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Scientific Tracks & Abstracts



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Depression in myocardial infarction: Prevalence and clinical outcomes

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Statement of the Problem: Depression is common in the aftermath of Myocardial Infarction (MI) and may not only lead to impaired long-term quality of life, but also cause increased mortality among patients with MI. The reported prevalence of depression among patients with MI varied considerably across studies, for which a pooled prevalence was obtained in the only 1 meta-analysis conducted in March 2004. Subsequently, numerous relevant studies have been published, indicating the need for an update on the pooled prevalence. Therefore, this study was aimed at updating the pooled prevalence of depression among patients with MI.

Methodology & Theoretical Orientation: A comprehensive literature search in 3 electronic databases, PubMed, Embase, and PsycINFO, was performed in April 2018. The heterogeneity across studies was examined by the Cochran's Q test and quantified by the I² statistic. If significant heterogeneity was observed, meta-regression analyses and subgroup analyses were performed to identify the source of heterogeneity. Publication bias was assessed by a funnel plot and verified by the Egger's and Begg's tests.

Findings: Nineteen eligible studies conducted in 10 countries were included, which consisted of 12,315 patients with MI, among whom 3818 were identified with depression. High heterogeneity was observed across the eligible studies (I²=98.4%), with the reported prevalence of depression ranging from 9.17% to 65.88%. The pooled prevalence of depression among patients with MI was 28.70% (95%CI: 22.39–35.46%) by a random effects model. Subgroup analyses showed that the pooled prevalence differed significantly by region, tool used to identify depression, study quality, sex, race, anterior MI, and diabetes status (P<.05).

Conclusion & Significance: Given the high pooled prevalence of depression found in this study and the association between depression and adverse health outcomes among patients with MI, more psychological resources including early assessment and effective treatment of depression should be allocated to patients with MI.

Biography

Luo has her expertise in Gastroenterology and healthcare management in improving the health and wellbeing. AS a director of large hospital He always works hard for improving the quality of medical service. He also pays attention to medical safety. To ensure medical safety, he acts as pioneer in launching the inspection of medical safety of the ward in hospital. In clinical work, he pays attention to patients psychological problems. He believes that psychotherapy is the main form of treatment, and its purpose is to let patients gradually understand the nature of the disease, change their wrong ideas, and reduce the impact of psychological factors.

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The proof and reasons that Starling's law for the capillary-interstitial fluid transfer is wrong: Advancing the hydrodynamics of a porous orifice (G) tube as the real mechanism

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In 1886, Starling proposed a hypothesis for the capillary–interstitial fluid (ISF) transfer, in which the capillary was thought a tube of a uniform diameter that is impermeable to plasma proteins. The flow of fluid across its wall was thought dependent upon a balance between the hydrostatic pressure within its lumen causing ‘filtration’, and the osmotic pressure of plasma proteins causing ‘absorption’. The physical basis on which LP of a capillary was thought positive and responsible for filtration was Poiseuille’s work on long Brass tubes of uniform diameters. Later discoveries demonstrated that the capillary is a porous orifice tube with totally different hydrodynamics that is reported here.

Material and Methods: The hydrodynamics of an inlet tube was studied in order to demonstrate the negative Side Pressure (SP) gradient exerted on its wall. We then studied the porous orifice (G) tube akin to capillary and later enclosed it in a chamber (C), akin to interstitial fluid space, making the G-C apparatus demonstrating the G-C circulation phenomenon. The effect of proximal (arterial) pressure (PP), distal (venous) pressure (DP) and inlet diameter on the SP and CP of the G-C model are reported.

Results: The PP induces the negative SP in the G tube which is responsible for absorption. The orifice has an inverted bell shaped effect on SP and CP. The DP augments filtration. The G tube enclosed it in a chamber (C), making the G-C apparatus demonstrating the G-C circulation phenomenon.

Conclusions: Hydrodynamic studies on G tube, based on capillary ultrastructure, demonstrate results which differ from Poiseuille’s in a strait tube, challenge the role attributed to arterial pressure as a filtration force in Starling’s hypothesis. A perspective literature review shows that the oncotic pressure force has been previously cancelled and the Starling’s hypothesis has failed to explain the capillary–ISF transfer in most parts of the body.

A concept based on a new hydrodynamic of the G-C model phenomenon is proposed for the capillary–ISF circulation. An autonomous dynamic magnetic field-like G–C circulation occurs between fluid in the G tube’s lumen and a surrounding fluid compartment C. Based on results of studies on a circulatory model incorporating the G–C apparatus, factors which initiate, regulate and affect the G–C circulation, its physiological and haemodynamic relevance and its clinical importance to the pathogenesis of oedema and shock are discussed.

Biography

Ghanem was educated in Egypt and qualified in 1968, Mansoura University, Egypt. He gained postgraduate experience in UK where he was promoted in posts up to the consultant level. He practiced as consultant Urologist in UK, Saudi Arabia and Egypt. During his career he reported over 60 articles. He discovered two new types of vascular shocks, proved that one physiological law is wrong and provided an alternative. He resolved the puzzles of 3 clinical syndromes; TURP syndrome, the LPHS and ARDS. He is now on an editorial board member of many journals while he is happily retired in Egypt.

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Effects of treatment by female cardiologists on short-term readmission rates of patients hospitalized with cardiovascular diseases

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Background: The effects of sex ratio in the team of the attending doctors on clinical outcomes remain unknown.

Methods and Results: This retrospective cohort study included 9,544 patients admitted for cardiovascular diseases to our hospital between 2012 and 2018. They were treated by teams of three attending doctors comprising a trainee doctor, middle-grade cardiologist who played the main role in the clinical management, and upper-grade cardiologist who was responsible for the management. We explored whether the sex of the attending doctors influenced the risk of emergency readmission within 30 days after discharge. The primary hospitalization periods were similar between male and female middle-grade cardiologists. The risk of emergency readmission of the patients hospitalized with cardiovascular diseases was significantly higher in patients treated by male middle-grade cardiologists than in those treated by female middle-grade cardiologists (odds ratio: 2.09, $p < 0.01$). This beneficial effect was observed in younger (< 65 yrs) patients, male patients, patients with New York Heart Association stages II–IV, and those with emergency primary hospitalization, and in medical teams led by a male upper-grade cardiologist.

Conclusions: The risk of emergency readmission after discharge in patients hospitalized with cardiovascular diseases was ameliorated when treatment was performed by female middle-grade cardiologists. The combination of male and female cardiologists in the attending doctors' team could result in better prognoses in cardiovascular patients.

Biography

Atsuko Nakayama became a doctor in 2004, specialized in cardiology in 2006 and received Ph.D. degree from the University of Tokyo and became Assistant professor of Department of Cardiology of the University of Tokyo at the same time in 2012. She works for the University of Tokyo Hospital over 10 years as an upper-grade cardiologist. She is the expert of cardiac rehabilitation and aortic diseases. She got the poster awards of AHA Scientific Sessions in 2011 for basic research and clinical research, the best award in "The Tokyo Hypertension Society" in 2013, the best award of YIA of "The Japanese Association of Cardiac Rehabilitation" (JACR) in 2014, International Heart Journal best reviewer awards in 2017 and 2018, Women Researcher Encouragement Award of The Japanese Circulation Society (JCS). She is the member of Academic Committee of JACR and the youngest fellow of JSC (FJCS) in Japan.

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Peri-procedural blood pressure changes and their relation with MACE in patients undergoing percutaneous coronary intervention across sectional study

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Background: Peri-procedural blood pressure changes were investigated and correlated them to Major adverse cardiovascular events as predictor of outcome for percutaneous coronary Intervention patients; whether acute coronary syndrome (Unstable angina, or MI; STEMI or NSTEMI) or scheduled for elective PCI.

Methods: We recruited 204 patients undergoing percutaneous coronary intervention through 2018 Resting BP was measured in a ward environment before transfer to the cardiac catheterization lab (cath lab), again in cath lab and after transfer of patient to recovery room. Patients were divided according to their peri-procedural systolic BP differences into two groups; first group [n=157] with systolic BP difference ≤ 20 mmHg, second group [n=47] with systolic BP difference > 20 mmHg (shocked patients excluded). Also according to peri-procedural diastolic BP differences into two groups; one with diastolic BP difference ≤ 10 mmHg [n=139] and other with diastolic BP difference > 10 mmHg [n=65]. The primary endpoints were Major Adverse Cardiovascular Events (MACE) including all-cause mortality, cardiac death, nonfatal myocardial infarction and stroke during in-hospital stay.

Results: Cardiac mortality was significantly higher in the large systolic BP difference group compared to the small difference group (10.6 vs 0.6 %) with P value 0.003. Also, cardiac mortality was significantly higher in large diastolic BP difference group compared to small difference group (7.7% vs 0.7 %) with P value 0.013. Our outcome predictor was MACE. Cardiac mortality was the only adverse cardiac event in our sample size.

Conclusion: Peri-procedural systolic and diastolic BP difference greater than 20 mmHg and 10 mmHg respectively correlated with MACE in all patients undergoing PCI.

Biography

Suzan Labib completed her education from 1992-2003 at Primary and high school (Port said Language School). From 2003-2010, she studied Medicine at Cairo University and graduated with an excellent grade and Honor degree. In 2011, she did her Internship at Cairo university –faculty of Medicine and Training for 1 month at Edinburgh Royal College of Medicine (Plastic Surgery department). From 2011-2012, she was a General practitioner at the Ministry of Health, and also a Resident of Plastic Surgery at Dar El Fouad hospital (JCI accredited) in collaboration with Cleveland clinic. In 2013-2014 she resigned from Plastic Surgery residency and from the Ministry of Health. She started an Anaesthesia residency at Cairo University hospitals for 9 months. At end of this year resigned from Anaesthesia residency. From 2014 -2019 she started Cardiology residency at Dar El Fouad hospital residency program (2.8 yrs). Resigned from residency program and started part-time clinical cardiac Electrophysiology observer-ship (including participation in EP clinics and Cath lab with Professor Dr. Mervat Abo El Maaty head of EP department Dar El Fouad and head of EP department Ain Shams university. And from 2014 -2019 she also applied for Cardiology visiting residency in Cairo university along with a Master's degree in the training program. Training in Cairo university hospital included. 9 months of Cardiology training: Emergency room, CCU management, Non-invasive lab, cath lab, wards. 4 months Cardiology training in National Heart institute: Including ER and CCU management and introduction to the cath lab. 3 months ICU training, 3 months Rheumatology training, 1-month Nephrology training. 1-year research (thesis) and finally she is a Specialist of Cardiology –Cairo University since 06/2019.

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Complete bifurcation coronary stenting after incomplete percutaneous coronary revascularization balloon angioplasty in patient with STEMI in stent era

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Investigate the impact of Incomplete Revascularization (IR) on short-term survival after coronary balloon angioplasty. The possible interaction between IR and Complete Revascularization (CR) stenting in STEMI. Occlusion at least in one diseased arterial territory (left anterior descending artery (LAD) and/ or Right Coronary Artery [RCA] and/or Circumflex [CX] artery) is the most dangerous part of our procedure, where can occur different kind of complications. Overall, patient received IR. And proper medication, aafter 4 weeks performed Complete bifurcation coronary stenting. The present analysis shows that in patients with STEMI IR balloon angioplasty is less risky, than CR.

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