Prinzmetal’s Angina Causing Recurrent VT in a Patient Who Developed Out-of-Hospital Cardiac Arrest

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INTRODUCTION
Prinzmetal’s angina, also called variant angina, is a type of angina that originates from coronary vasospasm. Prinzmetal’s angina often produces chest pain-like symptoms precipitated by myocardial ischemia occurring almost exclusively at rest. It is often not triggered by exertion or emotional stress, and is sometimes associated with ST elevation. Variant angina is generally a benign disease with self-limiting symptoms. Ventricular arrhythmias such as polymorphic ventricular tachycardia that can lead to cardiac sudden death can be seen. Other important clinical features of variant angina include the high frequency of asymptomatic ischemic episodes and the syncope that sometimes occurs during the ischemic episodes.

The Global Atrial Fibrillation Patient Charter and the Sign Against Stroke in Atrial Fibrillation Campaign

Interview by Jodie Elrod

In this article, EP Lab Digest® interviews Mellanie True Hills of StopAfib.org about the recent launch of the Global AF Patient Charter and Sign Against Stroke campaign at the World Congress of Cardiology in Dubai.

Tell us about the creation of the Global Atrial Fibrillation Patient Charter and the Sign Against Stroke in Atrial Fibrillation campaign.

As your readers know, atrial fibrillation is the most common heart rhythm disorder, affecting about 6 million in Europe, 8 million in China, and over 2.6 million in the United States.
The Global Atrial Fibrillation Patient Charter and the Sign Against Stroke in Atrial Fibrillation Campaign

GLOBAL AF PATIENT CHARTER 5 CRITICAL RECOMMENDATIONS

With input from patient organizations from around the world, the Global AF Patient Charter contains five critical recommendations to raise awareness about atrial fibrillation, encourage early diagnosis, and help ensure patients receive the most advanced treatment available. The five recommendations are:

1. Implement public information and education campaigns to raise awareness of the early signs of AF, the risk factors of stroke and the importance of pulse checks.
2. Make AF-related stroke prevention and care a national healthcare priority.
3. Implement widely accepted clinical guidelines on the treatment of AF and AF-related stroke.
4. Enhance medical education and best practices in the healthcare workforce to improve prevention, detection, and management of AF and AF-related strokes.
5. Ensure technologies that improve prevention, diagnosis and treatment of people with AF or at risk of AF-related stroke are made appropriately available at the earliest opportunity.

Those with afib have a greater risk for serious and debilitating stroke. Organizations concerned about afib, heart rhythm disorders, anticoagulation, and stroke believe that the needs of these patients are the same, whether they’re in China or America, Germany, or Brazil.

Because afib and afib-related strokes affect so many worldwide, a steering committee of six patient organizations — StopAfib.org, the Stroke Alliance for Europe (SAFE), Irish Heart Foundation, Atrial Fibrillation Association and Arrhythmia Alliance; Chris Macey from StopAfib.org; Eve Knight from AntiCoagulation Europe; and James Beeby from Stroke Alliance for Europe — compose the Charter Steering Committee that led the efforts to develop the Sign Against Stroke in Atrial Fibrillation campaign.

The Global Atrial Fibrillation Patient Charter and the Sign Against Stroke in Atrial Fibrillation campaign were launched at the World Congress of Cardiology, April 18-21, 2012.

You attended this meeting; what was the response like to the Charter and campaign during the meeting?

We launched the Global AF Patient Charter and the Sign Against Stroke in Atrial Fibrillation campaign with a press conference on the first day of the World Congress of Cardiology. We were very honored to have the distinguished Professor Mohamed Sobhy, who is President of the Egyptian Society of Cardiology, to present alongside us at the press conference. He spoke in Arabic about atrial fibrillation and helped ensure that our messages about the Charter resonated in the Arab world. We had one-on-one interviews with the media following the press conference and throughout the week, resulting in a huge amount of media coverage through the Middle East and elsewhere. Several longer lead-time
As of the launch, 70 patient organizations and medical societies from 39 countries had endorsed the campaign, including the World Heart Federation and the Heart Rhythm Society. The full list of organizations is available online at the website, www.signagainststroke.com.

We are actively seeking more endorsements and look forward to more patient organizations and medical societies signing on. As we spread the word about the Charter and inspire action, more and more groups from around the world will join forces with us to raise awareness about this widely under-diagnosed and under-treated condition.

Discuss the critical recommendations of the Global AF Patient Charter and its supporting campaign, Sign Against Stroke in Atrial Fibrillation.

The Global AF Patient Charter focuses on five critical recommendations (see sidebar) that encompass raising awareness of afib and strokes as well as pulse checks for earlier diagnosis, making afib care and stroke prevention a national priority, implementing widely-accepted guidelines, enhancing education and best practices around diagnosing and treating afib, and ensuring that those living with afib have access to appropriate care at the earliest possible time.

We believe that if countries take action on these five recommendations, both the economic and social burdens of afib and afib-related stroke can be reduced in meaningful ways, translating into great benefits for patients and healthcare systems. Gathering signatures to demonstrate support of an issue is a tried-and-true way of compelling policy makers, national governments, and healthcare professionals to take action. This is the central focus of the Sign Against Stroke in Atrial Fibrillation campaign, and will be used by endorsing organizations to gain attention to this problem within their own countries.

How many medical and patient organizations have joined the campaign thus far? Do you expect more to join in the future?

As of now, over 4,000 people around the globe have signed the Charter. We hope those who have already signed
will share the website with their friends, families, and colleagues and encourage them to learn more about afib and show their support by signing. Many of the endorsing organizations are planning events and media promoting the Charter and campaign. The steering committee will also have a booth at major medical meetings, and we hope to meet many of your readers when they come to sign the Charter.

The goal of Sign Against Stroke in Atrial Fibrillation is to gather 1.7 million signatures in support of the Charter — one for each of the estimated number of grandparents, mothers, fathers, aunts and uncles killed or disabled by afib-related strokes every year. These signatures will be used as a tool to inspire healthcare decision makers in countries across the world to take action. Demonstrating strong support behind the Charter recommendations will help put afib and afib-related stroke prevention at the forefront of national health agendas. The 1.7 million figure is a long-term goal that we hope to reach as we continue to raise awareness of the Charter and campaign.

Please take just a couple of minutes to go to the website to sign the Charter and to circulate it among colleagues, patients, family, and friends, asking them to sign it as well.

Cover Story
Continued from page 13

Did related events take place at the recent Heart Rhythm sessions in Boston?
The Sign Against Stroke in Atrial Fibrillation booth was at the Heart Rhythm 2012 conference; attendees could visit to sign the Charter and learn more about the campaign. With the Heart Rhythm Society as one of our endorsers, we hope that the campaign presence at the conference generated as much enthusiasm as at the Dubai meeting.

Is there anything else you’d like to add?
On behalf of the steering committee and our endorsing organization partners, we hope anyone interested in improving the care and treatment of those with afib and at risk for afib-related stroke will take a moment to join us in this very simple but effective way by signing on to the Charter at www.signagainststroke.com.

The steering committee is also grateful to Bayer Pharma AG for supporting our efforts to independently create the Global AF Patient Charter, by funding a secretariat to coordinate our efforts and have a booth at major medical meetings. Bayer also supported the Charter website and reviewed the steering committee’s site content to ensure accuracy and Code compliance. Thank you for the opportunity to talk about this important effort.

For more information, please visit: www.signagainststroke.com