



Ostalo

Other

Sastanak Hrvatskog kardiološkog društva Podružnica sjeverozapadne Hrvatske u Daruvaru

Meeting of the Croatian Cardiac Society - Croatian North-Western Subsidiary in Daruvar

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Dana 20. ožujka 2009. godine u Daruvaru je održan sastanak Podružnice Hrvatskog kardiološkog društva sjeverozapadne Hrvatske. Domaćini sastanka bili su liječnici i medicinske sestre Djelatnosti za interne bolesti Opće bolnice Bjelovar. Sastanku je prisustvovalo sedamnaest liječnika iz Koprivnice, Varaždina, Krapinskih Toplica, Zaboka i Pakraca. Dan je bio hladan, padao je snijeg, te je to najvjerojatnije bio razlog što sastanku nisu nazočili kolege iz Čakovca. Teme sastanka bile su vezane uz zbrinjavanje akutnog infarkta miokarda (AIM).

Skup je otvorio Predsjednik Podružnice HKD SZ Hrvatske dr. Dubravko Tršinski. Nakon uvodnog dijela, skupu se obratio dr. sc. prim. Mario Ivanuša i gostima je ukratko predstavio Bjelovarsko-bilogorsku županiju. Predstavnik sponzora sastanka — farmaceutske tvrtke "Krka-Farma" dr. Vedran Trampuž, održao je kratku prezentaciju o deset godina generičkog simvastatina (Vasilip®) u kojoj je prikazao kako ovaj dobro poznati hipolipemik ima iza sebe brojna klinička ispitivanja kojima je dokazana njegova jednaka učinkovitost i dobra podnošljivost, kao i kod originatora. Predstavnik drugog sponzora — dipl. ing. Damir Kanceljak iz tvrtke "Kardian", zastupnika za uređaje tvrtke "Zoll", predstavio nam je novosti iz programa. Monitori-defibrilatori koje svakodnevno koristimo, dodatno su informatički unaprijeđeni (*Real CPR Help, See Thru CPR*), a novost je *AutoPulse* uređaj za mehaničku masažu srca čiji softver omogućuje automatsko podešavanje dubine i frekvencije pritisaka prsnog koša koji se prenosi na veću površinu, tako da je izbjegnuta mogućnost frakture sternuma.

On 20th March 2009 a meeting of the Croatian Cardiac Society North-Western Subsidiary was held in Daruvar. Physicians and nurses of the Department of Internal Medicine, Bjelovar General Hospital were hosts to the meeting. The meeting was attended by 17 physicians from Koprivnica, Varaždin, Krapinske Toplice, Zabok and Pakrac. The day was cold and it was snowing which must have been the reason why the meeting was not attended by our colleagues from Čakovec. The meeting themes were related with management of acute myocardial infarction (AMI).

The meeting was opened by the President of the Croatian Cardiac Society Subsidiary Dubravko Tršinski, MD. After the introduction, the meeting was addressed by Chief Doctor M. Ivanuša, PhD and he briefly presented the County of Bjelovar and Bilogora to the guests. The representative of the meeting sponsor — pharmaceutical company "Krka-Farma" Vedran Trampuž MD, gave a short presentation about 10 years' generic simvastatin (Vasilip®) in which he showed how this well known hypolipemic had undergone a series of studies which proved its same efficiency and good tolerance as with the originator. The representative of the second sponsor — Damir Kanceljak, B.Sc. (Eng.) representing the company "Kardian" an authorized distributor for devices of the company "Zoll", presented us some novelties from their product range. Monitors-defibrillators used by us are additionally upgraded in terms of IT (*Real CPR Help, See Thru CPR*), and the novelty is *AutoPulse*, the device for mechanical chest compressions, the software of which enables an automatic adjustment of depth and chest pressure frequency that is transferred to a larger surface preventing thus a possibility of sternum fracture.



U nastavku je prim. Ivanuša govorio o iskustvima i problemima u zbrinjavanju pacijenata s akutnim koronarnim sindromom. Bjelovarsko-bilogorska županija je u sklopu projekta mreže zbrinjavanja AIM nabavila prijenosne defibrilatore tvrtke "Zoll", koji imaju i funkciju monitora EKG-a i mogućnost telemedicinskog slanja 12-kanalnog EKG-a iz ispostava domova zdravlja Bjelovarsko-bilogorske županije (Bjelovar, Garešnica, Čazma, Daruvar, Grubišno Polje) u Opću bolnicu Bjelovar. Svrha je takvog prijenosa informacije, da se pacijenti s infarkt, nakon konzultacije s dežurnim internistom iz Bjelovara, šalju iz udaljenih dijelova županije direktno u kliničku bolnicu. Time se izbjegava gubitak dragocjenog vremena tijekom transporta do dvorane u kojoj postoji mogućnost perkutane koronarne intervencije (PCI). Podaci s područja Bjelovarsko-bilogorske županije govore da je telemedicinski pristup slanja 12-kanalnog EKG-a, unatoč modernoj tehnologiji i edukaciji rijetko korišten. Najviše telemedicinskog slanja EKG-a bilo je u prvoj godini funkcioniranja mreže, a nakon provedene edukacije liječnika hitne medicinske pomoći i obiteljske medicine iz područja EKG-a i reanimacije.

Prof. dr. sc. Vjeran Nikolić Heitzler je govorio o pristupu pacijentu s AIM. Istaknuo je poznati princip, kako bi se kod pacijenta s AIM praćenim elevacijom ST-segmenta koji ne traje dulje od tri sata, trebalo najprije primijeniti fibrinolitiku terapiju, a zatim unutar 24 sata učiniti PCI. Od fibrinolitika, na raspolaganju imamo najčešće samo streptokinazu, koja ne omogućuje dovoljan stupanj rekanalizacije, a učinkovitiji fibrinolitici zbog skupoće nisu u rutinskoj upotrebi. Zbog financijskih razloga u našoj zemlji se premalo koriste i DES — stentovi koji otpuštaju lijekove. Kako je navedeno, visokorazvijene zemlje, koje itekako vode računa o zdravstvenoj potrošnji, koriste DES često, iako su oni u startu znatno skuplji od običnih metalnih stentova. DES su i dugoročno isplativiji jer je kod njih znatno manje restenoza i potreba za ponovnim intervencijama. Prof. Nikolić je naglasio kako je potrebno jednako ozbiljno pristupiti pacijentima s akutnim koronarnim sindromom iako nemaju infarkt sa ST-elevacijom. U skupini tih pacijenata često se radi o dijabetičarima i osobama ženskog spola koje su starije dobi i često netipičnom kliničkom slikom, zbog čega se često AIM kasno prepoznata, a time je mogućnost komplikacija i nepovoljnog ishoda bolesti veća.

Spomenute teme su nam bile jako interesantne, tako da je predavanje prof. Nikolića, više u vidu dijaloga sa svima nazočnima, potrajalo duže od planiranog vremena. U diskusiji su i razmjenjivana naša iskustva iz svakodnevnog rada. Funkcioniranje *Hrvatske mreže urgentne PCI* još uvijek nije zadovoljavajuće. I dalje pacijenti s infarkt stižu u bolnicu relativno kasno, a liječnici primarne zdravne zaštite gube prvotni entuzijazam u suradnji s nama. Možda je potrebno obnoviti edukacije. Još uvijek je premala informiranost javnosti o simptomima AIM, što također ima za posljedicu relativno kasni početak liječenja.

Zaključno se može reći da se ovakovi susreti dobro došli, jer doprinose unaprijeđenju našeg rada i boljoj suradnji.

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Later, Dr. Ivanuša spoke about his experience and problems in management of patients with acute coronary syndrome. The County of Bjelovar and Bilogora purchased, within the AMI management project, some portable defibrillators produced by the company Zoll that are supplied with a function of a ECG monitoring and a possibility of telemedicine transmission of 12-lead ECG from the Public Health Center branches of the County of Bjelovar and Bilogora (Bjelovar, Garešnica, Čazma, Daruvar, Grubišno Polje) to the Bjelovar General Hospital. The purpose of such transfer of information is that the patients with infarction after having consulted a duty specialist in internal medicine from Bjelovar, should be sent from remote parts of the County directly to the clinical hospital. This is the way how we prevent wasting precious time transporting patients to the cath lab where percutaneous coronary intervention (PCI) may be performed. The information from the region of the County of Bjelovar and Bilogora imply that the telemedical approach of transmission of 12-lead ECG is despite modern technology and training rarely used. The greatest scope of telemedical sending of ECG was recorded during the first year of network operation following the training of emergency and family physicians in the area of ECG and reanimation.

Prof. V. Nikolić Heitzler, MD, PhD has already spoken about an approach to a patient with AMI. He pointed out the same principle that a patient with ST-segment elevation myocardial infarction not lasting longer than three hours, should first undergo fibrinolytic therapy followed by PCI to be performed within 24 hours. Among fibrinolytics, we usually have only streptokinase that does not enable a sufficient degree of recanalization, while some more efficient fibrinolytics are not commonly used due to their high price. Due to financial reasons they and drug eluting stents, (DES) are used too little. As Prof. Nikolić mentioned earlier, highly developed countries that certainly take care of medical consumption, frequently use DES although they are at the beginning much more expensive than ordinary bare metal stents. DES are more cost-effective in the long term since they are more efficient in avoiding restenosis and a need for repeated interventions. Prof. Nikolić pointed out that patients with acute coronary syndrome are to be seriously approached although they do not suffer from infarction with ST-elevation. Regarding the group of NSTEMI patients, they are usually diabetics and female who are elderly persons and frequently show atypical clinical manifestations which is the reason why AMI is frequently recognized somewhat later, thereby increasing a possibility of complications and a negative outcome of the disease.

We found the above mentioned topics very interesting, so the lecture by Prof. Nikolić was extended in a form of dialogue with attendees that lasted longer than what we had planned. During the discussion we exchanged our daily work experience. Functioning of the *Croatian Primary PCI Network* is still unsatisfactory. Patients with AMI come to hospital rather late and primary healthcare physicians have lost the original enthusiasm in cooperation with us. It may be necessary to organize training courses again. The public still has too little information about the AMI symptoms which is also a reason for starting a treatment relatively late.

It may be concluded that such gatherings are welcome because they lead to improvement of our work and better cooperation.