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CROATIAN REGISTER OF THE PATIENTS WITH CARDIAC FAILURE Version 2.0.

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Kardio.hr editor's office

New Croatian register of the patients with cardiac failure has started to work on the 15th June 2007. Due to complications in working with initial varieties and its incompleteness, with the help of Merck Serono sponsor, the new Register has been made that will be developed on the same server together with portal Kardio.hr. Accordingly, the safety of data will be guaranteed and the help will be given to all users of the Register via e-mail kardio@kardio.hr or web pages <http://82.193.220.34/registar/help.aspx>. Detailed statistics to all users via simple interface will also be enabled so that users can follow data input in the Register and have complete insight in their data. The old variety of the register is still active and can be used only for the survey of old data, but not for the input of the new ones due to the error that has appeared while working.

The new Register is simplified and significantly faster as opposed to the old one, but the model of input has remained the same. All users (new ones and old ones) are asked to register again on the pages <http://82.193.220.34/registar/registracija.aspx> in order to get new password and username. Current data couldn't be transmitted automatically into the Register, but it could be possible by using the method of copy/paste or manual registration and transfer them to the new Register.

'Online help' is also available to all Register users on <http://82.193.220.34/registar/help.aspx> where they can report all problems and give suggestions how to improve the Register or simply send a question concerning any vagueness.

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FEMALE DOCTORS AND MALE DOCTORS OF A NEW GENERATION

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It is well known fact that, in the last few years, the number of interested students for studying medicine is dropping. The number of female students is growing among those who decide to study this difficult but interesting study. Jovic et al. [1] have talked to 52 doctors of both genders and asked about their opinion on generation shift and genders in medicine. They put the examinees in categories: 'Baby Boorners', that include examinees born from 1945 to 1965, and 'Generation X', that include examinees born form 1965 to 1980. All

together they spoke with 34 examinees from the 'Baby Boomers' group and 188 examinees from 'Generation X' group. Written questionnaire was sent to other institutions and 87 examinees from 'Baby Boomers' group have filled it in and 65 examinees from 'Generation X' group. The name 'Generation X' was popularized by Coupland in his work, where this generation was described as cynical, naive, disappointed in today materialistic view of the world, generation that doesn't appreciate anybody or anything.

In previous articles common characteristics of that generation could be underlined and those are: desire for the autonomy and flexible working hours, preference towards new technology, paying attention to family life than to materialistic values, the desire for personal growth, expressing creativity and developing new skills, insecurity and critical view towards organizations and open attitudes to diversity. On the other hand, the members of 'Baby Boomers' group have characteristics of loyalty to managers, and also to work as long and as hard as it takes. The biggest difference between those groups is actually the place which medicine or their working place occupies in their lives. While the members of 'Baby Boomers' group will state that being a doctor is at the first place, and all the rest after that, the younger colleagues will state that the fact that they are doctors is just a part of their identity.

And what about the growing number of women doctors, which is one of the reasons why we talk about feminization of medicine. Jane Flint, MD, in her lecture 'Women in UK Cardiology' [2] has given data that in 2006 18,1% women were on specialization from cardiology compared to 2005 where there were only 16,4%. She also stressed out that women should be further encouraged in choosing cardiology as their specialization. For example, in 1981 in Canada among doctors population there were only 13% women, and in 2005 31,3%. Such trend of increasing number of women in medicine is also present in the USA and in other European countries. The question that rises here is how that demographic trend will influence on the care of patients, health system and doctors careers in general. Some surveys show that the women doctors, as opposed to male doctors, show more tendencies towards multidisciplinary approach to care and treatment of the patients. And what about their private aspect of life? The survey has also shown that motherhood can aggravate the combination of balanced life with satisfying career. One of the reasons is that highly educated women, and that especially refers to women doctors, more frequently choose their partners with responsible demanding job as well, while male doctors choose their partners with less demanding jobs. The recent survey shows that the male doctors take over only 19% care of children and that they do only 26% of domestic jobs, while women doctors do two thirds of both jobs. The society still expects from women to put in the first place a family, while such thing is not expected from men.

How is the situation in Croatia? Polašek et al [3] have done a study which aim was to investigate desires concerning the choice of specialization among students in the final year of the Medical faculty in Zagreb. The lowest interest was for the specialization of general practice, anesthesiology and radiology, and the biggest was in specialization of otorhinolaryngology (ORL) and orthopedics. One third of the students have stated that while signing the faculty they had already known which specialization they would like to practice. At the end of the study three most common specializations were internal medicine (12,6%), pediatrics (10,2%) and surgery (8,7%), while one quarter of the students (24,4%) before their education wanted one of the so-called specialization with the possibility to control the life style.

Šakić, Sušac, Štrelović, Strineka and Strizić in June 2007 have done a survey where 90 doctors have participated (Šakić, I. unpublished data 2007). The most of the participants have graduated in 2006, and six of them have graduated in 2005. By using phone, e-mail or orally 3 questions were asked:

'What is at the first place for you, family or job?' 'What would you like to specialize?' 'Would you like to work for pharmaceutical company?'

From 56 asked female doctors 11 of them have answered that their work is on the first place. 14 of them answered that they would like to specialize in internal medicine, but from those 14 nine have mentioned together with internal medicine gynecology, dermatovenereology, neurology and family practice. 3 of them would specialize neurology, epidemiology 1, gynecology 8, physical medicine 6, dermatovenereology 8, surgery, psychiatry 5, pediatrics 7, anesthesiology 3, ophthalmology 4, family medicine 3, radiology 2, and ORL and infectology one female doctor each. Four female doctors declared that they don't know what would they specialize in and that they are not sure are they going to practice medicine work at all in the future. 10 of them have answered on the question that they couldn't work in pharmaceutical company, and only one of them stated that she sees a new beginning and the end of her career in that job. Others could do that job only temporarily while waiting for their specialization.

From 34 male doctors only 5 answered that their job is on the first place concerning the

question is job or family at the first place. The answer to the question what would they like to specialize they didn't restrict to one specialization. So 10 of them would like to specialize in internal medicine, 10 ORL, 1 gynecology, 2 pediatrics, 1 orthopedics, 3 urology, 2 ophthalmology, 4 surgery, 2 psychiatry, 2 radiology, 1 oncology, 3 of them stated any kind of specialization, while 2 of them did not know what should they specialize in. On the question whether they would work in pharmaceutical company they gave more or less similar answers as their female colleagues. So one colleague said that he saw in pharmaceutical company the beginning and the end of his career, 5 of them stated that they couldn't do that job, while the rest stated that they could do it temporarily. Doctors from both genders think that pharmaceutical companies offer better possibilities for easy going life in the sense of better profit and easier progress, and accordingly less stress. What can be expected from them, that are already called 'Generation Y', how they will differ from their older colleagues is there to be seen.

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NEW GUIDELINES OF THE EUROPEAN SOCIETY OF CARDIOLOGY

GUDIELINES FOR THE DIAGNOSIS AND TREATMENT OF NON-ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROME

The Task Force for the Diagnosis and Treatment of Non-ST-Segment elevation Acute Coronary Syndromes of the European Society of Cardiology in the European Heart Journal has published new guidelines for the diagnosis and treatment of non-ST-segment elevation acute coronary syndrome on 14th June 2007. The guidelines are available after registration on European cardiac society's portal (www.escardio.org) or in journal (<http://eurheartj.oupjournals.org/>).

EUROPEAN SOCIETY OF HYPERTENSION AND EUROPEAN SOCIETY OF CARDIOLOGY 2007 GUIDELINES FOR THE MANAGEMENT OF ARTERIAL HYPERTENSION

New ESH-ESC guidelines are published on 17th European congress on Hypertension, which was held in Milan from 15th till 19th June 2007. The guidelines can be downloaded on European society for hypertension's portal (<http://www.eshonline.org>) or European cardiac society's portal (<http://www.escardio.org>).

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2ND CROATIAN MEETING ON METABOLIC SYNDROME

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Under the organization of the Department of Cardiovascular Diseases Clinical Hospital Split and Croatian Cardiac Society with the sponsorship of pharmaceutical companies Solvay Pharma and GlaxoSmithKline, on 17th March 2007 postgraduate course named 2nd Croatian meeting about metabolic syndrome was held in Split. There were 100 doctors of family

medicine, internists-gastroenterologists and cardiologists, specialists of occupational medicine and other specializations. The lecturers were eminent experts from cardiology, endocrinology and gastroenterology from Zagreb, Rijeka and Split. The importance of healthy living, regular nutrition and adequate (daily) physical activity was emphasized in order to prevent this 'plague' of modern person of western civilization. It is assumed, that almost one quarter of population in the Republic of Croatia is overweight. The importance of the prevention and treatment is significant, not only in such big percentage, but also in increased number of cardiovascular mortality (2-4 higher mortality than in other population). On the Course all methods of medication, endoscopic and surgical treatments of this condition, overweight, are elaborated. The Course attendants got CD with the content of the lectures and the most important slides, and for the Kardio list readers, surveys and presentations are available for downloading on Kardio.hr portal.

Zvonko Rumboldt, MD, PhD, Professor – Metabolic syndrome – introductory notes

Stojan Polić, MD, PhD, Professor – The position of moksonidine in the treatment of Arterial Hypertension among patients with metabolic syndrome

Drago Rakić – MD, PhD, Professor – Cardiovascular percentage and mortality among patients with metabolic syndrome

Davor Miličić – MD, PhD, Professor - Obesity and cardiovascular diseases

Luka Zaputović, MD, PhD, Professor – The efficiency of treating obesity to reduce cardiovascular risk – unused possibilities?

Slaven Kokić, Assistant Professor, PhD, MD – The role of rosiglitazone in the treatment of metabolic syndrome

Davor Štimac, MD, PhD, Professor – The position of intragastrical balloon in the treatment of patients with overweight

Zvonko Rumboldt, MD, PhD, Professor – Metabolic syndrome – conclusions.

The leading problems of today developed world

1. we eat too much
2. we don't walk enough
3. we are constantly under stress

Next meeting, the third one, is meant to be held in March 2009.

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HEARTFAID MB AND STAB MEETING IN ZAGREB

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From 21st to 23rd June 2007 the 5th working meeting due the occasion of EU FP6 project HEART-FAID (Support for the Medical – clinical Management of Heart Failure within Elderly Population) was held in Zagreb under the organization of the Department of Electronics on 'Ruđer Bošković' institute. The basic aim of this three years long cardiac-computer project, which budget is 3.2 million EUR, is building the platform of computer services in order to give help while making decisions among patients older than 65 with diagnosed heart failure. Consortium that participated in this project consisted of scientists from 10 institutions from European Union and the Department of electronics on 'Ruđer Bošković' institute from Croatia. The project uses and develops the most modern computer techniques and represents interdisciplinary work of scientists with different profiles. The head of the project is Domenico Conforti, MD, PhD, Professor, University of Calabria, Italy.

The meeting passed by in pleasant but above all working atmosphere. The report was given on achieved results in the last seventeen months of project realization and on future plans. The data and representation of medical knowledge gathered in 'Universita Magna Graecia di Catanzaro' from Catanzaro, 'Universita degli studi di Milano Bicocca' and 'Istituto Auxologico Italiano' from Milan, 'Jagiellonian University Medical College' from Krakow were presented. The first working prototypes of odontology heart failure and algorithm of needed activities in certain circumstances, and prototype of data transfer and related middle part of future platform were also presented. Satisfaction with present results was shown and the stress was put on the activities which should be improved till the next meeting in Krakow at the

beginning of October this year.

Organizer and the host of the meeting, the Department of electronics IRB (Dragan Gamberger, MD, PhD, Senior Scientist and Head of the Laboratory, Tomislav Šmuc, MD, PhD, Senior Research Associate and associates) have put an enormous effort that resulted in perfect organization of the meeting. Davor Miličić, MD, PhD, Professor, the president of Croatian Cardiac Society has greeted the meeting and stated that HEARTFAID project is an excellent example of multidisciplinary cooperation in very important problem of contemporary cardiac practice with the need and hope in future successful cooperation in other important projects. The eminent guests were Gianfranco Parati, MD, Professor (University of Milano 'Bicocca'), Mariaconseuli Valentini, MD, Assistant Professor (Istituto Auxologico Italiano, S. Luca Hospital, Milan), Katarzyni Styczkiewucy, MD (Jagiellonian University Medical College' Krakow), Angeli Sciacqua, MD (University Magna Graecia di Catanzaro from Catanzaro). They were hosted by a member of Scientific External Advisory Board project and a stringer of the Department of electronics IRB chief physician Goran Krstačić, MD, PhD, from Polyclinic for the prevention of cardiovascular diseases and rehabilitation. Hosts had also shown the glimpse of our history and the beauty of our capital city, and our guest had also chance to enjoy in culinary achievements of Croatian cuisine, especially on a special dinner organized under the sponsorship of pharmaceutical company Belupo.

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KARDIO LIST – SPONZOR'S PAGE

**POSTGRADUATE COURSE OF PERMANENT TRAINING:
FAST DIAGNOSTICS, INITIAL TREATMENT AND SAFE TRANSPORT OF THE PATIENTS
WITH ACUTE MIOCARDIAL INFARCTION.
WHAT HAVE WE LEARNED, AND WHAT DO WE KNOW?**

Vjieran Nikolić Heitzler, Zdravko Babić
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Postgraduate course of permanent training under the name "Fast diagnostics, initial treatment and safe transport of the patients with acute myocardial infarction" was held on 16th June 2007 in multimedia center in Clinical hospital Sestre milosrdnice in Zagreb. The head of the course were Vjieran Nikolić Heitzler, MD, PhD, Professor and Zdravko Babić, MD, MS, representing the Department of Cardiovascular Diseases from Internal Clinic of Clinical Hospital Sestre milosrdnice and Working group for Acute Coronary Syndrome of Croatian Cardiac Society. Others lecturers were: Dubravko Petrač, MD, PhD, Professor; Vesna Degoricija, MD, PhD, Assistant Professor; Hrvoje Pintarić, MD, MS; Šime Manola, MD; Krešimir Štambuk, MD; Ivo Darko Gabrić, MD; Mirella Sharma, MD; Matijas Trbušić, MD. There were 60 physicians on the course from Emergency Hospital Services Zagreb, Emergency Hospital Services Sisak, Emergency Hospital Services Karlovac, General Hospital Karlovac and General Hospital "Dr Ivo Pedišić" Sisak.

All participants of the course from emergency and county hospital have shown big interest for all subjects from theoretical and practical part of the course. Lecturers insisted on practical part of the lecture so in that way many useful things were repeated which are necessary for early diagnosis, treatment, transport and possible complications among patients with acute myocardial infarction. Very good choice was putting on the agenda lecture and workshop that dealt with cardiopulmonary reanimation, since it raised a lot of interest. During the course, each lecturer and course were graded according to two questionnaires. Participants have graded all lecturers with an excellent grade for their expert knowledge, the quality of the presentation and usefulness of learned knowledge in everyday work thus the organizers have got u number of useful information for the future courses. At the end, the test for all participants was done and it was used for revising the learned knowledge. The course was marked with seven points by Croatian Medical Chamber for listeners and with nine points for lecturers. The wish of organizers is to organize such a course twice a year, and to share knowledge with all participants from there counties and towns throughout all Croatia. The next course will be held in October this year, we hope as Postgraduate course of I. category of Medical Faculty in Zagreb. At the end we would like to thank pharmaceutical company Krka-Farma that has helped us financially so this course could be held.

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KARDIO LIST – SPONZOR'S PAGE

CORYOL

Pills carvedilol

3.125mg, 6.25mg, 12.5mg, 25mg

The best for treating the patients with:

- essential hypertension
- stable angina pectoris
- cardiac failure

Ingredients: one pill contains 3.125, 6.25mg, 12.5mg, 25mg of carvedilol

Indications and dosage: essential hypertension: 12.5mg – 50mg once a day or divided into two dosage. Chronic stable angina pectoris; 12.5mg – 50mg twice a day (patients older than 70 are given 25mg twice a day). Dosage should be increased gradually. Chronic heart failure: 3.125mg – 25mg twice a day (patients heavier than 85kg is given 50mg twice a day).

Dosage should be increased gradually. Contraindications: Hypersensitivity to any drug ingredients; bronchial asthma or chronic obstructive lung disease, unstable heart failure or heart failure (NYHA, class IV) which asks for inotropic intravenous treatment, pulmonary hypertension, pulmonary heart, cardiogenic shock, difficult brachycardia, sick sinus syndrome or AV block of the second or third degree (except among the patients who have implanted heart electro stimulus) Giving Coryol is not recommended in liver failure.

Special warnings and precautions: at the beginning of the treatment or after the dosage is increased patients can undergo through some changes like pressure drop, especially when getting up. Using Coryol shouldn't be stopped abruptly. Very rarely Coryol can cause liver failure. Caution is also needed while giving Coryol to the patients who suffer from heavy metabolic acidosis. Safety and efficiency of Coryol is not defined among patients younger than 18.

Interaction: patients are advised that during taking Coryol they shouldn't take any alcoholic drinks. Patients who are taking intravenous verapamil or diltiazem shouldn't take Coryol. Careful dosing is really necessary while simultaneously treating with some anti-arrhythmic agents, narcotics, anti-hypertensive drugs, drugs for treating angina pectoris, drugs that exploit catecholamine supply, heart glycosides, drugs that stimulate or inhibit liver enzymes (CYP-206), clonidine, hyperglycemic

Pregnancy and lactation: Drug shouldn't be given during pregnancy, unless in emergency cases when positive expected results for mother overcomes the risk harmful for baby.

Lactation is not recommended if treated with Coryol.

Side-effects: side effect are mild and passable. Indigestion, hypotension that causes dizziness (specially while getting up), brachycardia, fatigue, insomnia, muscle ache, joint ache, limb coldness, mouth dryness and lowering the amount of tear production

Overdosage: if it comes to an overdosage, some measures should be taken so that unabsorbed pill is removed from the body. While doing that vital functions of the body should be constantly monitored

Medicine distribution: only on medical REFERENCE

Package: 28 pills of 3.125mg, 6.25mg, 12.5mg or 25mg

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THE RESULTS OF MINI QUESTIONNAIRE OF KARDIO.HR PORTAL FROM 1ST JUNE TO 2ND JULY 2007

Mario Ivanuša, Lovor Banfić

Editors' office Kardio.hr

On the question on which language should Kardio list be received all together 38 responses.

	Number	%
Kardio list should be on Croatian language	31	81,6

Croatian and English language	5	13,2
English language	2	5,3
total	38	100,0

During July and August we would like to hear your opinion should Kardio list be internationally indexed, so we invite you to answer our new question.

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**ACCF/ASE/ACEP/ASNC/SCAI/SCCT/SCMR
2007 APPROPRIATENESS CRITERIA FOR TRANSTHORACIC and TRANSESOPHAGEAL
ECHOCARDIOGRAPHY**

New American Criteria for rational usage of transthoracic and transesophageal echocardiography are published on 15th June 2007 in Journal of American College of Cardiology. You can download them on web pages of journal (<http://content.onlinejacc.org>).

LECTURE 'GENETIC AND MOLECULAR BASES OF CARDIAC ARRHYTHMIAS'

Hugues Abriel, MD, Professor, from University of Lausanne, Switzerland will held a lecture 'Genetic and molecular bases of cardiac arrhythmias' on 21st September 2007. The lecture will be at 12 o'clock in the Department of Heart and Vessel Diseases Clinical Hospital Dubrava, Zagreb.

IMPRESSUM:

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