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THE WORLD HEART DAY IN OPATIJA ON THE 3Oth SEPTEMBER 2007

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In Primorska-Goranska County, on Sunday, 30th September 2007, World Heart Day on Slatina in Opatija was celebrated. Under the heading "Together to the healthy heart" the emphasis was also to stress the importance of the prevention of the development of heart and blood vessel diseases, which are number one leaders and cause of deaths.
On some factors such as age, gender and genetic characteristics can not be influenced, but those that could be fought against are much bigger. Stopping smoking, moderate weight, reduction of obesity, treating high pressure, regulation of higher fat in blood and regulation

of glucose values in blood are some of the efficient measures on which an individual can influence in order to lower the risk of getting cardiovascular diseases. It is also worth mentioning the importance of family support, friends and wider community in order to gain healthy living habits as to keep the healthy heart. Since it is never too much to stress the importance of prevention, the prevention has been talked about on this year's press conference when celebrating Heart Day. The press conference has been held within the Congress of Cardiologists and Cardio surgeons of Mediterranean countries where Professor Davor Miličić MD, PhD held a speech. Professor Luka Zaputović, MD, PhD, has addressed the audience on Slatina in Opatija. He stressed out the importance of the prevention and also the charter on healthy heart which was issued by European cardiac society as the recommendation to leaders of European countries on how to lead public healthy policy in order to prevent the diseases of blood system.
This years' celebration of the World Heart Day in Primorsko-Goranska County has been held under the patronage of the City of Opatija, and under the organization of the City organization of Red Cross, Thalassotheraphy Opatija, Medical Faculty of the University of Rijeka, the Department of cardiovascular diseases of Internal clinic of Clinical Hospital Centre Rijeka and the Institute for public heath of Primorsko-Goranska county. Volunteers of Red Cross have taken blood pressure to all interested visitors while cardiologists from Thalassothepahy Opatija have supported this praised action by giving their medical advice. This event was fulfilled with the appropriate entertaining program, and "Dukat" company from their program "Healthy habit" has presented to the citizens, their dairy product for natural lowering of cholesterol in blood, "Dukatol". There were number of newspaper, radio and television representatives who adequately covered this years' central manifestation of celebrating World Heart Day, and such they gave important contribution to medical education of citizens.

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REPORT ON THE SECOND CROATIAN ECHOCARDIOGRAPHIC SYMPOSIUM WITH INTERNATIONAL PARTICIPATION

Viktor Peršić
The President of the Organizational Committee

The second Croatian echocardiography symposium with international participation under the organization of Thalassotheraphy in Opatija and Croatian Cardiac Society, has gathered 190 cardiologists from the country and abroad. It was successfully organized in the period from 11th till 13th October 2007 in Opatija. International and Croatian lecturers were: G. Bajraktari, M. Čikeš, J. Gorcsan, A. Matana, G. Miličević, D. Miličić, J. Mirat, N. Nanda, V. Nikolić-Heitzler, V. Perišić, F.J. Pinto, D. Planinc, I. Sokol, J. Vincelj, I Vlasseros and D. Žagar. They held many noticeable lectures, and special edition of Kardio list (http://kardio.hr/slike5/-opatija3.pdf) has gathered all summaries of symposium, that completed the gathering motto: Cardiovascular ultrasound – from presentation to knowledge in clinical cardiology. The ultrasound workshop from the basis of echocardiography presentation has preceded the central event and it was intended for specialists and colleagues without previous experience in heart ultrasound. 30 participants participated in this workshop.
We would like to thank all lecturers and honorable colleagues-participants of the symposium, who, by active participation, have contributed to the complete success of this gathering. To Croatian Cardiac Society and its President Professor Davor Miličić MD, PhD and editor in chief o Kardio list Mario Ivanuša MD, PhD we would like to express special appreciation.

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PROF. ABRIEL'S LECTURE ON GENETIC ASPECTS OF HEART ARITHMIA

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It is our great honor to inform you that on Friday, 21st September 2007 in Clinical Hospital Dubrava in Zagreb, Professor Hugues Abriel MD, from University of Lausanne, Switzerland was a guest in the Department for cardiovascular diseases. Professor Abriel is one of the leaders among European experts when it comes to genetic analyses of heart disease.
The topic was genetic aspects of heart arrhythmia with the stress on the most common – Brugada syndrome and prolonged QT–interval.
From all interesting information it is worth mentioning that mutated gene SCNA5, which has been only connected to Brugada syndrome by now, could also be found in many other entities such as in some types of prolonged QT-interval, among some patients with dilatative cardiomyopathy, idiopathic atrial fibrillation etc.
Furthermore, three more genes were discovered among patients with Brugada syndrome. It was stated that the prevalence of both syndromes is about 1:5.000 and according to that and to discovered number among us the conclusion can be made that the real number in Croatia is far bigger from currently diagnosed. We have to pay more attention on the above mentioned syndromes in differential diagnoses, especially on unclear syncope among young and middle aged men.
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CROATIAN NETWORK OF URGENT AND PERCUTANEOUS CORONARY INTERVENTION: RESULTS FROM THE FIRST PHASE

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In treating of acute myocardial infarction with ST-elevation (STEMI) it is undoubtful that urgent reperfusion of occluded coronary arteries with methods of percutaneous coronary intervention (PCI) is superior treating method as opposed to all pharmacological therapy, including thrombolysis (1-3). More studies (4-6) have proven that the patients with that type of myocardial infarction should be better to be transported to the center that has possibility of urgent cardiac interventional treatment than to start with the thrombolysis and other pharmacological treatment on secondary, or even primary, level of medical health care.
All studies have shown that such transport, under certain circumstances, is safe and manageable and it ensures better results, specially concerning lower mortality, lesser number of reinfarction and lesser number of strokes among patients where it was managed.
After publishing the results, the authors of this article as leaders of Working Group for Acute Coronary Syndrome and Croatian Cardiac Society, have started with forming Croatian network of urgent PCI. After number of organizational activities Croatian network, thanks to the decision made by the Ministry of Heath and Social Welfare in the mid 2005, was introduced in the system of medical health care and it has become daily and permanently its part. By publishing the results on cardiac gatherings, Croatian network has been recognized among domestic and international cardiac public (8,9).
At the beginning of September 2007 statistical data was gathered about treating patients with STEMI in Croatia throughout two years from the beginning of September in 2005. The results were published on the 19th annual meeting of Mediterranean association of

cardiologists and cardiac surgeons held in Opatija at the end of September 2007 (10). 1200 patients were included in this research. All of them were treated with urgent PCI in eight centers (Clinical Hospital "Sestre milosrdnice", Clinical Hospital Centre Zagreb, Clinical Hospital Dubrava and General Hospital Sveti Duh Zagreb, Clinical Hospital Center Rijeka, Clinical Hospital Split, Special Hospital Magdalena Krapinske Toplice, and Clinical Hospital Osijek). Almost half of the above mentioned patients were transported from the hospitals that were not capable to offer them interventional treatment. Early complications and the end of the treatment, as well as late complications and the result of 6 month outcome were analysed.

The basic conclusion is that Croatian network of urgent PCI has proven its justifiability of existence. Transported patients had the same amount of frequency of complications and mortality as those that were directly admitted in the above mentioned PCI centers. It is worth mentioning that these results are in accordance to the results of the one given by international authors. This was the chance for all patients with STEMI to show that are practically even, not depending on place where patients live, to those who live in economically more developed countries. If it is well known fact that urgent medicine PCI splits mortality in half it is evident that Croatian network has saved many lives and prolonged lives to the patients after finishing the treatment. It has also proven short-term and long term justifiability.

According to the results of this research and experiences in daily work there are more problems that have to be solved. There is a problem of prolonged waiting from the moment of chest pain to getting patient in medical care to the moment of getting in interventional center. Furthermore, there is lesser number of the most difficult patients, especially those in cardiogenic shock that are being transported, and generally once treated with urgent PCI after working hours. Some examples how to solve those problems are: constant media campaign, education of the patients, doctors and the other medical staff, for example like courses for doctors that have begun to continually be organized in Clinical Hospital "Sestre milosrdnice", and their constant communication.

Some regions and counties, as interventional centers, are just beginning to enter into Croatian network of urgent PCI, and experiences of others should help them while entering. Organizational problems and problems with technology should be solved by redistribution and investment of financial means with the help of bodies on the state and local level.

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PRIMARY PERCUTANEOUS CORONARY INTERVENTIONS IN STEMI
Zagreb, 22nd November 2007

The meeting, assumed to be a discussion with doctors whose area in National project of interventional cardiology covers Clinical Hospital Center Zagreb, will be organized on the 22nd November 2007 at 1,30 pm in the lecture room of Clinic for heart diseases and blood vessels of Clinical Hospital Center Zagreb. All details can be found on Kardio.hr portal.

ACUTE CORONARY SYNDROME
Vukovar, 24th November 2007

Scientific meeting of Croatian Cardiac Society Slavonia and Baranja Branch Office will be held in hotel "Lav" in Vukovar on 24th November 2007 at 11,00 am. The topic is "Acute coronary syndrome" and lecturers are: Professor Davor Miličić MD, PhD, Professor Mijo Bergovec MD, PhD and Professor Vjeran Nikolić-Heitzler MD, PhD. The program is available on Kardio.hr portal.

PUBLIC MEDICAL ASPECT OF SECONDARY PREVENTION AND REHABILITATION
Zagreb, 30th November 2007

This year the Academy of Medical Science of Croatia organizes symposium on the topic cardiovascular heath – PUBLIC – MEDICAL ASPECTS OF SECONDARY PREVENTION AND REHABILITATION. Symposium will start on the 30th November 2007 at 9.00 am in Atrium B in the School of Public Heath "Andrija Štampar" in Zagreb. All details can be found on web page of the Academy (http://www.amzh.hr/events/kvz2007/index.htm) or on Kardio.hr portal.

ANNUAL ASSEMBLY OF CROATIAN HYPERTENSION SOCIETY
Zagreb, 14th December 2007

Annual assembly of Croatian Hypertension Society will be held in big atriums of Croatian Association of Physicians, Šubićeva 9, in Zagreb on the 14th December 2007 at 2.00 pm. It is expected that Croatian edition of ESH/ESC 2007 guidelines for treating arterial hypertension will be published. All details can be found on Kardio.hr portal or web pages www.hdh.hr.

Kardio list Online 2007;2(11):70. KARDIO LIST – SPONZOR'S PAGE

Comparison of the efficacy and safety of Atoris (Krka's atorvastatin) versus originator's atorvastatin in patients with high coronary risk and hyperlipidemia:
results from the INTER-ARS study

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The aim of the INTER-ARS study was to evaluate the hypolipemic action and safety of Atoris (Krka's atorvastatin) compared to originator's atorvastatin as comparator and its effect on the absolute coronary risk (ACR) in high coronary risk patients with hyperlipidemia.
Altogether, 148 high-risk patients with hyperlipidemia and increased ACR were studied in a 16-week international, randomized, double-blind, parallel study carried out in 22 centres in the Czech Republic, Slovenia and Poland. A placebo run-in period of 4 weeks was followed by two active treatment periods, 6 weeks each. The initial dose of either drug, 10 mg or 20 mg, was titrated to 20 mg or 40 mg at the end of the first active treatment period in non-responders or partial responders. The initial dose of drugs was determined according to the baseline level of LDL-cholesterol (if patients needed a reduction greater than 45%). ACR was calculated based on the PROCAM study protocol. Moreover, total cholesterol (TC) level, triglyceride (TG) levels, HDL cholesterol (HDL-C), apolipoprotein B (Apo B) and apolipoprotein A1 (Apo A1) levels, Apo B/Apo A1 ratio, and high sensitivity C-reactive protein (hsCRP) level were examined.
A total of 117 patients were analyzed according to the protocol. Both study groups were well balanced in terms of age, sex and other baseline cardiovascular disease risk factors. In both study groups a significant decrease of LDL cholesterol (LDL-C) was observed: 37.8% in the Atoris and 38.4% in the originator's atorvastatin treated group. Statistical analysis showed that in terms of LDL-C reduction the drugs are equivalent. Both treatments decreased significantly all the other examined lipid parameters, except for HDL-C and Apo A1, which were elevated non-significantly. HsCRP levels were decreased by 0.46 mg/L in the Atoris group and by 0.30 mg/L in the originator's atorvastatin group, whereby the reduction was not significant in terms of statistical analysis. (Figure 1)
At the end of the study the target LDL-C level of 3 mmol/L was achieved in 70.2% of patients in the Atoris group and in 75% of patients assigned to originator's atorvastatin. The difference was not statistically significant. The effect of both drugs on the ACR was comparable. Both drugs decrease ACR significantly, by more than 13%.
The safety evaluation was made in 138 patients. The safety of both study drugs was fully comparable. Adverse reactions occurred with identical frequency in both groups. The adverse reactions were mild or moderate. In no case treatment discontinuation was due to adverse reactions.
The INTER-ARS study clearly demonstrated that Krka's atorvastatin Atoris and originator's atorvastatin are fully comparable in terms of lipid level normalization and decrease of the ACR in patients with high coronary risk and hyperlipidemia. The study demonstrated an excellent safety profile of Atoris, fully comparable with that of the originator's atorvastatin.

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ATORIS atorvastatin
Pills of 10mg, 20mg

Indications: primary hyperlipidemia of type IIa and IIb, including polygen hypercholesterolemia, heterozygote and homozygote hypercholesterolemia mixed hyperlipidemia.
Dosage and ways of taking pills: Recommended daily dosage is 10mg. The ultimate dosage is 80mg.
Contraindications: Hypersensitivity to any drug ingredients. Active liver disease. Inexplicable permanent elevation of transaminaze level in serum. Skeletal muscles disease. Pregnancy and breast feeding.
Interactions: Taking Atoris and cyclosporine, antibiotics (erythromycin, klarythromycin,

kinupristine and dalfoprisitne), protease inhibitors, derivatives of fibric acid, niacin, azole antimicotic or nefazodone at the same time can cause myopathy with rhabdomyolysis and kidney insufficiency. There is a need for caution when atrovastatine is taken together with digoksin and varfarine
Side effects: Most patients can tolerate atrovastatin well. Side effects that can occur are: gastrointestinal disorder, headache, muscular pain and sleeping disorder. Significant, but rare group of side effects represent muscular disorder (myopathy) which is manifested as pain and muscular weakness and higher level of muscular fraction of creatine-kinaze (CK).
Over dosage: Constant monitoring is needed as well as keeping work of vital functions and preventing further drug absorption.
Medicine distribution: only on medical REFERENCE
Package: 30 atrovastatin film-pills of 10mg and 20mg or 40mg; 60 film-pills of 40mg.
Date of text preparation: October 2007

VASILIP, simvastatin
Pills of 10mg, 20mg and 40mg

Indications: coronary disease, hyperlipidemia.
Dosage: recommended starting dosage is 10 or 20mg. The highest daily dosage is 80mg. For the organ transplanted patients who take cyclosporine recommended dosage is 10mg.
Contraindications: Acute liver disease. Inexplicable constant elevation of transaminaze level in serum. Hypersensitivity to any drug ingredients. Porphyry. Pregnancy and breast feeding.
Interaction: Taking simvastatin and cyclosporine, derivatives of fibirc acid, niacin, erythromycin, klarythromycin, ketokonazole, itrakonazole, nefazodone and ritonavir at the same time can result in myophaty with rhabdomyolysis and kidney function cancellation. Taking simvastatin and varfarine can intensify the impact of varfarine on coagulation and thus raise the risk of hemorrhage. Among patients who take simvastatin and digoxin at the same time the level of digoxin in serum can be raised; accordingly these patients should be thoroughly monitored.
Side effects: Most patients can tolerate simvastatin well. Its side effects are usually mild. Nausea, constipation, flatulence, dyspepsia, stomach ache, diarrhea, vomiting, headache, sleeping disorders and decreased level of liver enzyme can appear. Dizziness, tiredness, muscular weakness, itching and excessive falling of hair are much rare side effects. Important but very rare group of simvastatin side effects belong to muscular disorder (myophaty) which is manifested in muscular stiffness and pain and higher level of kreatin-phosphokinaze (muscular fraction) in blood. Rhabdomyolysis can develop rarely and it can cause kidney function failure.
Package: 20 and 28 pills of 10 mg and 20mg; 28 pills of 40mg.
Date of the text preparation: October 2007

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SHOULD KARDIO LIST BE INTERNATIONALLY INDEXED?

Mario Ivanuša
Kardio list

For the summer questionnaire we have chosen the question of international indexation of Kardio list. Since Kardio list is available, together with the printed publishing (1.100 copies), in electronic edition also on Croatian and English language, it was expected that the number of visitors would answer since the visits of Kardio.hr portal during 2007 have progressively increased. The basic indicators of reading the portal (monthly number of visits, monthly number of visited pages and average time on portal in certain months) are shown on the picture.
The results of this anonymous questionnaire of the portal Kardio.hr haven't surprised us. They show that Kardio list should be internationally indexed (44 out of 52 received answers;

84,6%). Only 5 received answers were against international indexation (9,6%), and 3 readers (5,8%) didn't know if it was necessary.
How certain national cardiac journals in Europe are already indexed and have they response is possible to see on European Society of Cardiology portal that devoted the page to national cardiac journals (1). On the recent held meeting of editors in chief on national journals (during annual congress of European Society of Cardiology in Vienna) it was interested to hear information that only 18 European cardiac journals are indexed in Index Medicus, and only 4 journals have got the impact factor for 2006.
From the number of data that will result with joint publication of all editors in chief, for this occasion I would like to underline the suggestion for translation of European guidelines for diagnoses and treatment of cardiac diseases (2). In the first 6 months from the publishing of guidelines of European Society of Cardiology (apart form the guidelines that were created by joint work of more specialized associations) national cardiac society has solely right on translation and free distribution of those important documents in their official journal and/or web pages. In order to check if that translation is necessary, the aim of the questionnaire in September 2007 was to know if European guidelines for diagnoses and the treatment of cardiac diseases should be translated in Croatian language. The number of responses was the highest by now. From all together 91 received answers only 9 (9,9%) of the readers think it is not necessary, and all others think it is necessary.

At the end, as always, we invite you to actively take part in the work of portal and magazine of Croatian Cardiac Society with your articles, letters, comments, suggestions and to answer to our new web questionnaire. And as far as international indexation is concerned we have already taken some steps…

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