Michigan Outpatient Cardiovascular

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Heart Rhythm Society's survey assessing same-day discharge after electrophysiology procedures and implementation in ambulatory surgical centers

With advances in technology and technique, catheter ablation has achieved increasing safety and efficacy in arrhythmia treatment. Simultaneously, innovations have been developed to expedite patient throughput and to reduce cost, for example, same-day discharge (SDD) after atrial fibrillation (AF) ablation

These measures accelerated during the COVID-19 pandemic, with implementation of ablation procedures at ambulatory surgical centers (ASCs) in the United States.

With cardiac rhythm device implantation procedures already being performed a ASCs, expanding ablation procedures to the ASC setting has garnered interest among US clinicians. To inform advocacy efforts, the Heart Rhythm Society (HRS) Health Policy and Regulatory Affairs Committee conducted a survey to gauge current practice and opinions concerning SDD and ASCs. In May 2023, a survey was distributed by e-mail, social media, and signage at the HRS Scientifi Sessions. All responses were completed digitally.

Of 705 survey respondents, 661 (94%) were based in the United States: 83% physicians (65% with >10 years experience), of whom 24% practiced in academic settings, 40% were employed by nonacademic hospitals, and 30% were in private practice. Of US physicians, 18% of respondents were in the Northeast, 19% in the Midwest, 40% in the South, and 23% in the West.

SDD after electrophysiology procedures and availability of surgical backup

Respondents are currently practicing SDD for many electrophysiology (EP) procedures: 88% for right-side supraventricular tachycardia (SVT)/flutter ablations, 80%–83% for pacemaker/implantable cardioverter-defibrillator implantations, 73%–74% for AF/left-side SVT/flutter ablations, and 78% for right-side premature ventricular contraction (PVC) ablations. As expected, far fewer respondents allow SDD after ventricular tachycardia (VT) ablation in cardiomyopathy (16%–23%) or lead removal using extraction tools (8%). Some also commented on allowing SDD after left atrial appendage occlusion procedures. Interestingly, for hospital-based procedures (not including ASCs), only 60% have cardiothoracic surgical backup available on-site for every ablation procedure, whereas 36% reported lack of such backup availability. Heart Rhythm Society's survey assessing same-day discharge after electrophysiology procedures and implementation in ambulatory surgical centers - Heart Rhythm (heartrhythmjournal.com)

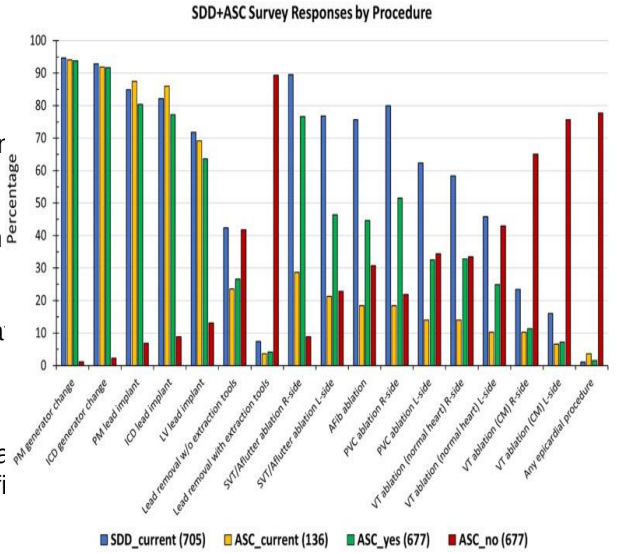
Antipsychotics for Dementia Pose Wide-Ranging Health Risks

Antipsychotic use in older adults with dementia is associated with a significant increased risk for stroke, myocardial infarction, heart failure, pneumonia, fracture, acute kidney injury, and a range of other health problems compared with nonuse, new research showed.

The adverse events are far broader and pose more severe health risks than previously reported, investigators noted, and suggested greater caution is needed when prescribing antipsychotics to treat psychological symptoms of dementia.

The matched cohort study used patient registry data on nearly 174,000 people with dementia and compared those who were prescribed an antipsychotic on or after their dementia diagnosis with those who had not received a prescription for the drugs.

Any antipsychotic use was associated with double the risk for pneumonia, a 1.7-fold increased risk for acute kidney injury Antipsychotics for Dementia Pose Wide-Ranging Health Risks (medscape.com)



Conclusion

With inherent limitations of a voluntary survey, the results herein provide a basis for ongoing dialogue as we advocate for expanding patient access to EP procedures while maintaining safety and managing costs. HRS remains dedicated to our mission "to improve the care of patients by promoting research, education, and optimal health care policies and standards." A joint task force has been formed with leadership from HRS and the American College of Cardiology to examine, advocate, and advise on the implementation of EP services in ASCs. Within HRS, the Health Policy and Regulatory Affairs Committee will remain engaged in our members' concerns and voice their needs

Heart Failure, Not Stroke, Most Common Complication of A-Fib

The lifetime risk of atrial fibrillation (AF) increased from 2000 to 2022 from one in four to one in three, a Danish population-based study of temporal trends found.

Heart failure was the most frequent complication linked to this arrhythmia, with a lifetime risk of two in five, twice that of stroke, according to investigators led by Nicklas Vinter, MD, PhD, a postdoctoral researcher at the Danish Center for Health Service Research in the Department of Clinical Medicine at Aalborg University, Denmark.

Published in *BMJ*, the study found the lifetime risks of post-AF stroke, ischemic stroke, and myocardial infarction improved only modestly over time and remained high, with virtually no improvement in the lifetime risk of heart failure.

"Our work provides novel lifetime risk estimates that are instrumental in facilitating effective risk communication between patients and their physicians," Dr. Vinter said in an interview. "The knowledge of risks from a lifelong perspective may serve as a motivator for patients to commence or intensify preventive efforts." AF patients could, for example, adopt healthier lifestyles or adhere to prescribed medications, Dr. Vinter explained. Heart Failure, Not Stroke, Most Common Complication of A-Fib (medscape.com)

The Saga of Aspirin in Preventing Heart Disease

As the pendulum has swung against recommending aspirin for the primary prevention of heart attacks and strokes, clinicians should focus on other ways to help patients avoid cardiovascular events.

A landmark study published in 1988 in the *New England Journal of Medicine* reported an astonishing 44% drop in the number of heart attacks among US male physicians aged 40-84 years who took aspirin.

Aspirin subsequently became a daily habit for millions of Americans. In 2017, nearly a quarter of Americans over age 40 who did not have cardiovascular disease (CVD) took the drug, and over 20% of those were doing so without a physician's recommendation.

But in 2018, three studies (ASCEND, ARRIVE, and ASPREE) showed a stunning reversal in the purported benefit, according to John Wong, MD, vice-chair of the US Preventive Services Task Force (USPSTF). What Happened to Aspirin? And What Replaces It? (medscape.com)

Atrial Shunt Echo Results Hint at Why Only Some Respond

Findings from an echocardiographic study of patients with heart failure with preserved or mildly reduced ejection fraction treated with an atrial shunt have shed more light on mechanisms that explain why certain patients appear to respond to the shunt therapy while others do not.

METHODOLOGY:

- In the REDUCE LAP-HF II trial, 626 patients with heart failure with preserved ejection fraction or mildly reduced ejection fraction were randomized to receive an atrial pump or a sham control.
- The main results, reported previously, showed an overall neutral outcome. However, subgroup analysis showed certain patients — those with no latent pulmonary vascular disease and no cardiac rhythm management device — appeared to benefit from the shunt.
- The current echocardiographic study was conducted to find out more about the long-term (2-year) effects of the atrial shunt therapy on cardiac structure and function and how these may differ between responders and nonresponders.

TAKEAWAY:

- In the overall trial population, the shunt reduced left ventricular end-diastolic volume and left atrial minimal volume and improved left ventricular systolic tissue Doppler velocity and left atrial emptying fraction compared with sham.
- Shunt treatment also increased right ventricular and right atrial volumes but had no effect on right ventricular systolic function, pulmonary artery pressure, or right atrial pressure compared with sham.
- When looking at the difference between responders and nonresponders, echocardiographic results showed that in the shunt arm, responders had smaller increases in right ventricular end-diastolic volume and end-systolic volume, and larger increases in transmitral A wave velocity than nonresponders, suggesting greater ability to accommodate shunted blood through the pulmonary circulation enabling left atrial unloading. Atrial Shunt Echo Results Hint at Why Only Some Respond (medscape.com)