Cardiac Nurses
Current Awareness Newsletter
February 2016
Outreach
We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts. We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal.

Literature Searching
We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to library@uhbristol.nhs.uk

Books
Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk.

Inter-Library Loans
Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: ills@UHBristol.nhs.uk
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Title: How to delineate obstructive sleep apnea and continuous positive airway pressure link in postoperative atrial fibrillation conundrum?

Citation: Journal of critical care, Feb 2016, vol. 31, no. 1, p. 276. (February 2016)

Author(s): De Santo, Luca Salvatore, Esquinas, Antonio M

Source: Medline

Title: Reply to “How delineate OSA and CPAP link in postoperative atrial fibrillation conundrum?”.

Citation: Journal of critical care, Feb 2016, vol. 31, no. 1, p. 277. (February 2016)

Author(s): Lee, Chi-Hang

Source: Medline

Title: Sleep apnea and atrial fibrillation in coronary artery bypass grafting patients-also a part of the OSAFED syndrome?

Citation: Journal of critical care, Feb 2016, vol. 31, no. 1, p. 274-275 (February 2016)

Author(s): Szymanski, Filip M, Platek, Anna E, Filipiak, Krzysztof J

Source: Medline

Title: Usefulness of the SAME-TT2R2 score to predict anticoagulation control on VKA in patients with atrial fibrillation and obstructive sleep apnea.

Citation: International journal of cardiology, Feb 2016, vol. 204, p. 200-205 (February 1, 2016)

Author(s): Szymanski, Filip M, Lip, Gregory Y H, Filipiak, Krzysztof J, Platek, Anna E, Karpinski, Grzegorz

Abstract: Oral anticoagulation is crucial for the prevention of stroke and thromboembolism in atrial fibrillation (AF). One of the comorbidities potentially affecting thromboembolic risk and anticoagulation effectiveness is obstructive sleep apnea (OSA). The objective of this study was to establish if presence of OSA is associated with poor expected benefit from vitamin K antagonist (VKA) therapy as assessed using the SAME-TT2R2 score. We studied AF patients planned for invasive electrophysiological procedures. All patients had a whole night polygraphy performed for the diagnosis of OSA, and their SAME-TT2R2 score was calculated. We studied 211 AF patients (mean age=57.1±10.2years, 62.6% males). OSA with apnea-hypopnea index (AHI) ≥15/h was found in 48 (22.7%) patients. Mean SAME-TT2R2 score in non-OSA patients was 1.4±0.9, compared to mild OSA patients, 1.5±0.9; moderate OSA patients, 1.9±1.1; and severe OSA patients, 2.8±0.6. A significantly higher percentage of patients with SAME-TT2R2≥2, indicating poor predicted INR control on VKAs, was found in 48 (22.7%) patients. Mean SAME-TT2R2 score in non-OSA patients was 1.4±0.9, compared to mild OSA patients, 1.5±0.9; moderate OSA patients, 1.9±1.1; and severe OSA patients, 2.8±0.6. A significantly higher percentage of patients with SAME-TT2R2≥2, indicating poor predicted INR control on VKAs, was found with increasing AHI category (37% vs. 41% vs. 57% vs. 100%, respectively). Patients with poor predicted anticoagulation control (SAME-TT2R2≥2) had a higher prevalence of OSA. There was a lower proportion of patients with TTR>70% among patients with moderate/severe OSA compared to no/mild OSA (13.6% vs. 29.6%, p=0.03). SAME-TT2R2 scores in patients with OSA are substantially higher than in those without sleep-disordered breathing. The mean SAME-TT2R2 score, as well as the percentage of patients with SAME-TT2R2 score≥2, suggests poor predicted anticoagulation control on VKA rises along with the AHI. There was a lower proportion of patients with TTR>70% among patients with moderate/severe OSA, compared to no/mild OSA. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Noninvasive estimation of pulmonary capillary wedge pressure in patients with mitral regurgitation: A speckle tracking echocardiography study.
Abstract: Echocardiographic parameters to predict pulmonary capillary wedge pressure (PCWP) in mitral regurgitation (MR) are not yet elucidated. We reported that PCWP could be accurately estimated by novel KT index which is defined as log10[left atrial (LA) emptying function (EF)/LA volume]. We examined the usefulness of the KT index as a predictor of PCWP in primary and secondary MR with sinus rhythm and also MR with atrial fibrillation. LA dimension, strain, volume, EF, and E/e' were measured in moderate to severe MR with sinus rhythm (n=58, age: 67±8 years) and MR with atrial fibrillation (n=24, age: 69±11 years) just before catheterization and in normal subjects (n=26, age: 67±11 years) using speckle tracking echocardiography. MR with sinus rhythm was divided into primary MR (n=27) and secondary MR (n=31). The estimated PCWP (ePCWP) was calculated as 10.8-12.4×KT index. There was a correlation between PCWP and LA dimension, E/e', minimum LA volume index, active LAEF, total LAEF, or LA strain (r=0.32, r=0.31, r=-0.55, r=-0.61, r=-0.51, and r=-0.50, respectively, p<0.05). The better correlation was found between PCWP and ePCWP in MR including both primary and secondary MR and also MR with atrial fibrillation (r=0.70, r=0.67, and r=0.58, respectively, p<0.01). Multiple regression analysis revealed that ePCWP was an independent predictor of PCWP in MR. The ePCWP demonstrated good diagnostic accuracy (area under the curve of 0.86) and sensitivity (81%) and specificity (81%) to predict elevated PCWP >15mmHg using a cut-off of 16mmHg. The ePCWP was the reliable echocardiographic parameter to predict PCWP in primary and secondary MR and might also be useful in MR with atrial fibrillation. The ePCWP may have an incremental value in a clinical setting. Copyright © 2015. Published by Elsevier Ltd.
**Abstract:** Early treatment-seeking for symptoms of atrial fibrillation (AF) is critical to avert AF-related stroke and heart failure, but early treatment is hindered if symptoms are not accurately interpreted. The purpose of this research was to describe symptom representation and treatment-seeking responses prior to diagnosis of AF. For this descriptive study, 150 participants were surveyed to describe the type and temporality of symptoms, perceptions regarding the cause, seriousness, controllability of symptoms, and responses to symptoms prior to diagnosis. Participants' mean age was 66.5 years, and 51% were female. Participants perceived symptoms as having nondisease-based causes, as not very serious, and as amenable to self-management. The majority took a wait and see response with 69% waiting more than 1 week after symptom onset to seek treatment. Lack of recognition of the seriousness of symptoms of AF and delayed treatment put patients at risk of poorer outcomes. © The Author(s) 2015.

**Source:** Medline

**Title:** Stromal cell-derived factor 1α (SDF-1α): A marker of disease burden in patients with atrial fibrillation.

**Citation:** Scandinavian cardiovascular journal : SCJ, Feb 2016, vol. 50, no. 1, p. 36-41 (February 2016)

**Author(s):** Li, Dana, Bjørnager, Louise, Langkilde, Anne, Andersen, Ove, Jøns, Christian, Agner, Bue F R, Dixen, Ulrik, Landex, Nadia L

**Abstract:** Stromal cell-derived factor 1α (SDF-1α), is a chemokine and is able to home hematopoietic progenitor cells to injured areas of heart tissue for structural repair. Previous studies have found increased levels of SDF-1α in several cardiac diseases, but only few studies have investigated SDF-1α in patients with atrial fibrillation (AF). We aimed to test SDF-1α in a large cohort of patients with AF and its role as a prognostic marker. Between January 1st 2008 to December 1st 2012, 290 patients with ECG documented AF were enrolled from the in- and outpatient clinics at the Department of Cardiology, Hvidovre Hospital, University of Copenhagen, Hvidovre, Denmark. Plasma levels of SDF-1α were measured using ELISA technique. Clinical data were registered and patient follow-up was conducted. Patients with permanent AF had significantly higher SDF-1α levels (2199.5 pg/ml) than the patients with paroxysmal AF (1982.0 pg/ml) and persistent AF (1906.0 pg/ml), p < 0.0005. Higher SDF-1α level was associated with longer time spent in the hospital per readmission, p < 0.05. In AF patients, a higher SDF-1α level was found in patients with a more progressive state of arrhythmia and was associated with longer hospitalizations. These findings suggest that SDF-1α could prove valuable in risk stratification and evaluating the disease burden in AF patients.

**Source:** Medline

**Title:** Pulse wave velocity correlates with aortic atherosclerosis assessed with transesophageal echocardiography.

**Citation:** Journal of human hypertension, Feb 2016, vol. 30, no. 2, p. 90-94 (February 2016)

**Author(s):** Szmigielski, C, Styczynski, G, Sobczynska, M, Milewska, A, Placha, G, Kuch-Wocial, A

**Abstract:** Aortic pulse wave velocity (PWV) is a noninvasive vascular parameter that is related to cardiovascular risk. We studied the relationship between aortic PWV and aortic atherosclerosis assessed with transesophageal echocardiography (TEE). The patients referred for TEE before electrical cardioversion of atrial fibrillation were included in the study. Maximal intima media thickness (IMT) including maximal atherosclerotic plaque thickness of the descending thoracic aorta was measured on TEE images. PWV was measured in those patients who had the sinus rhythm restored. Univariable linear regression was used to test associations between the parameters studied. Variables identified by linear regression, as significantly related to PWV, were further analyzed by multivariable linear regression models. We studied 99 patients (57 men, 42 women, mean age 70.4±11.5 years). With univariable regression, we found that PWV was significantly related to IMT (P<0.0001), age (P<0.0001) and pulse pressure (PP, P=0.005). There was no significant relationship between PWV and systolic, diastolic and mean blood pressures, as well as heart rate. The multivariable regression analysis, with all the variables significant in the univariable analysis in the model, showed that only IMT remained significantly related to PWV (P<0.0001, β=0.31), whereas age (P=0.18) and PP (P=0.16) were not. In conclusion, PWV is related to aortic atherosclerosis assessed with TEE independent of age and blood pressure.
Title: Prothrombin G20210A Mutation in a 53-Year-Old Male Patient with Deep Vein Thrombosis.

Citation: Laboratory medicine, Feb 2016, vol. 47, no. 1, p. e12. (February 2016)

Author(s): Ecker, John, Van Siclen, Carleen

Abstract: A 53-year-old man, ethnicity unknown. Leg swelling and pain. The patient has a history of atrial fibrillation that had been treated with 3 separate cardiac ablations, most recently in the year 2014. According to the patient, the symptoms had begun the day after his most recent cardiac ablation on June 27, 2014. The catheter for the procedure was inserted via the right femoral vein. The patient had returned to work, where he sits for an average of 8 hours per day, but his pain became unbearable, so he went to the emergency department on July 3, 2014. In 2013, he was evaluated for a possible stroke. He reported consuming 1 to 2 alcoholic drinks per month, not using tobacco, and not being currently sexually active. He has no history of excessive bleeding or bruising. The patient underwent an operation for an unruptured aneurysm in 2011; ablation for atrial fibrillation in 2006, 2009, and 2014; gastric bypass in 2006; left knee arthroscopy in 2010; and rotator cuff repair in 2013. The patient's sister had died of a pulmonary embolism (age at time of death unknown). His father had died of a stroke at age 49 years. His mother, who is still living, has a history of intracranial aneurysms. The patient was alert and oriented; he cooperated with medical staff. His vital signs were normal, and all body systems were functioning normally. A large ecchymosis extended from his groin to his knee. See Tables 1-5. © American Society for Clinical Pathology, 2015. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

Source: Medline

Title: Weight loss to prevent atrial fibrillation: The role of epicardial adipose tissue.

Citation: International journal of cardiology, Feb 2016, vol. 204, p. 124-125 (February 1, 2016)

Author(s): Liu, Fengli, Li, Yan, Xu, Yanli

Source: Medline

Title: Difficult situations in anticoagulation after stroke: between Scylla and Charybdis.

Citation: Current opinion in neurology, Feb 2016, vol. 29, no. 1, p. 42-48 (February 2016)

Author(s): Ntaios, George, Lip, Gregory Y H

Abstract: A significant proportion of stroke patients is treated with anticoagulants for secondary stroke prevention. Often, in such patients, stroke physicians are required to make difficult clinical decisions when confronted with the dilemma to choose between the risk of thromboembolism and the risk of bleeding. This article focuses on three common anticoagulant-related situations, where the stroke physician needs to find the delicate balance between the two risks. Three typical case vignettes are presented and the associated dilemmas are discussed: a patient with an anticoagulant-related intracranial hemorrhage: would you restart anticoagulation?, an anticoagulated patient with a previous stroke because of atrial fibrillation is scheduled for an elective polyp removal: how would you handle anticoagulation perioperatively?, and a patient presents with an ischemic stroke because of atrial fibrillation: how soon would you start anticoagulation for secondary stroke prevention? The article summarizes the related literature and discusses the pros and cons of each choice. The available evidence is limited; we need to individualize our approach according to the specific characteristics of our patients, and share the decision process with our patients and their proxies, taking strongly into consideration their values and preferences.

Source: Medline
Title: Agreement between ambulance and hospital records for information promoting urgent stroke treatment decisions.

Citation: European journal of emergency medicine : official journal of the European Society for Emergency Medicine, Feb 2016, vol. 23, no. 1, p. 24-27 (February 2016)

Author(s): Rudd, Matthew P, Martin, Alexander J, Harrison, Anne, Price, Christopher I

Abstract: Rapid decision-making during acute stroke care can improve outcomes. We wished to assess whether crucial information to facilitate decisions is routinely collected by emergency practitioners before hospital admission. We examined whether ambulance records contained information relevant to a thrombolysis treatment decision for consecutive stroke admissions to three emergency departments in England between 14 May 2012 and 10 June 2013. In all, 424 of 544 (78%) records included a paramedic diagnosis of stroke. Twice as many hospital records contained a symptom onset time/last known to be well time, but there was 82% agreement within 1 h when a prehospital time was also recorded. This was more likely for younger patients. Documentation of medication history was infrequent (12%), particularly for anticoagulant status (6%). When compared with hospital documentation, paramedics recorded a history of diabetes for 38/49 (78%), previous stroke 44/69 (64%), hypertension 71/140 (51%) and atrial fibrillation 19/64 (30%). In a retrospective cohort of stroke patients admitted by emergency ambulance, standard practice did not consistently result in prehospital documentation of information that could promote rapid treatment decisions. Training emergency practitioners and/or providing clinical protocols could facilitate early stroke treatment decisions, but prehospital information availability is likely to be a limiting factor.

Source: Medline

Title: Stroke of undetermined cause: workup and secondary prevention.

Citation: Current opinion in neurology, Feb 2016, vol. 29, no. 1, p. 4-8 (February 2016)

Author(s): Weimar, Christian

Abstract: The purpose of this review is to update the reader on current concepts of workup and secondary prevention in patients with stroke of undetermined cause. Clinical research in patients with cryptogenic stroke has been hampered by the lack of standardized, widely accepted diagnostic criteria. The new definition of 'Embolic stroke of undetermined etiology' postulates an embolic mechanism of ischemic stroke. It is based on the exclusion of lacunar infarction by brain imaging, arterial stenosis more than 50% or dissection of the respective brain-supplying artery by computed tomography/magnetic resonance-angiography or ultrasound, atrial fibrillation by at least 24 h EKG monitoring, as well as some rare etiologies such as vasculitis, drug abuse, or coagulopathies. However, it still comprises many patients with atherosclerotic etiologies (but <50% stenosis) as well as covert paroxysmal atrial fibrillation which can be detected by repeated Holter EKG or an implantable device. A patent foramen ovale can be found in up to 58% of cryptogenic stroke patients, but causality in an individual patient remains uncertain and can only be statistically inferred. The new concept of embolic stroke of undetermined etiology enabled three ongoing randomized controlled trials which investigate oral anticoagulation versus aspirin for secondary stroke prevention.

Source: Medline

Title: Radionuclide Assessment of Left Ventricular Dyssynchrony.

Citation: Cardiology clinics, Feb 2016, vol. 34, no. 1, p. 101-118 (February 2016)

Author(s): Abu Daya, Hussein, Malhotra, Saurabh, Soman, Prem

Abstract: Phase analysis of gated myocardial perfusion single-photon emission computed tomography is a widely available and reproducible measure of left ventricular (LV) dyssynchrony, which also provides comprehensive assessment of LV function, global and regional scar burden, and patterns of LV mechanical activation. Preliminary studies indicate potential use in predicting cardiac resynchronization therapy response
and elucidation of mechanisms. Because advances in technology may expand capabilities for precise LV lead placement in the future, identification of specific patterns of dyssynchrony may have a critical role in guiding cardiac resynchronization therapy. Copyright © 2016 Elsevier Inc. All rights reserved.

**Source:** Medline

**Title:** Post-thoracotomy dysrythmia.

**Citation:** Current opinion in anaesthesiology, Feb 2016, vol. 29, no. 1, p. 26-33 (February 2016)

**Author(s):** Haverkamp, Wilhelm, Hachenberg, Thomas

**Abstract:** This article reviews and summarizes the pathophysiology, risk factors, and the management of arrhythmias in patients undergoing noncardiac thoracic surgery. Cardiac arrhythmias are common findings in the perioperative period, particularly with increasing age. They often complicate the course of the patient’s recovery after operation. The most common postoperative arrhythmia is atrial fibrillation. It requires either a rate or rhythm control strategy, and the need for anticoagulation has to be assessed depending on the duration of the arrhythmia and risk factors. Fortunately, malign sustained ventricular tachyarrhythmias (ventricular tachycardia, ventricular fibrillation) are rare. Acute treatment and, in the absence of a reversible cause, a long-term preventive strategy may be warranted. Transient bradyarrhythmias can be managed by atropine or with temporary pacing. Arrhythmias are common after thoracotomy. Physicians treating patients with postoperative arrhythmias should bear in mind that arrhythmia management does not only comprise a specific therapy for the arrhythmia itself, but also includes the correction of transient and correctable predisposing and causative factors.

**Source:** Medline

**Full Text:** Available from Ovid in Current Opinion in Anaesthesiology

**Title:** Association between serum uric acid and atrial fibrillation recurrence following catheter ablation: A meta-analysis.

**Citation:** International journal of cardiology, Feb 2016, vol. 204, p. 103-105 (February 1, 2016)

**Author(s):** Zhao, Jianping, Liu, Tong, Korantzopoulos, Panagiotis, Letsas, Konstantinos P, Zhang, Enyuan, Yang, Yajuan, Zhang, Zhiwei, Qiu, Jiuchun, Li, Jiao, Li, Guangping

**Source:** Medline

**Title:** e-Comment: There is no magic bullet to predict postoperative atrial fibrillation.

**Citation:** International journal of cardiology, Feb 2016, vol. 204, p. 114. (February 1, 2016)

**Author(s):** Cekirdekci, Elif, Emre, Ender

**Source:** Medline

**Title:** Mitral regurgitation prior to transcatheter aortic valve implantation influences survival but not symptoms.

**Citation:** International journal of cardiology, Feb 2016, vol. 204, p. 95-100 (February 1, 2016)

**Author(s):** Boerlage-van Dijk, Kirsten, Wiegerinck, Esther M A, Takama, Takuro, Koch, Karel T, Vis, M Marije, de Mol, Bas A J M, Piek, Jan J, Bouma, Berto J, Baan, Jan

**Abstract:** Current data about the impact of concomitant mitral regurgitation (MR) on outcome in patients who undergo transcatheter aortic valve implantation (TAVI) are conflicting. Our purpose was to analyze the clinical course of MR and to assess the influence of MR on survival and clinical status after TAVI. We included 375
consecutive patients who underwent TAVI. MR grade and NYHA class were determined before TAVI and at follow-up. In total 171 patients (46%) had MR grade≥2 at baseline and of these 29% improved to MR grade≤1 after TAVI. MR grade=1 at baseline was present in 204 patients (54%) and of these 17% worsened to grade≥2 after TAVI. Improvement of MR was associated with absence of atrial fibrillation (OR: 2.35, 95%CI: 1.17-4.71, p=0.02). Worsening of MR was associated with moderate or more aortic valve regurgitation after TAVI (OR: 4.2, CI: 1.83-9.49, p=0.001). NYHA class improved at follow-up. Baseline MR grade did not determine the degree of clinical improvement (MR grade=1: NYHA ≥3 from 67% to 17%; MR grade≥2: NYHA ≥3 from 69% to 14%). Although patients with MR grade≥2 at baseline improved symptomatically, this degree of MR was associated with reduced two year survival compared with patients with MR grade=1 (mortality 37% vs 26%; HR 1.99; 95% CI 1.27-3.13; p=0.003). In patients who undergo TAVI almost half have MR grade≥2 prior to the procedure. TAVI had no influence on MR grade at follow-up. Although patients with MR grade≥2 at baseline improved symptomatically after TAVI, concomitant MR at baseline significantly reduced two year survival.

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**Source:** Medline

**Title:** Prognostic value of left ventricular reverse remodeling and performance improvement after cardiac resynchronization therapy: A prospective study.

**Citation:** International journal of cardiology, Feb 2016, vol. 204, p. 6-11 (February 1, 2016)

**Author(s):** Menet, Aymeric, Guyomar, Yves, Ennezat, Pierre-Vladimir, Graux, Pierre, Castel, Anne Laure, Delelis, François, Heuls, Sébastien, Cuvelier, Estelle, Gevaert, Cécile, Le Goffic, Caroline, Tribouilloy, Christophe, Maréchaux, Sylvester

**Abstract:** The present study was designed to evaluate the respective value of left ventricular (LV) reverse remodeling (changes in LV end-systolic volume relative to baseline (ΔLVESV)) or LV performance improvement (ΔLV ejection fraction (ΔLVEF) or AGllobal longitudinal strain (GLS)) to predict long-term outcome in a prospective cohort of consecutive patients receiving routine cardiac resynchronization therapy (CRT). One hundred and seventy heart failure patients (NYHA classes II-IV, LVEF≤35%, QRS width≥120ms) underwent echocardiography before and 9months after CRT. The relationships between ΔLVESV, ΔLVEF, ΔGLS and outcome (all-cause mortality and/or CHF hospitalization, overall mortality, cardiovascular mortality, CHF hospitalization) were investigated. During a median follow-up of 32months, 20 patients died and 27 were hospitalized for heart failure. ΔLVESV, ΔLVEF or ΔGLS were significantly associated with all-cause mortality or CHF hospitalization (adjusted hazard's ratio (HR) per standard deviation 0.58 (0.43-0.77), 0.39 (0.27-0.57) or 0.55 (0.37-0.83) respectively, all p<0.01) and all other endpoints (all p<0.01). Patients with ΔLVESV≥15%, ΔLVEF≥10% and ΔGLS≥1% had a reduced risk of mortality or CHF hospitalization (adjusted HR=0.25 (0.12-0.51), p<0.001, adjusted HR=0.26 (0.13-0.54), p<0.001 and adjusted HR 0.38 (0.19-0.75), p=0.006 respectively). Overall performance of multivariate models was better using ΔLVESV or ΔLVEF compared with ΔGLS. Interobserver agreement was excellent for ΔLVESV (Intraclass correlation coefficient - ICC 0.91) and ΔGLS (ICC 0.90) but modest for ΔLVEF (ICC 0.76) in a sample of 20 patients from the study population. LV reverse remodeling assessed by ΔLVESV is a strong and reproducible predictor of outcome following CRT. Compared with ΔLVESV, ΔLVEF and ΔGLS have important shortcomings; poorer reproducibility or lower predictive value. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

**Source:** Medline

**Title:** Relative efficacy and safety of non-Vitamin K oral anticoagulants for non-valvular atrial fibrillation: Network meta-analysis comparing apixaban, dabigatran, rivaroxaban and edoxaban in three patient subgroups.

**Citation:** International journal of cardiology, Feb 2016, vol. 204, p. 88-94 (February 1, 2016)

**Author(s):** Lip, Gregory Y H, Mitchell, Stephen A, Liu, Xianchen, Liu, Larry Z, Phatak, Hemant, Kachroo, Sumesh, Batson, Sarah

**Abstract:** Stroke is the most serious clinical consequence of atrial fibrillation, which is the most common cardiac arrhythmia. Non-vitamin K antagonist oral anticoagulants (NOACs) have emerged as efficacious, safe and convenient stroke prevention agents. This updated network meta-analysis focused on the relative efficacy
and safety of apixaban compared with dabigatran, rivaroxaban and edoxaban for stroke prevention in (i) patients with CHADS2 score ≥2, (ii) secondary stroke prevention, and (iii) patients with high quality anticoagulation control with warfarin. A fixed-effects network meta-analysis was conducted, including data from four Phase III randomised controlled trials (>70,000 patients with non-valvular atrial fibrillation). The results of the base-case analysis comparing NOACs with warfarin were broadly in line with the results from the individual trials. Results from the three subgroup analyses were broadly similar to the base case results. For example in patients with CHADS2 score ≥2, apixaban, high-dose dabigatran, rivaroxaban, and high-dose edoxaban had significantly lower hazards of stroke/systemic embolism compared with low-dose edoxaban. Apixaban and low-dose edoxaban were associated with significantly lower hazards of major bleeding compared with rivaroxaban and dabigatran 150mg. However, several treatment comparisons that were significant in the base-case analysis were not significant in the patient subgroups, due to the reduced sample size of the subgroups compared with the overall population. Among the NOACs, apixaban offered the most favourable efficacy and safety profile in the overall patient population as well as in the three subgroups investigated. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

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Upcoming Lunchtime Drop-in Sessions

The Library and Information Service provides free specialist information skills training for all UHBristol staff and students.

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If you’re unable to attend we also provide one-to-one or small group sessions. Contact library@uhbristol.nhs.uk or katie.barnard@uhbristol.nhs.uk to arrange a session.

**January (1pm)**
- Monday 4th: Literature searching
- Tuesday 12th: Critical Appraisal
- Wednesday 20th: Statistics

**February (12pm)**
- Friday 5th: Literature Searching
- Monday 8th: Understanding articles
- Tuesday 16th: Statistics
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- Haematology
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