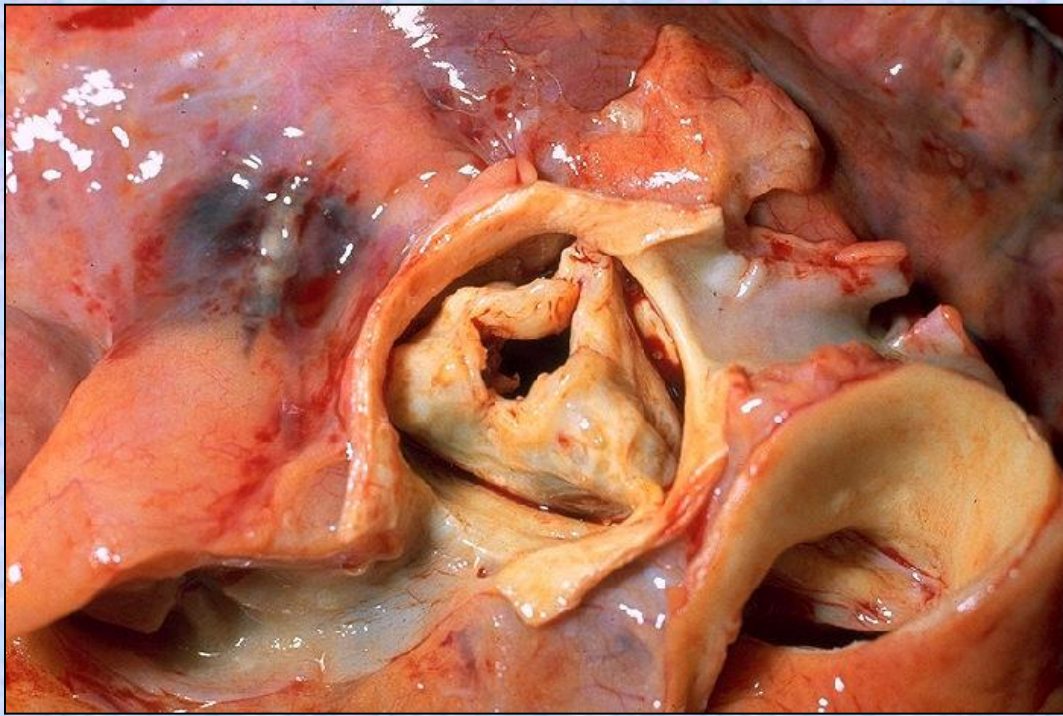


Aortic stenosis: An update

World J Cardiol 2010 June 26; 2(6): 135-139

Sangeetha Nathaniel, Shreyas Saligram, Antony Leslie Innasimuthu

E' necessaria una massiccia informazione dei professionisti con una loro maggiore sensibilizzazione per una maggiore coscienza e conoscenza del problema nel "mondo reale", onde approfondire i casi sospetti o comunque meritevoli di valutazione clinica ed attuare per tempo gli opportuni percorsi diagnostici e terapeutici.



62 CONGRESSO
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