

Appropriate use for ASA and Warfarin Combined

1. When would it be appropriate to use ASA and warfarin together?

Question submitted by: Dr. D. Collins-Williams, Mississauga, Ontario

The combination of warfarin with ASA may be of value in selected patients with mechanical heart valves.¹ In a randomized trial in which ASA (100 mg/day) or placebo was added to warfarin in patients with mechanical or tissue heart valves plus either atrial fibrillation or a history of thromboembolism, the combination therapy had significant benefit, albeit there was a higher frequency of minor bleedings.² The following conditions are relative

contraindications to the addition of aspirin to warfarin:

- A prior history of gastrointestinal bleeding
- Poorly controlled hypertension, due to the risk of intracerebral hemorrhage
- Patients with erratic anticoagulation control

No benefit was seen of the combination therapy in prevention of recurrent ischemic events.³

- 1 Butchart EG, Gohlke-Bärwolf C, Antunes MJ, et al: Recommendations For The Management of Patients After Heart Valve Surgery. *Eur Heart J* 2005; 26(22):2463-71.
- 2 Turpie AG, Gent M, Laupacis A, et al: A Comparison of Aspirin With Placebo in Patients Treated With Warfarin After Heart Valve Replacement. *N Engl J Med* 1993; 329(8):524-9.
- 3 Huynh T, Theroux P, Bogaty P, et al: Aspirin, Warfarin Combination For Secondary Prevention of Coronary Events In Patients With Acute Coronary Syndromes and Prior Coronary Artery Bypass Surgery. *Circulation* 2001; 103(25):3069-74.

Answered by:
Dr. J. G. Fodor

Symptoms of Cardiac Myxoma

2. What are symptoms or signs of cardiac myxoma?

Question submitted by: Dr. Paul Stephan, Scarborough, Ontario

Cardiac myxomas are notoriously difficult to diagnose because they are uncommon and symptoms are fairly non-specific. In general, symptoms of cardiac myxoma can be divided into three categories:

- a) Symptoms related to local tumour effect. The most common location for a cardiac myxoma is the left atrium. The symptoms of left atrial myxoma are related to intermittent or continuous

- obstruction to mitral inflow and can include dyspnea and syncope, which are often related to position or exertion. In severe cases, this can cause fulminant pulmonary edema, hemoptysis, or sudden death
- b) Embolic phenomena. Because the tumour is friable, portions of the tumour or thrombus associated with the tumour can break off and cause embolic phenomena.

- Symptoms would include those associated with stroke, ischemic limb or ischemic bowel
- c) Systemic symptoms. Cardiac myxomas often secrete interleukin 6. This can cause symptoms of general malaise, fever and weight loss

Answered by:
Dr. Sarah Ramer



Treatment for Recurrent Supraventricular Tachycardia (SVT)

3. What is the treatment of choice for recurrent SVT?

Question submitted by: Dr. Oscar Karbi, Toronto, Ontario

My first thought on reading this question was: short answer or long answer? On reflection, there is no real short answer. The major reason for no short answer is the sheer number of different SVTs. Remember that SVT is a generic term covering all tachyarrhythmias that arise above or within the atrioventricular node (AV). I think that when most physicians think of SVT, they are thinking of the paroxysmal tachycardias that used to be lumped under "paroxysmal atrial tachycardia."

Most frequently, these are bursts of rapid regular heart rate that arise from a focus within or around the AV node. Less frequently, they may arise from the atrial muscle, around

the pulmonary veins, or the sinus node. The tachycardias associated with pre-excitation syndromes, such as the Wolf-Parkinson-White syndrome, due to accessory pathways to the ventricle which bypass the usual conduction route to the ventricles, are also part of this group.

For all of these, when treatment is necessary, the treatment of choice is ablation by your friendly neighbourhood electrophysiologist wherever possible. The chance of a cure and thus no further medication is always worth exploring. There are a number of medical options for treating these SVTs, but a full description is beyond the scope of this question.

Atrial flutter and atrial fibrillation are also SVTs. Increasingly, electrophysiology studies and ablation wherever possible are being used for both these more difficult to control tachyarrhythmias. In my view, this is the treatment of choice here too wherever possible. A recent question/ answer about medical treatment of these rhythms has been published in this journal.

Answered by:
Dr. Wayne Warnica

Assessing CV Health

4. What is more important in assessing CV health, a fasting or a non-fasting cholesterol measurement?

Question submitted by: Dr. Clive Macdonald, New Waterford, Nova Scotia

LDL-C levels decrease following a meal. Three hours postprandial, this decrease is approximately 8% lower than fasting levels when measured directly, but the affect on the calculated LDL-C is magnified, showing a decrease of 22% to 37% from fasting level. Nine hours after a meal, the decrease in calculated LDL-C is still as high as 8%. HDL-C levels rise slightly but significantly. Triglyceride values peak

at approximately four hours postprandial.

Current recommendations suggest that initial screening of patients for levels of total cholesterol, LDL-C, cholesterol, HDL-C and triglycerides should be carried out when patients are in a fasting state.

However, two recent studies have suggested that these recommendations may not provide

the most accurate measures for CVD risk prediction, particularly for triglycerides. Investigators found that higher non-fasting triglyceride levels were strongly associated with an increased risk of future CV events, independent of baseline cardiac risk factors and levels of other lipids.

Answered by:
Dr. Brett Heilbron

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Foods That Can Prevent Heart Disease

5. What are the best foods to enjoy throughout the ages to prevent heart disease?


Question submitted by: Dr. Ron Rondeau, Springhill, Nova Scotia

This is a \$ 64 million question. The problem of the interrelationship between food and heart disease is in the fact that most recommendations are based on observational and retrospective studies which can never prove a cause-effect relationship.

When some of the widely believed theories are subjected to rigorous scientific evaluation (*i.e.* properly designed randomized clinical trials), they are proven erroneous. For example, speculations about the benefits of vitamin E or folic acid were found to be baseless.^{1,2}

A systematic review of 17 randomized trials³ failed to show any effect of low-fat diet on CV mortality.

However, there is some good news. There is increasing evidence that plant foods—especially whole grain cereals, legumes, nuts, fruits and vegetables—may decrease the risk of heart disease.⁴ The same is true for oily fish, such as mackerel, sardines, tuna and salmon, which contain omega-3 fatty acids.

So my advice is enjoy seafood, eat a lot of vegetables, fruits and whole grain cereals and you could keep your heart healthier for a longer time. 

1. Lonn E, Yusuf S, Arnold MJ, et al: Homocysteine Lowering With Folic Acid and B Vitamins In Vascular Disease: N Eng J Med 2006; 354(15):1567-77.
2. Vivekananthan DP, Penn MS, Sapp SK, et al: Use of Antioxidant Vitamins For The Prevention of Cardiovascular Disease: Meta-Analysis of Randomised Trials: Lancet 2003; 361(9374):2017-23.
3. Studer M, Briel M, Leimenstoll B, et al: Effect of Different Antilipidemic Agents and Diets On Mortality: A Systematic Review: Arch Intern Med 2005; 165(7):725-30.
4. Rimm EB, Ascherio A, Giovannucci E, et al: Vegetable, Fruit, and Cereal Fiber Intake and Risk of Coronary Heart Disease Among Men: JAMA 1996; 275(6):447-451.

Answered by:
Dr. J. G. Fodor