First-Time ACC.08 Attendee Plans to Return

By Luann Richardson, C.R.N.P., Ph.D.

This year I was a first-time attendee at ACC's Annual Scientific Session in Chicago, and I decided to attend the full-day pre-conference program on Saturday, "Clinical Pharmacology in the Management of Cardiovascular Disease: Exploring Heart Failure, Arrhythmia and Dyslipidemia." Although I teach pharmacology to nursing students and have worked as a nurse practitioner in a cardiology practice for several years, I found that the course refreshed my prior knowledge and taught me much that was new.

The presenters provided detailed, yet practical, information and did a good job of holding everyone's attention throughout the sessions. Some topics that were discussed included problems of long-term diuretic use in patients with heart failure, integration of pathophysiology concepts in choosing agents for heart failure treatment, and emphasis on drug interactions among the many cardiac agents used daily, especially statins.

One of many examples that stuck with me was the information on Amiodarone, a drug we use moderately in our practice. Ideally, baseline testing and monitoring should occur while a patient is on the drug. Specifically, it was suggested that we do a 12-lead EKG during the loading phase and annually thereafter to monitor the QT interval; liver function tests initially and then every six months; an ophthalmology exam initially and prn; pulmonary function tests, possibly at baseline and when/if symptoms occur; a baseline chest X-ray and then annually; and baseline thyroid function tests then two to three times per year. These suggestions alerted me to improvements that we could make in treating our patients.

Near the end of the day, we were able to put it all together with case study discussions. One participant told of patients whose blood pressure improved when they switched from brand name to generic carvedilol. Participants agreed that the improvement was most likely due to better patient compliance because patients could better afford the generic drug.

Another question was asked about warfarin and genetic testing. As we know, warfarin inhibits the vitamin K dependent clotting factors. However, genetic difference in metabolizing enzymes can mean about one-third of patients will need lower initial doses.

Clinical trial information was also integrated into the workshop, and we discussed evidence-based principles briefly. We spent time on the importance of outcome measures and specifically discussed the many times that the opposite of what was theorized actually occurred — for example, the use of post-menopausal estrogen.

This was a valuable session, particularly because it provided non-biased information from experts in the field, and I plan to attend next year's program at ACC.09, March 28 – 31, 2009. I hope to see you there.

Richardson is assistant professor, Duquesne University School of Nursing, Pittsburgh, Pa.

Special Course Offers Path to Excellence

The American College of Cardiology Foundation, along with the American Nurses Association, will be holding a four-day intensive and interactive look at today's key topics in cardiovascular medicine this fall. The program, "Foundations for Practice Excellence: Core Curriculum for the Cardiovascular Clinician," will be Oct. 16 – 19, 2008, at Heart House in Washington, D.C. Intended for advanced nurse practitioners/clinicians, cardiovascular nurses and physician assistants, course content will be case-based and evidence-based and will make use of applicable ACC/AHA guidelines and the newly published Cardiovascular Nursing: Scope and Standards of Practice.

Program Directors are **Eileen M. Handberg, Ph.D., A.R.N.P.,** and **Joseph S. Alpert, M.D., F.A.C.C. Melanie T. Gura, R.N., M.S.N., C.N.S.,** is Nurse Planner.

For more information and to register, go to *www.acc.org/programs/programs.htm.*