

BSH Third Annual Heart Failure Nurse Study Day

The British Society for Heart Failure (BSH) recently held its Third Annual Heart Failure Nurse Study Day in London. The programme, which covered a broad range of the clinical issues and challenges that heart failure (HF) nurses meet on a daily basis, was sufficiently relevant and full of expert speakers to ensure that this popular meeting was over subscribed for the third year running.

Prof Chim Lang (Dundee) opened the meeting with a discussion of the causes, effects and contemporary treatment of diabetes and heart failure. Prevalence of diabetes in heart failure is high and risk factors are common to both conditions. Prof Lang outlined the possible mechanisms involved in the development of a diabetic cardiomyopathy. Prof Lang suggested that each 1% elevation in HbA1c leads to a 15% risk of developing the condition and that in terms of glycaemic control maintaining an HbA1c of 7% gave the best outcome. He then went on to discuss the concept of insulin resistance among HF patients, describing the functional consequences this can have on individuals in terms of skeletal muscle mass and exercise tolerance. Data from the TAYSIDE Trial [1] which looked at the benefits of Metformin on insulin resistant patients with left ventricular systolic dysfunction look positive. Prof Lang concluded his talk with a look at ongoing studies with incretin based therapies, he suggested these studies look promising but need more work.

The following three talks in session one covered some of the challenges that HF nurses meet on a daily basis. Dr Dominic Kelly (Basingstoke) gave an interesting talk on pulmonary hypertension, a complication often seen in left heart disease which gives rise to challenging symptoms and a poor prognosis. Treatment includes optimisation of HF therapies, diuretics and addressing any coincidental or causal pathology e.g. valvular disease. Dr Paul Kalra (Portsmouth) was asked to discuss how best to manage hyponatraemia in HF. Dr Kalra outlined the physiological mechanisms responsible for sodium retention and excretion and some of the

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more common causes of hyponatraemia. Dr Kalra concluded with data from the MAGGIC trial [2], which found hyponatraemia to be a powerful determinant of mortality in patients with HF regardless of ejection fraction. The final talk of session one came from Dr Suzanna Hardman (London) who outlined two case studies, which included diabetes and poor renal function. Both cases illustrated the complexity of managing HF patients who have co-morbidities.

The focus of the second session was cardiomyopathies. Dr Alison Duncan (London) opened the session with a look at the images of a normal heart and a dilated heart. Prof Andrew Clark (Hull) followed, outlining the major causes of dilated cardiomyopathies, emphasising the importance of good history taking. Dr Carol Whelan from the National Amyloidosis Centre gave an informative talk on amyloid, a disorder of protein folding. Dr Whelan outlined the various types of amyloid, how the disease might present, relevant investigations and treatment. For certain groups the treatment offered is chemotherapy to slow down disease progression, alongside diuretics and supportive treatment. Patients with amyloid are often intolerant of beta-blockers. The final talk in this session was from Prof Teresa McDonagh (London) who discussed the growing problem of cancer and the heart or 'cardio-oncology'. It soon became clear why this is being seen as an emerging area of HF. Heart failure is the second most common condition to develop post cancer treatment. Prof McDonagh outlined the treatments that have the most cardio-toxic effects and what was being done to try and minimise these effects.

After lunch Dr Roy Gardiner and Dr Stephen Petit (Edinburgh) guided the audience through the indications for cardio-resynchronisation therapy (CRT) followed by a problem solving session.

This was then followed by Wendy Churchouse (Swansea) who gave a really engaging talk describing the development of a tool (DVD) to improve implantable cardioverter-defibrillator (ICD) deactivation in Wales. Session three also included a number of case studies from heart failure nurse specialists around the country who spoke on a wide range of cases including combined electrophysiology / HF clinics, managing HF through remote monitoring, setting up inpatient HF services, palliative care and exercise-based programmes in HF. Audience engagement and discussion throughout was very positive, and this was reflected in superb feedback.

The BSH will be organising next year's Heart failure Nurse Study Day for 21 March 2014, in Glasgow and invites you to save the date and book early to avoid disappointment.

The BSH acknowledges the support provided by their friends: Alere, Edwards Lifesciences, Heartware, Medtronic, Novartis, Pfizer, St Jude Medical, Thoratec.

Future BSH meetings
 16th Annual Autumn Meeting; 28-29 November, 2013; Queen Elizabeth II Centre, London.
 Annual Heart Failure Day for Training and Revalidation; 20 March, 2014; Glasgow.
 Annual Heart Failure Nurse Study Day; 21 March, 2014; Glasgow.
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References

1. Wong AKF, Symon RS, Ang DSC, et al. Metformin in insulin resistant LV dysfunction, a double-blind, placebo controlled trial (TAYSIDE trial). *European Heart Journal* 2010;**31**:849.
2. Rusinaru D, Tribouilloy C, Berry C, et al.; MAGGIC Investigators. Relationship of serum sodium concentration to mortality in a wide spectrum of heart failure patients with preserved and with reduced ejection fraction: an individual patient data meta-analysis(†): Meta-Analysis Global Group in Chronic heart failure (MAGGIC). *European Journal of Heart Failure* 2012;**14**(10):1139-46.