

Heart Care Partners Inaugural CME conference

It was with great pleasure that Heart Care Partners held their first Cardiac conference in February of this year at the Outrigger at Mooloolaba on the Sunshine Coast.

Nearly forty GP's attended the "Cardiology Connections" conference, and received 30 CME credit points for the effort. The weekend was a family affair, with all GP's encouraged to bring their partners and children and a great dinner - complete with a magician for the kids. The Heart Care Partners have between them 28 children, so we are pretty family friendly!

Topics included Steve Pavia on Devices in Heart Failure, David Cross on Lipid Lowering, Ben Fitzgerald on CT Angiography, Robert Fathi on stenting, Greg Scalia on implanted Cardiac Devices and Peter Cain on managing Chest Pain (see featured article over). Practical demonstrations were also held in Echocardiography.

This was a great opportunity for the Heart Care Partners and their staff to talk to, meet with and answer queries from GP's and the GP's rated the event extremely highly in their evaluations. Thankyou to all those that attended and took part in this occasion. To those that might have missed out we are launching a new website which, when launched will give you the ability to express interest in next years event, which will be run at around the same time.



▲ And this was before drinks and dinner!



▲ The Magician keeps a card up his sleeve for the children

Patient Information

You might notice Heart Care Partners have reformatted all their publications with a new look. This includes all Patient Information brochures that are currently available on the website.

If you would like your own supply of these brochures to give patients, please phone Donna Pershouse on 3858 8645 or e-mail her on info@wesheart.com.au

She will happily send you out a supply.



Dealing with chest pain in the General Practice setting

What are the key decisions?

So what are the key decisions to be made?

Within a short period you must decide:

1. Is this life threatening?
2. What must I do right now?
3. Do I need to send the patient to hospital? By car or by ambulance?
4. If I send the patient home, what supports should be in place?

There are many causes of chest pain. Thankfully, few (highlighted in red) are immediately life threatening -

Cardiac	Pulmonary	Gastrointestinal	Chest wall	Psychiatric
Aortic dissection	Pulmonary embolus	Oesophagitis	Costochondritis	Panic disorder
Pericarditis	Pneumothorax	Oesophageal spasm	Fibrositis	Depression
Acute coronary syndrome	Pneumonia	Oesophageal reflux	Rib fracture	Somatisation
Stable Angina	Pleuritis	Biliary colic	Herpes zoster	Malingering

Managing patients with chest pain in General Practice can be challenging. Often, there is time pressure, limited facilities and equipment, and little support available.

Initial management should concentrate on a quick differential diagnosis of the likely causes and stabilisation of the patient. As pulmonary embolus and acute coronary syndromes are potentially life threatening diagnoses, you should not wait for a troponin or d-dimer to return before making the decision to send the patient to hospital.

Remember, we are available to give advice if you are unsure - 38588600



Peter undertook advanced training in cardiac magnetic resonance imaging at the Lund University Hospital in Sweden for almost three years. His background includes a PhD from the University of Queensland in the field of stress echocardiography, stemming from a general interest in non-invasive cardiology.

He has a growing consulting service at our Wesley and Mount Ommaney sites. Peter performs and interprets echocardiography, transoesophageal echocardiography, cardiac magnetic resonance imaging, exercise stress testing and stress echocardiography.

Dr. Peter Cain.
Cardiologist, Heart Care Partners

High risk features which should prompt immediate referral to hospital include:

- Any patient who looks 'unwell' with chest pain; eg. sweaty, dyspnoeic, pale etc
- Any patient with ST/T changes and chest pain at rest; especially ST elevation
- Classical angina at rest or on minimal exertion without ECG changes
- A typical pain in high risk patients; eg. multiple cardiac risk factors, prior coronary events.

If you decide to send the patient home, remember to make sure that the patient:

- Lives with a responsible adult and is not far from tertiary care
- Has clear instructions on when to seek additional help
- Has appropriate follow-up instructions
- Has a telephone and is able to call the emergency services - 000
- Is promptly referred for risk stratification as an outpatient (e.g. stress echocardiography for suspected ischaemic heart disease)
- Appropriate treatment is instituted ;e.g. GTN, Aspirin, Beta-blocker for stable angina, pain relief for pleuritis etc.