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**Davor Miličić, on behalf of Croatian Cardiac Society, and Working Groups for Acute Coronary Syndrome, Clinical Cardiovascular Pharmacology and Interventional Cardiology
Croatian Cardiac Society**

LETTER FROM THE COMMISSION ON DRUGS OF CROATIAN INSTITUTE FOR HEALTH INSURANCE

Subject: The plea for granting the reimbursement of expenses for treatment with clopidogrel in accordance with contemporary European and international guidance

Clopidogrel is a representative of thienopyridine drugs that inhibits thrombocyte aggregation by mechanism which is specific and different from all others anti-thrombocyte drugs such as acetylsalicylic acid. Written and spoken explanations that have been sent for several years by cardiac profession to competent body have helped to finally register drug clopidogrel in Croatia. By that time, clopidogrel has already been registered in all European countries. Till its registrations, only drug available in Croatia was ticlopidine, which is today de facto obsolete drug, considering lower efficiency and considerable higher incidence of potentially dangerous side effects.

In all contemporary cardiac guidance, clopidogrel is indispensable drug among patients with acute coronary syndrome that is myocardial infarction, and always after percutaneous coronary intervention (PCI) with stent implantation, no matter if it is urgent or elective patient.

In existing European and American guidance, clopidogrel is mentioned as condition sine qua non in mentioned indications, where there is no mentioning of ticlopidine as possible alternative. In the guidance, clopidogrel is recommended as lasting therapy within secondary prevention of myocardial infarction and stroke, especially in the case of intolerance of acetylsalicylic acid.

In spite of all current efforts, the only indication for clopidogrel which was acknowledged in Croatia was intolerance of acetylsalicylic acid, in which case the patient is free from the drug expenses. Unfortunately, clopidogrel is not officially approved for the usage in acute coronary syndrome, that is, after urgent or elective PCI with the implantation of intra coronary stent. Our belief is that, that is professionally unacceptable and that our patients have been deprived of the drug that has been in the mentioned cases obligatory and unavoidable part of complicated, contemporary treatment. This problem has, of course, been successfully solved in the most part of European countries.

To conclude, regarding the undoubted and acknowledged importance of clopidogrel for the outcome among patients with acute coronary syndrome, that is, for the outcome of urgent or elective PCI with the implantation of intra coronary stents, we ask from the Commission on drugs to take into consideration our arguments and reach the decision about the reimbursement of expenses for clopidogrel treatment from Croatian Institute for Health Insurance. We ask that in the following specific indications based on The Guidance of European Cardiac Society (which were completely accepted by Croatian Cardiac Society):

1. Clopidogrel should be taken together with acetylsalicylic acid and other therapy to all patients with acute coronary syndrome (STEMI, NSTEMI, unstable angina pectoris);
2. Clopidogrel is obligatory drug within PCI that acts in synergy with acetylsalicylic acid. It should be taken for at least one month after PCI when usual stent is implanted. If intra coronary drug eluting stent is implanted, than clopidogrel should be taken for at least 6 months after the intervention is done.
3. Clopidogrel is indicated as lasting anti thrombocyte prophylaxis within secondary prevention of myocardial infarction and a stroke among all patients who are hypersensitive (don't tolerate) or have proven resistance to acetylsalicylic acid.

We would like to stress out that our suggestion is rather rational so we ask you to urgently approve clopidogrel in the above mentioned undoubted indications, which are generally accepted standard in all existing cardiac European and world guidance.

Considering all mentioned facts, we are convinced that our plea will be resolved in the only right way and as soon as possible, so it could benefit our patients and equal their conditions of treatment with European Union and other developed countries of the world, especially since it is the case that deals with sick people and conditions of vital importance.

Zagreb, 5th May 2007

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DIAGNOSTICS AND TREATMENT OF OBLITERATIVE ATHEROSCLEROSIS DISEASE OF THE LOWER EXTREMITIES

The name for atherosclerosis means the disease of peripheral artery, stenosis, aortoiliac occlusive disease, aneurysmatic disease of aorta and aortic branch. The recommendations are aimed at general practitioners, internists, cardiologists, vascular surgeons and other specialists in their daily professional routine. Working group for angiology of Croatian Cardiac Society has decided to propose the recommendations to our overall medical public. These recommendations have been accepted and conciliated all American professional associations (American College of Cardiology, Heart Association, American Association for Vascular Surgery /Society for Vascular Surgery, society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society for Vascular medicine and Biology and PAD Coalition) since the European guidance are being prepared and they haven't been published yet. In anticipation of European recommendations, we refer all interested readers on original, and complete text of American recommendations published in J Am Coll Cardiol 2006;47:1239-312.

Croatian Cardiac Society and Working group for angiology have accepted and translated mentioned guidelines as the basis for diagnostics and treatment of peripheral arterial disease. In shortened but general way, guidance should be used in wide everyday medical practice in order to improve diagnosing and treating of the patients who suffer from peripheral arterial disease, to improve the way of living of the same, and to lower the cardiovascular risks. In this way, diagnosis and the treatment of obliterative atherosclerosis disease of the lower extremities could participate in improving the level of cardiovascular consciousness and health in Croatia.

(Guidelines could be downloaded on Kardio.hr portal <http://www.kardio.hr>)

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THE MEETING OF THE BRANCH OFFICE OF CROATIAN CARDIAC SOCIETY FOR THE NORTH-WEST CROATIA

The meeting of the Branch office of Croatian Cardiac Society for the North-West Croatia was held on 25th May 2007 in Terbotz Castle, Železna Gora near Štrigova, under the organization of the Department for Cardiology of County Hospital Čakovec and Krka Farma Ltd. There were twenty cardiologists from General Hospital Bjelovar, General Hospital Koprivnica, General Hospital Varaždin and County Hospital Čakovec. The President of Croatian Cardiac Society Davor Miličić, MD, PhD, Professor, the Vice President Mijo Bergovec, MD, PhD, Professor and Hrvoje Vražić MD, from the Clinical Hospital Dubrava Zagreb were host lecturers. In the technical part of the program, Bergovec, Professor and Vražić, MD, presented new guidelines of European Cardiac Society (ESC) for diagnostics and treatment of stable angina pectoris. Professor Bergovec has specially paid attention on a design and the results of recently published COURAGE study which brings into attention new way of treating

stable coronary disease (the comment of this study has already been published in *Kardio list*). Professor Davor Miličić and Tanja Škoda-Marčec, MD, from the Department of Cardiology of the County Hospital Čakovec, had presentation on the therapy of acute coronary syndrome with the special attention on medical therapy and new ESC guidelines for percutaneous coronary intervention (PCI) in acute coronary syndrome. The representatives of Krka Farma Ltd. have presented brief development of the company and they have also represented the number of new cardio products.

During the discussion, a lot of experience and thoughts have been exchanged on the topic of ambulatory care of the patients with stable angina pectoris. The comments on the conclusions of COURAGE study have also been discussed. Professor Miličić and professor Berogvec have also presented their opinion about the new image methods in cardiology (MSCT coronography). It was once again confirmed that the current usage of urgent PCI in acute myocardial infarction with ST elevation (STEMI) on the area of the North-West Croatia is satisfying and that the cooperation with the tertiary centers with the help of telemedicine is excellent. According to professor Miličić's words, the existing network of managing STEMI with territorial formation of certain regions towards tertiary centers should be also used for taking care of other patients with acute coronary syndrome and who are highly risky and have indications for coronarography and revascularization.

The present cooperation on that plan is still not improving smoothly and it should be continually advanced. Of course, in order to do that new needed and suitable financial means are needed. After the official part, gathering was continued on a joined dinner. The new meeting of the Branch office is planned for the beginning of autumn.

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ANNOUNCEMENT

Postgraduate study of permanent medical development "Fast diagnostics, initial treatment and safe transport of the patients with acute myocardial infarction" will be held on 16th June 2007 in Clinical Hospital Sestre milosrdnice in Zagreb. Detailed information can be found on *Kardio.hr* portal.

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Ivana Šakić
Clinical Hospital Center Rebro, Zagreb

THE SIXTH CONGRESS ON ATHEROSCLEROSIS WITH INTERNATIONAL PARTICIPATION

On the Crveni otok in Rovinj from 9th till 12th May 2007 was held the Sixth Croatian Congress on atherosclerosis with international participation. The local and the most famous international experts from this area have held lectures where actual topics concerning atherosclerosis, its epidemiology in Croatia and the world, pathogenesis, factors of risk and all possibilities of its prevention, diagnostics and treatment were discussed. Coronary heart disease, acute myocardial infarction and cerebrovascular disease are all diseases which are result of atherosclerosis. Atherosclerosis is one of the main causes of death in our country. Since atherosclerosis is interdisciplinary disease, many doctors of different specialties have participated on the Congress. Scientific part of the program consisted of 24 lectures and 45 posters which covered topics such as pathology and pathophysiology of atherome, epidemiology of coronary and cerebrovascular disease, hyperlipidemia and dyslipidemia, diabetes, obesity and metabolic syndrome, hypertension, angiography, CT, MR and UZV to estimate atherosclerosis, and atherosclerosis and cerebrovascular disease. All accepted works have been published in the Abstract Book, which is published as a supplement to *Liječnički Vjesnik*. Within the Congress, annual Assembly of Croatian Society for Atherosclerosis was also held. Academician Željko Reiner, the President of the Congress and the President of Croatian Society for Atherosclerosis, has presented population's attitude in his lecture about the prevention of cardiovascular disease and its treatment. However, very frequently has one manifestation of atherosclerotic diseases been put at the side. That disease is the disease of peripheral artery which is also name for atherosclerotic, stenosing, occlusive and aneurysmatic aortic disease and its branches. New guidance was presented on this Congress for diagnostics and treatment of the patients with peripheral aortic disease. Our working group for angiology of Croatian Cardiac Society have presented our medical public

recommendations that were accepted and conciliated by all American professional Associations (American College of Cardiology, American Heart Association, American Association for Vascular Surgery/ Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society for Vascular Medicine and Biology and PAD Coalition) since European guidance are being prepared at the moment and haven't been published yet. During Congress, many pharmaceutical companies have presented their products, and social life consisted of a welcome drink, concert which was held in the castle nearby hotel "Istra" where Congress was held, excursion to Motovun and dinner which was accompanied with fire works.

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ANNOUNCEMENT

Symposium "Acute coronary syndrome: from primary and urgent medicine from county to clinical hospital" will be held on 6th July 2007 in Clinical Hospital Dubrava.

Detailed information can be found on Kardio.hr portal.

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KARDIO LIST – SPONZOR'S PAGE

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OMACOR ON DRUG LIST OF CROATIAN INSTITUTE FOR HEALTH INSURANCE

The latest addition on the Drug list of Croatian Institute for Health Insurance from 15th April 2007 has finally put Omacor capsules (1.000mg of highly refined drug and highly concentrated ethyl ester omega-3 fat acids) on Drug Supplementary List in indication of secondary prophylaxis of myocardial infarction. The additional payment from the patient for a monthly package is 108, 27 Kuna. By doing that, Croatian Institute for Health Insurance has taken in consideration arguments stated by the profession and among others the recommendation of the Working group for cardiovascular pharmacology of Croatian Cardiac Society on the meeting which was held on 22nd November 2006 in Zagreb. Highly refined ethyl ester omega-3 fat acids in secondary prevention of myocardial infarction have proven effect that can be compared with generally accepted standard therapy such as antiaggregational therapy, statins, ACE inhibitors and beta blockers. They represent a part of standard therapy which can not be omitted and which could be seen in guidance for treating myocardial infarction of European Cardiac Society (ESC), American Heart Association (AHH/ACC), and latest British NICE guidance which are now being prepared for publishing. In the above mentioned guidance in the secondary prevention of the patients who suffered myocardial infarction (ESC and NICE), and also the patients with documented coronary disease (AHA/ACC) the use of highly refined ethyl ester omega-3 fat acids is recommended. The dosage should be one gram a day together with other standard therapy. NICE guidance mentions the use of ethyl ester omega-3 fat acids in the dosage of one gram a day. The above mentioned recommendations and guidance are based on the results of clinical research GISSI-Prevenzione which was done among 11000 patients with myocardial infarction. The research lasted 3,5 years where while using Omacor together with standard therapy and Mediterranean food was proven statistically important risk reduction of total mortality for 20%, risk from cardiovascular mortality for 30% and risk from the sudden death for 45%. These positive effects have been accomplished already after 3 or 4 months of treatment with Omacor. This effect omega-3 fat acid is most probably achieved by stabilizing electric potential of myocardial which leads to low possibility of ventricular arrhythmia and so sudden death. Likewise, besides the antiarrhythmic they also have antiatherosclerotic effect that is based on strong anti-inflammatory effect besides antithrombotic and antiaggregational doings. According to the results of GISSI-Prevenzione study yearly therapy of 1000 patients with 1 gram of Omacor prevents death of 5, 7 patients. That could be compared with the results of familiar simvastatin 4S study and LIPID clinical research with pravastatin. This effect can also be reached by consuming fish twice a week, which is known from interventional and epidemiological studies. By stating this we have to keep in mind that yearly fish consumption in Croatia is 9kg per inhabitant. Since the average fish meal has 33

grams, average Croatian eats 27 fish meals a year in one or two weeks which is significantly less than what is recommended for healthy nutrition and prevention of cardiovascular diseases.

Among our people there is a big consuming of omega-3 fat acids preparations which are not classified as drugs, but as food supplements that have non standardized quantity and quality of ingredients. The possibility that the patients that need it can easily provide it, is even more significant.

Hence, the enlisting Omacor on Drug Supplementary List of Croatian Institute for Health Insurance is significant contribution to better therapy of cardiovascular diseases, especially among patients who have already suffered from heart infarction.

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KARDIO LIST – SPONZOR'S PAGE

NEW – on Drug Supplementary List of Croatian Institute for Health Insurance

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**Mario Ivanuša, on behalf of Portal Editors' Office Kardio.hr and Kardio List
Kardio List**

THE FIRST YEAR OF KARDIO LIST

The end of May has marked the first year of Kardio list, the voice of Croatian Cardiac Society. Thanks to our sponsors we have insured the continuity of printed form of the paper, increased the circulation and the number of readers. Together with the written form of the paper, on Kardio.hr portal, Kardio list Online is also available, and from March this year we have been translating it on English.

Since we wanted to hear your opinion we have published 2 mini web-questionnaires. In the first questionnaire, available from 26th March till 30th April 2007 on Kardio.hr we have found out that portal is frequently read. Look at the results on the Table 1.

	Number	Percentage
Once a month	2	4.2
2-3 times a week	11	22.9
When I find time	17	35.4
Every day	12	25.0
	6	12.5

During weekend

Total

48

100.0

Table 1 The results of questionnaire of Kardio.hr portal: How often do you visit portal www.kardio.hr?

In the questionnaire in May 2007, which results are shown in Table 2, we wanted to find out what do you think how often Kardio list should be published. The fact that is encouraging is that 73% of those who have answered on web-questionnaire think that the paper should be published once a month. If you want paper to circulate on Croatian or English, or on both languages is the question for June 2007, on which answers we thank you in advance? In order to make portal and the paper look more attractive and functional we are redecorating them as we speak. We invite you to keep informing us about all your articles, announcements and reports form recently organized gatherings and other reports as well.

	Number	Percentage
I don't have any opinion on the matter	4	13.3
Every two months	2	6.7
Every month	22	73.3
Every six months	2	6.7
Total	30	100.0

Table 2 The results of questionnaire of Kardio.hr portal: How often should Kardio list be published?

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