

Complete Transcript of Top Five Cardiovascular Studies in 2018: Practice Implications

[00:00:03] Welcome to SMA's Women's and Children's Health podcast, a publication of the Southern Medical Association. This podcast explores all aspects of care of the female patient across her lifespan. It will also explore the special and unique care of children and adolescents.

[00:00:24] Welcome back to the Southern Medical Association's Women's and Children's Health Podcast. I'm Lee Boughton and today we're with Dr. Donald DiPette again. He is one of the faculty members for our 2019 Focus on Women's Health Conference in Kiawah, South Carolina. One of the talks that you'll be giving this year at the meeting is "Top Five Cardiovascular Studies in 2018: Practice Implications." Why does the busy clinician need to follow or pay attention to these new clinical studies, if it takes years for these studies to change clinical practice?

[00:01:02] Well Lee, that's the conundrum and the conundrum here is we know - and we know from years of experience - that even when there's a breakthrough, if you will, clinical study, a new medication, or a new approach to a disease, or in fact, new data that shows we've been approaching an old disease the wrong way and maybe even doing harm - we know it takes years for that - for those studies or the implications of those studies to make it into our everyday clinical practice. That is why with that - with the basis of that knowledge - we must get new modalities where it's appropriate. Whether it's a new therapeutic agent, whether it's a new test, if you will, or whether there's new data that shows we're potentially doing harm with old medications. It behooves all of us to try to get those, those seminal, the seminal evidence-based medicine interventions, if you will, to the patient in our individual examining room as soon as possible. And given that we know, as I've already mentioned, that that length of time is quite long - we must shorten it. So, one way to shorten it is to pay attention to what's new every year. Now you don't do this every month, if you will, although that would be interesting and that probably would be fun. But what we've chosen to do this year in the Women's Health seminar, again this summer in Kiawah, is to at least start somewhere. And that somewhere is to start looking at cardiovascular disease. So it's again - it's together with cancer the leading cause of morbidity mortality and that is the reason we selected cardiovascular disease which also include diabetes, hypertension, etc, and just see what happened - what was new that potentially should be impacting our clinical care today or may impact our clinical care of that individual patients in our busy practice tomorrow. So that was the basis for reviewing the literature, if you will, looking at what happened in 2018 and seeing, and making some decisions because time is limited. We can't discuss 100 of them, we chose five.

[00:03:22] It was easy to choose. We didn't do this in a vacuum. This issue has been important regarding getting new data, if you will, into clinical practice for many many years. I now have sources that we can go to and I want to be very fair about this. We turn to other experts and other authorities. So, I did review the literature, and in the cardiovascular disease realm for the year, but also I went to my colleagues. There, obviously, there's a new England Journal of Medicine has a very prestigious journal called Journal Watch and they pick the top 10 Clinical studies, if you will, for differing areas. They do it for general medicine. They do it for specific subspecialty medicines, as well, including cardiovascular disease and our cardiology colleagues have also done this from the American College of Cardiology. They have developed lists. So, I took these lists from my colleagues and experts, as well as my own review of the literature, and came up with five areas where new data became available in 2018 some of which I do truly believe should be translated

into our busy practice today. And also, it takes up a few that possibly maybe not today - but maybe not too many tomorrows from here. Just to see where we're going with the cardiovascular disease as an entity. and some of these areas are interesting.

[00:04:55] Clearly, I think the one that most people already know because they've received so much publicity revolves around our use of aspirin for primary cardiovascular disease prevention. Now, not secondary cardiovascular disease – in other words, you already have a cardiovascular disease like a myocardial infarction, or a stroke. The new data became available on primary prevention, individuals that were at high risk for, or moderate risk, for cardiovascular disease but have not had that event yet. And traditionally we've been using aspirin in these individuals, including individuals with diabetes. Well, two new studies became available in 2018 which are going to dramatically - and have already dramatically – altered our use of aspirin for primary prevention of cardiovascular disease. These two studies, one was in the general population that were at moderate risk of cardiovascular disease and one was in the population with diabetes. And we're going to discuss both of these trials.

[00:05:58] Another area that we're going to discuss is actually the use of an older agent Omega 3 fatty acids for the prevention of cardiovascular disease events. And we're going to look at two studies, one that used traditional Omega 3 fatty acids. And we're going to actually look at an even newer study which used a new agent -a new Omega 3 fatty acid which had positive effects, if you will, to significantly reduce cardiovascular disease events. We'll review these studies in detail and then maybe some food for thought for the future. We're increasingly understanding that inflammation plays a very significant role in the pathophysiology of many diseases, and now including cardiovascular disease - including hypertension, diabetes, and coronary artery disease. We're going to review some studies that, some of which were negative and some of which were positive - but more importantly our food for thought that our approach to cardiovascular disease in the not too distant future may also involve targeting the inflammatory cascade, if you will, and this will be novel therapy, especially in the area of cardiovascular disease. It's not novel therapy in the area of cancer, if you will, or inflammatory diseases such as lupus. But it's intriguing that inflammation - whether it's the beginning or the end of the cascade - plays a significant role in a plethora of disease states. We're going to talk about the role of inflammation in cardiovascular disease, as well.

[00:07:43] Thank you for joining us again today, Dr. DiPette. We're looking forward to having you at Focus on Women's Health. It sounds like it's going to be really exciting meeting.

[00:07:52] Well, Lee, you are very very welcome. And I actually would like to thank SMA for sponsoring the Women's Health Conference for so many years. This has obviously been an enduring conference - so clearly the program committee and the faculty that are presenting at this conference have been, and continue to do, something that's very very right for the busy practicing physician. Not only the primary care physician, but my Obstetrics and Gynecology colleagues as well.

[00:08:23] I am excited about the program, but then again, I'm a little bit biased and I want to admit that. Clearly there's going to be many topics on the program that are going to be - that are going to dramatically impact clinical practice. Hopefully the very next day! On that Monday morning when everybody returns from beautiful Kiawah, South Carolina - back to their practices and back to their regular daily life. So I'm looking forward to meeting the group. As always there's plenty of time for active discussion. There's plenty of time for

questions and answers, not only during the session but outside of the session -in our downtime, if you will. Also, we're going to continue what we did last year which is have more panel discussions. They were well received at last year's conference and we've taken that positive advice to heart. And we're going to continue and embellish the panels and hopefully have as robust discussions as we've had in the past. So, I'm looking forward to the meeting. I would encourage all busy primary care and obstetrics and gynecology practicing clinicians to seriously look at the conference. And I hope to see many many friendly faces, both past and new faces, this summer.

[00:09:47] If you're interested in seeing Dr. DiPette and learning more, please visit our Website – sma.org/whpodcast. The meeting is held at Kiawah Golf Resort in beautiful Kiawah, South Carolina on July 15th through 18th. If you want to learn more and you cannot attend the meeting live we have you covered. Focus on Women's Health is also available as a webcast.