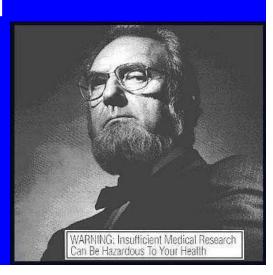
BIOE 301

Lecture Fourteen



Win \$1000

http://www.smartglobalhealth.org/pages/ essay-signup





















Four Questions

- What are the major health problems worldwide?
- Who pays to solve problems in health care?
- How can technology solve health care problems?
- How are health care technologies managed?

Two Case Studies

- Prevention of infectious disease
 - HIV/AIDS
- Early detection of cancer
 - Cervical Cancer
 - Ovarian Cancer
 - Prostate Cancer
- Treatment of heart disease
 - Atherosclerosis and heart attack
 - Heart failure

Outline

- The burden of heart disease
- The cardiovascular system
- How do heart attacks happen?
- How do we treat atherosclerosis?
 - Open heart surgery
 - Angioplasty
 - Stents
- What is heart failure?
- How do we treat heart failure?
 - Heart transplant
 - Left ventricular assist devices
 - Artificial heart

Burden of Heart Disease

US and Worldwide

Global Burden-Cardiovascular Disease

- In 1999:
 - CVD contributed to a third of global deaths
- In 2003:
 - 16.7 million deaths due to CVD
- By 2010:
 - CVD is estimated to be the leading cause of death in developing countries

2002 Worldwide Mortality

Mortality – adults aged 15–59			Mortality – adults aged 60+		
Rank	Cause	Deaths (000)	Rank	Cause	Deaths (000)
1	HIV/AIDS	2279	1	Ischaemic heart disease	5825
2	Ischaemic heart disease	1332	2	Cerebrovascular disease	4689
3	Tuberculosis	1036	3	Chronic obstructive pulmonary diseas	se 2399
4	Road traffic injuries	814	4	Lower respiratory infections	1396
5	Cerebrovascular disease	783	5	Trachea, bronchus, lung cancers	928
6	Self-inflicted injuries	672	- 6	Diabetes mellitus	754
7	Violence	473	7	Hypertensive heart disease	735
8	Cirrhosis of the liver	382	8	Stomach cancer	605
9	Lower respiratory infections	352	9	Tuberculosis	495
10	Chronic obstructive pulmonary disea	se 343	10	Colon and rectum cancers	477

Burden of CVD: United States

CVD:

- About 61 million Americans (almost ¼ of population) have CVD
- Accounts for more than 40% of all deaths
- 950,000 Americans die of cardiovascular disease each year
- Two main forms of CVD:
 - Ischemic heart disease
 - Stroke

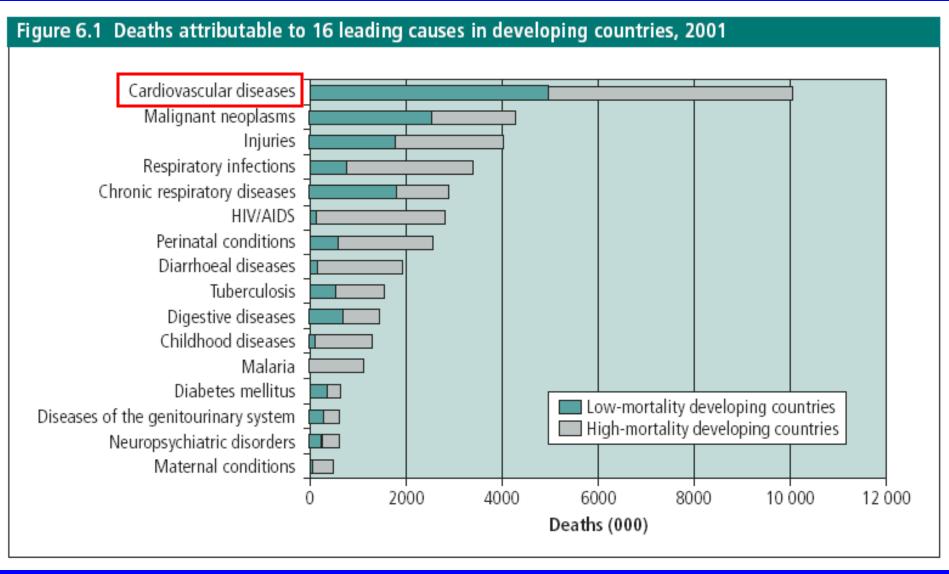
Ischemic Heart disease:

- Leading cause of death in US
- Coronary heart disease is a leading cause of premature, permanent disability among working adults

Stroke

- Third leading cause of death in the US
- Cost of CVD disease:
 - \$351 billion
 - \$209 billion for health care expenditures
 - \$142 billion for lost productivity from death and disability

Mortality in Developing Countries



US: Burden of Heart Attack

- Consequences of ischemic heart disease
 - Caused by a narrowing of the coronary arteries that supply blood to the heart
 - Often results in a heart attack
- Each year:
 - 1.1 million Americans suffer a heart attack
 - 460,000 of those heart attacks are fatal
 - Half of those deaths occur within 1 hour of symptom onset, before person reaches hospital

Early Detection of CVD

Risk Factors:

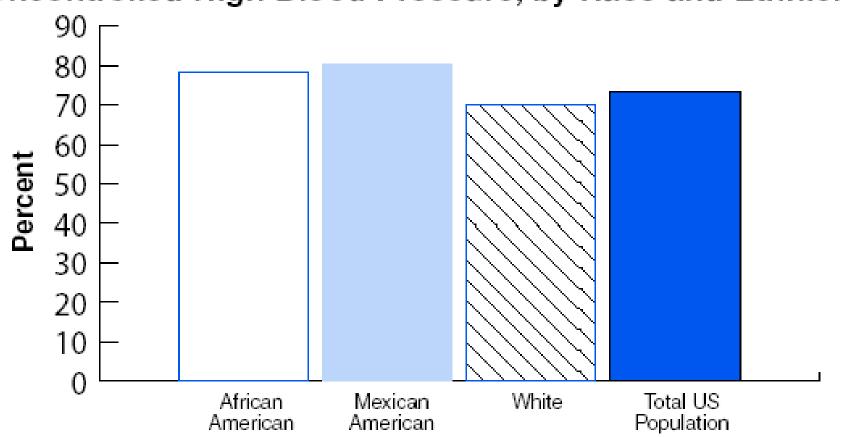
- Tobacco use
- Low levels of physical activity
- Inappropriate diet
- High blood pressure Over 70% not under control
- High cholesterol Over 80% not under control

Screening for CVD:

- Measure BP annually
 - 12-13 point reduction in blood pressure can reduce heart attacks by 21%
- Check cholesterol every 5 years
 - 10% drop in cholesterol can reduce heart attacks by 30%

Of Those With High BP:

Percentage of Americans with Uncontrolled High Blood Pressure, by Race and Ethnicity



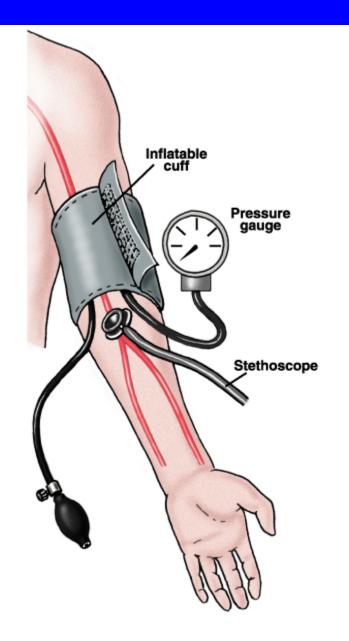
Blood Pressure

- My blood pressure = 103/68
 - The higher (systolic) number represents the pressure while the heart is beating
 - The lower (diastolic) number represents the pressure when the heart is resting between beats
- Normal blood pressure:
 - Varies from minute to minute
 - Varies with changes in posture
 - Should be < 120/80 mm Hg for an adult
- Pre-hypertension:
 - Blood pressure that stays between 120-139/80-89
- Hypertension:
 - Blood pressure above 140/90 mm Hg

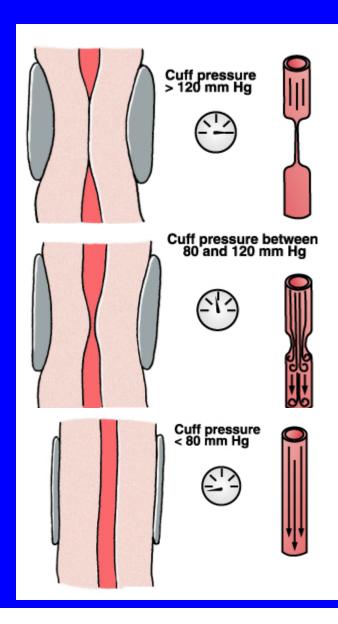
How Do We Measure BP?

- Sphygmomanometer
 - Dr. RRK wastes two minutes of class times and proves that you can find anything on the internet
 - http://www.youtube.com/watch?v=ynjloymWHvU
 - Increase cuff pressure until it is higher than systolic pressure
 - Blood flow into arm stops
 - Gradually release pressure
 - When cuff pressure = systolic pressure:
 - Blood begins to flow again
 - Hear Korotkoff sound associated with turbulent flow through artery
 - When cuff pressure = diastolic pressure:
 - Artery is no longer compressed
 - No longer hear Korotkoff sound

How Do We Measure Blood Pressure?



http://cwx.prenhall.com/b ookbind/pubbooks/silverth orn2/medialib/Image_Ban k/CH15/FG15_07a.jpg

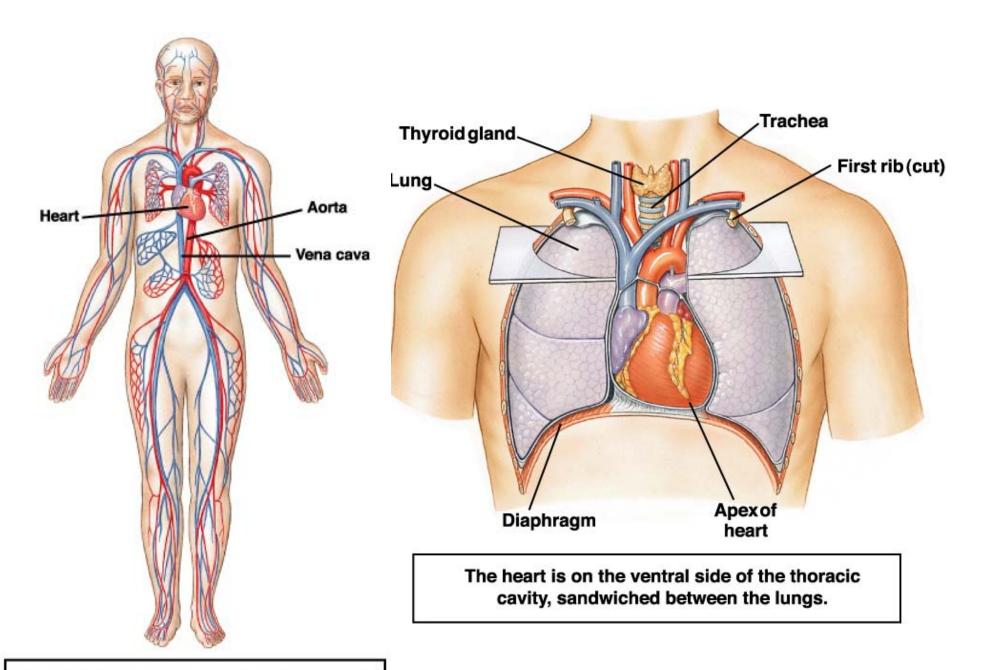


Serum Cholesterol Levels

	Total Cholesterol	LDL	HDL
Optimal		under 100	above 60
Desirable	under 200	under 130	
Borderline	200-239	130-159	
Abnormal	over 240	over 160	below 35

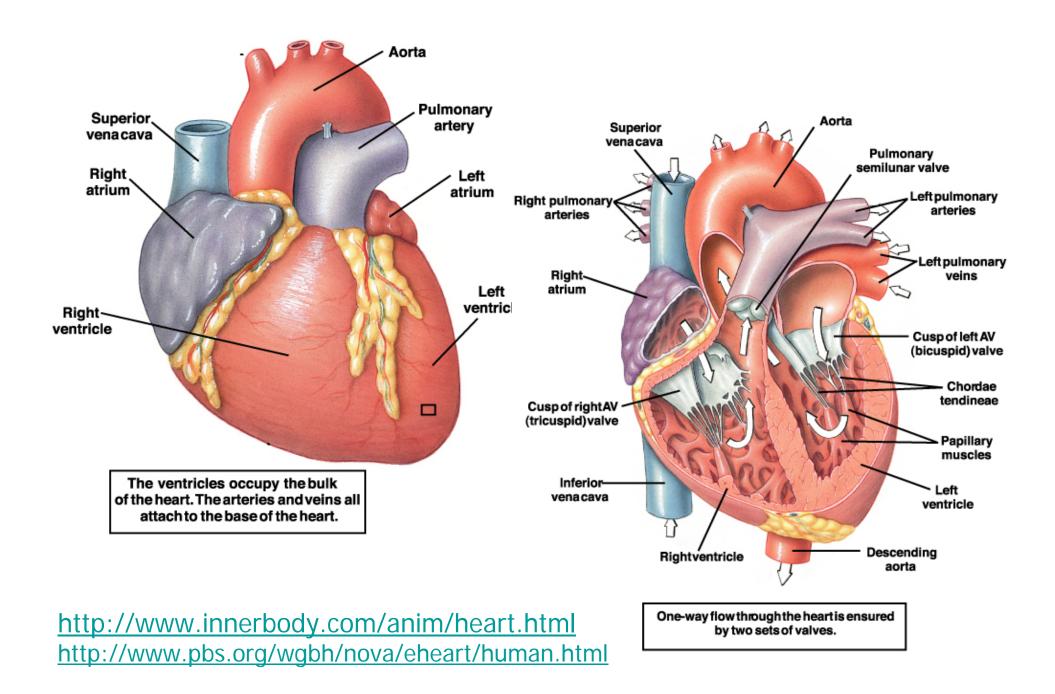
LDL causes cholesterol to build up inside blood vessels. HDL actually removes cholesterol from the walls of blood vessels and brings it back to the liver to be safely excreted.

The Cardiovascular System



Vessels that carry well-oxygenated blood are red; those with less well-oxygenated blood are blue.

Fig 14.7 a-d – The Cardiovascular System



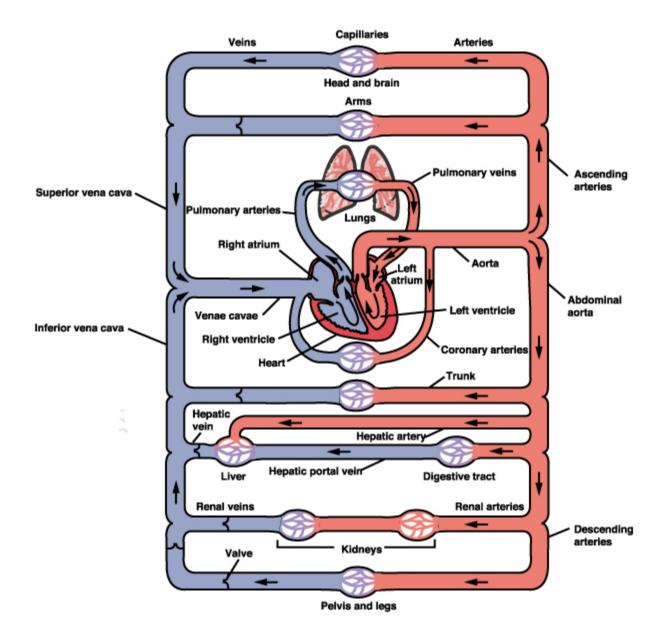


Fig 14.1 – General anatomy of the circulatory system

Quantifying Heart Performance

Heart Rate (HR)

- Number of heart beats per minute
- Normal value is 60-90 bpm at rest

Stroke Volume (SV)

- Amount of blood pumped by ventricle with each heart beat
- Normal value is 60-80 ml

Cardiac output (CO)

- Total volume of blood pumped by ventricle per minute
- \blacksquare CO = HR x SV
- Normal value is 4-8 L/min

Blood volume

- Total volume of blood in circulatory system
- Normal value is ~5 L
- Total volume of blood is pumped through our heart each minute!!

Quantifying Heart Performance

- Ejection Fraction (EF)
 - Fraction of blood pumped out of ventricle relative to total volume (at end diastole)
 - EF = SV/EDV
 - Normal value > 60%
 - Measured using echocardiography
- Normal echocardiogram
 - http://www.ardingerphoto.com/pcawebsite/cardiology /movies/sssmovies/normallao2cycle.html
 - Dilated cardiomyopathy
 - http://www.ardingerphoto.com/pcawebsite/cardiology /movies/sssmovies/dilcardiomyopsss.html

Heart Attacks

Pathophysiology
Diagnosis
Treatment

Heart Attacks

Pathophysiology

Case Study

- Three months following his first visit to your office, Mr. Solomon presents to the ER in the early morning, with chest pain of one hour duration.
- Mr. Solomon describes the pain as being severe and "like someone was sitting on his chest." The pain, located "in the lower part of my breast bone," awakened him from his sleep. Although he tried to relieve the pain by changing positions in bed, sitting up and drinking water, it remained unchanged.
- He did not sleep well because "I had an upset stomach an acidburning feeling." He attributed these symptoms to over eating and drinking at a Christmas party.
- He has no pain or discomfort in his arms but says he has an "acheness" in his left jaw which he attributes to "bad teeth."
- Physical examination reveals the patient to be anxious, pale, diaphoretic and in obvious discomfort. He is unshaven and accompanied by his wife. He tries to relieve his pain by belching. He coughs occasionally. Mr. Solomon says "the flu has been going around the office, and I've had a little cough and fever all week."
- http://www.meddean.luc.edu/lumen/meded/mech/cases/case2/Case_f.htm

Early Warning Signs of Heart Attack

 Many heart attacks start slowly; symptoms may come and go

Chest discomfort

Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain

Discomfort in other areas of the upper body

 Can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach

Shortness of breath

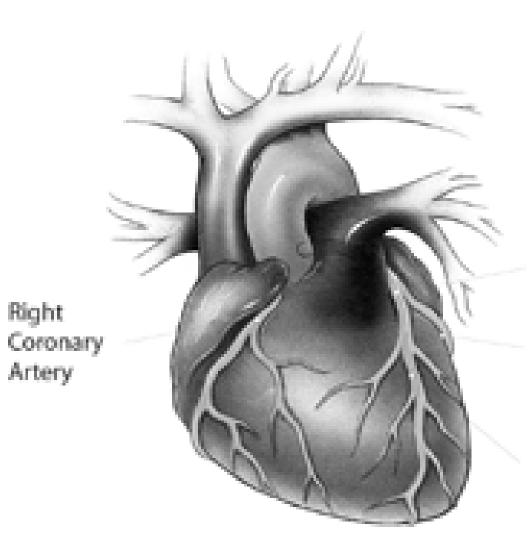
 Often comes along with chest discomfort. But it also can occur before chest discomfort

Other symptoms

 May include breaking out in a cold sweat, nausea, or lightheadedness

Heart Attack Signs

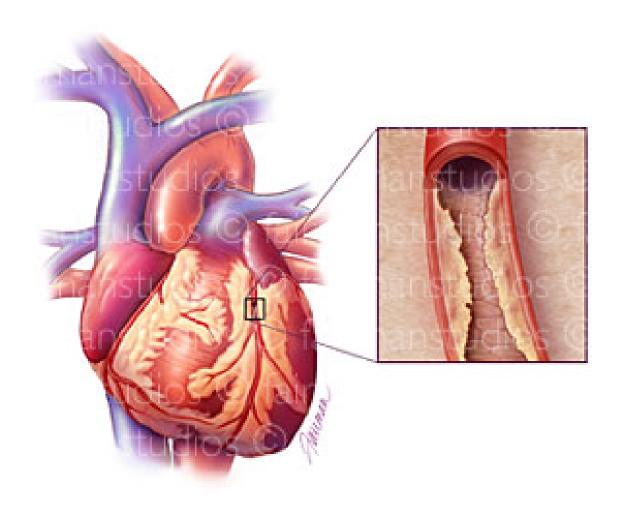
http://www.nhlbi.nih.gov/actintime/video. htm

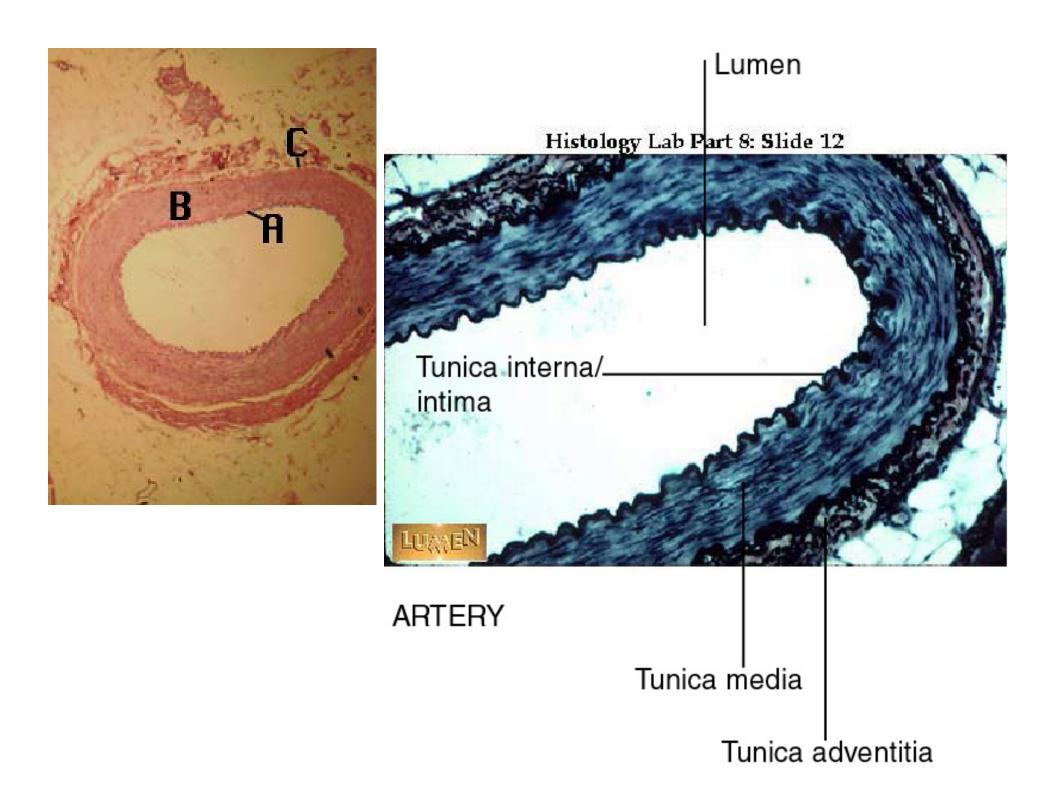


Left Main Coronary Artery

Left Circumflex Artery

Left Anterior Descending Artery

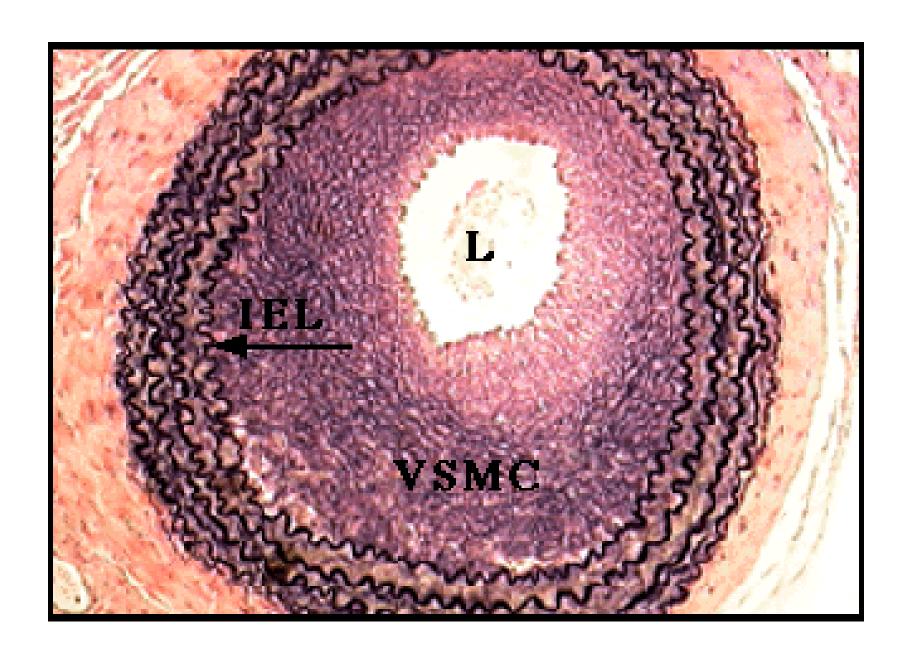






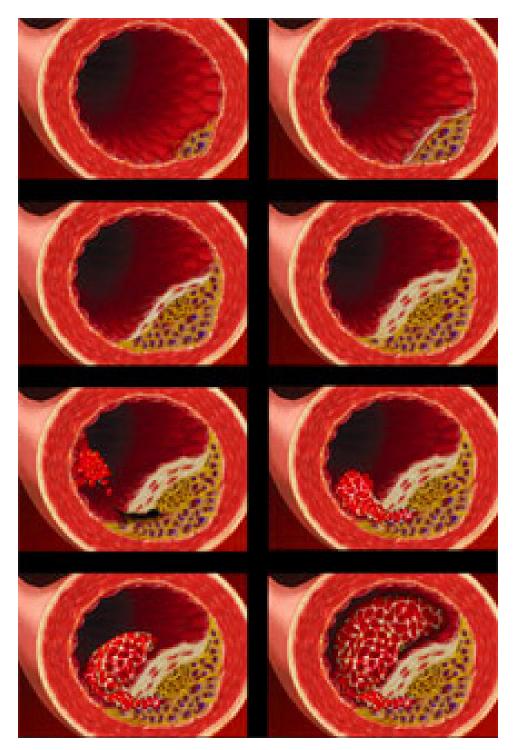
http://www.pathology.vcu.edu/education/cardio/images/1d.a.jpg







http://medlib.med.utah.edu/WebPath/jpeg5/CV119.jpg



http://www.medimagery.com/patho logy.jpeg

Heart Attack Video

http://www.heart1.com/attack/guidant.cfm

Heart Attacks

Treatment of Acute Occlusion: tPA

Tissue Plasminogen Activator

Tissue plasminogen activator (tPA):

- A thrombolytic agent (can dissolve blood clots)
- Approved for use in certain patients having heart attack or stroke

Clinical Studies:

- tPA and other clot-dissolving agents can reduce the amount of damage to the heart muscle and save lives
- To be effective, they must be given within a few hours after symptoms begin
- Administered through an intravenous (IV) line in the arm by hospital personnel
- Patients treated within 90 minutes after onset of chest pain are one-seventh as likely to die compared to patients who receive therapy after 90 minutes

Thrombolytics

- Risks of thrombolytics:
 - Intra-cranial hemorrhage
 - Increased risk in those > age 70
 - Patients may require further intervention
- Costs of thrombolytics:
 - tPA = \$2300
 - Streptokinase = \$320

Effectiveness of Thrombolytics

Clinical Trial:

- In 15 countries and 1081 hospitals
- 41,021 patients with evolving myocardial infarction
- Randomly assigned to 4 different strategies:
 - Streptokinase and subcutaneous heparin
 - Streptokinase and IV heparin
 - Accelerated tissue plasminogen activator (t-PA) and IV heparin
 - Combo of streptokinase plus t-PA with IV heparin
- Primary end point was 30-day mortality

Result:

- Streptokinase & subcut. heparin: 7.2% (stroke 0.49%)
- Streptokinase & IV heparin: 7.4% (stroke 0.54%)
- Accelerated t-PA & IV heparin: 6.3% (stroke 0.72%)
- Combo of both with IV heparin: 7.0% (stroke 0.94%)

Cost-Effectiveness of Thrombolytics

Therapy	Patient Group	<pre>\$ per yr life saved</pre>
tPA	Post MI high risk	\$3,600
tPA	Acute MI, large infarct, treatment started >2 hours post	\$24,200
Counseling	Smoking cessation	\$1300-\$3900
CABG	Two vessel disease, severe angina	\$9,200-\$42,500

http://www.sciencedirect.com/science?_ob=ArticleURL&_aset=B-WA-A-A-A-MsSAYZA-UUA AUYWDCBYZYAUYUBBVZZYBWAUBWEUBAU&_rdoc=1&_fmt=full&_udi=B6T1048NJXK25&_cover Date=5%2F22%2F2003&_cdi=4876&_orig=search&_st=13&_sort=d&view=c&_acct=C00000437 8&_version 1&_urlVersion=0&_userid=108429&md5=5f493caa5f65762c23c0d90eaea8b92d

Heart Attacks

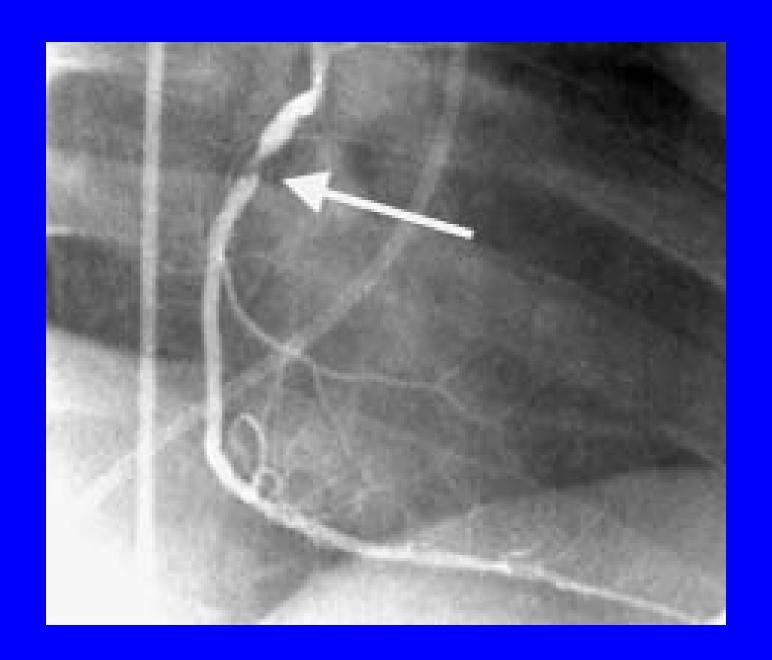
Diagnosis of Atherosclerosis

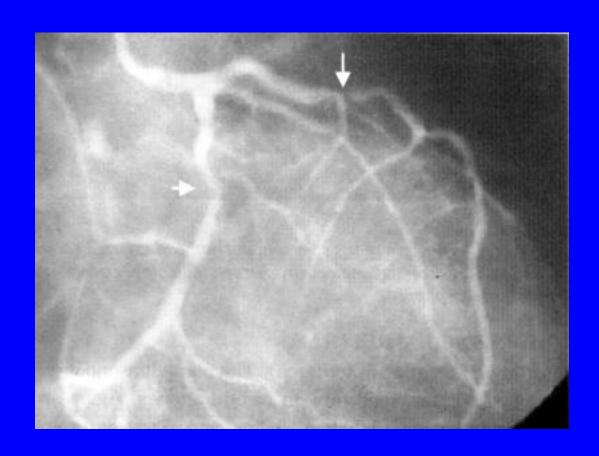
Detection of Atherosclerosis





Left Coronary Artery Arteriographic View 2





Assignments Due Next Time

Project Proposal Presentations