



## Wishing our patients and our referrers a **Merry Christmas**

We thank you for your support this year and look forward to continuing to work with you to improve cardiovascular disease outcomes in 2018.

*Adelaide Cardiology metropolitan clinics will remain open for consultation and investigational services over Christmas and New Year, closing only for the public holidays.*

*Our regional clinics will close on the 22nd December and open on the 2nd January 2018.*

*For all bookings and enquiries: Phone: 08 8202 6600 | Fax: 08 8202 6698  
or Email: [info@adelaidecardiology.com.au](mailto:info@adelaidecardiology.com.au)*



## **Lunch & Learn**

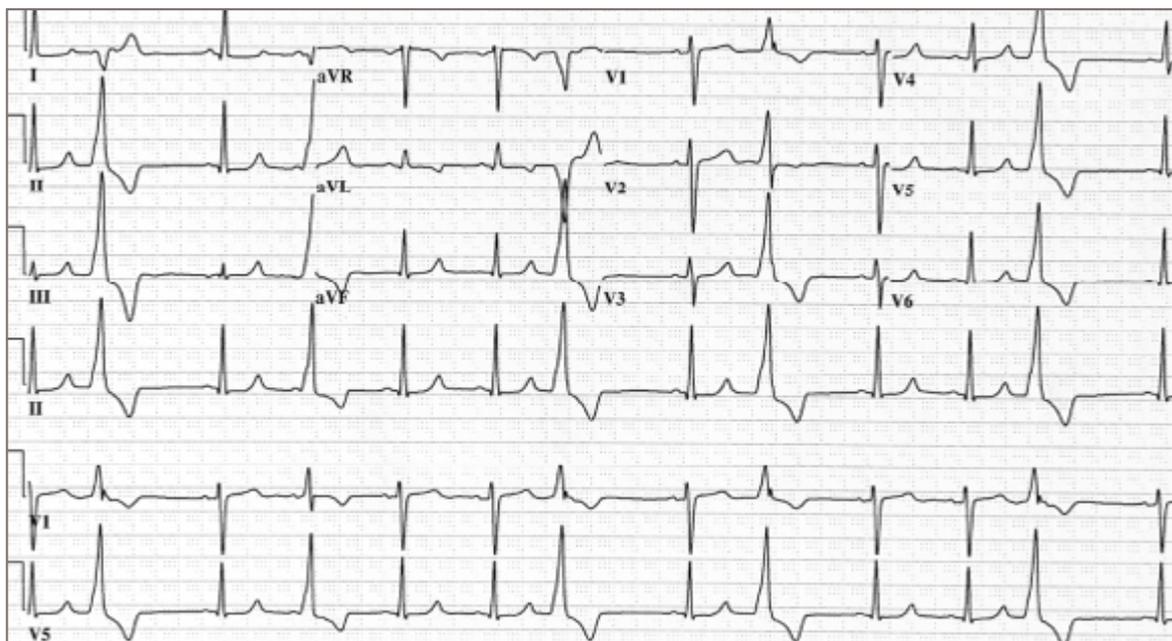
Q&A SESSION WITH A LOCAL SPECIALIST

If your practice would like one of our Cardiologists or Sleep & Respiratory Specialists to attend an educational clinical GP lunch meeting, please [phone: 0428 287 952](tel:0428287952) or [email: events@adelaidecardiology.com.au](mailto:events@adelaidecardiology.com.au)

### **ECG ROUNDS**

*80 year old man has presented for a routine medical checkup. He is asymptomatic but an irregular slow pulse (HR 42bpm) was detected during physical examination. He has treated hypertension and hypercholesterolaemia.  
What is the diagnosis?*

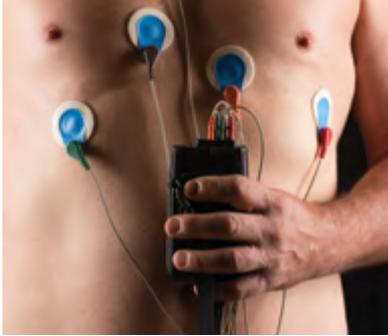
- a** Atrial fibrillation
- b** Old myocardial infarction
- c** Sinus rhythm with frequent ventricular ectopic beats
- d** 3rd degree AV block



ANSWER ON PAGE 2

# CARDIAC TESTING

## SPOTLIGHT ON HOLTER MONITORS & PATIENT ACTIVATED RECORDERS



Symptoms of palpitations, pre-syncope/syncope and intermittent non-exertional dyspnoea may be due to tachy or brady-arrhythmias. **The 12 lead ECG while a compulsory preliminary investigation, rarely provides conclusive diagnostic information.**

Symptom-rhythm correlation is ultimately necessary to establish a diagnosis of arrhythmia **or to rule it out**. A variety of modalities are available for such a purpose including Holter monitors, patient activated recorders and loop recorders. In essence they each provide limited channel ambulatory ECG recordings, yet differ in the continuity and duration of monitoring. The utility of each is determined by the frequency, duration and severity of patient symptoms, as well as to a degree by the patient's ability to comply with operating instructions. Generally speaking, patients proficient in using an ATM are capable of operating most such monitors.

Patients, who typically experience symptoms many times a day, are best suited to have a 24-48h Holter monitor. Patients are required to maintain a diary of symptoms during a Holter monitor, although even in the absence of documented symptoms, useful information may be gleaned. For example a

Holter monitor is useful in elderly patients with frequent syncope, since even if asymptomatic periods of heart block are identified, a pacemaker may be indicated. Cardiologists occasionally also use Holter monitors to confirm biventricular pacemaker function, to diagnose silent/asymptomatic paroxysmal AF after ischaemic stroke, to assess adequacy of rate control of permanent atrial fibrillation or flutter, to screen patients for arrhythmias following ablation (or antiarrhythmic treatment) or to quantify the burden and morphology of ventricular ectopy.

Patients with symptoms which are **infrequent (once a week or every few days)** are best investigated with a patient activated recorder (PAR), which records only when activated by the patient; thus increasing the likelihood of capturing the rhythm during symptoms. PARs are ideal for patients with infrequent palpitations, but less practical in patients with syncope for investigation. Occasionally if syncope is infrequent, separated by many weeks, a miniaturised loop recorder the size of a small USB can be implanted (in theatre) after specialist consultation. These devices permit prolonged cardiac rhythm monitoring for up to 3 years, allowing for even remote telemetric surveillance of the device.

Patients who typically report exertional symptoms are more appropriately investigated with an exercise stress test to provoke symptoms and arrhythmias.

Our Cardiologists would be glad to provide appropriate advice concerning which modality is most appropriate for any particular patient.

### ECG ROUNDS

#### ANSWER: C

Sinus rhythm with frequent ventricular ectopic beats

His palpated heart rate of 42 bpm is not his true heart rate, which is 72bpm. Ectopic beats are poorly palpable peripherally, resulting in an apparent bradycardia. An ECG should always be done to verify the cardiac rhythm. Ventricular ectopic beats cannot be assessed for ischaemia, While ectopic beats are often benign, frequent ectopy can indicate underlying cardiac disease, and an echo should be considered for further evaluation.



Now available at all metropolitan clinics

Adelaide Cardiology  
**Rapid Access  
Echocardiography  
Service**

For rapid access Echocardiogram bookings:  
Tel: **08 8202 6600** Fax: **08 8202 6698**  
Email: [info@adelaidecardiology.com.au](mailto:info@adelaidecardiology.com.au)



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## AUSTRALIAN HEART MAPS

### A national picture of heart disease indicators



The Heart Foundation's Australian Heart Maps continue to build the national picture of heart disease indicators at a national, state, regional and a local government level.

A valuable tool for health professionals and health services, the Australian Heart Maps can be used to establish health related strategies, to plan for health services and to develop/implement targeted prevention initiatives.

You can see how your local government or region compares for:

- Total heart-related hospital admissions (2012-14)
- Coronary heart disease death rates (2010-2014)
- Heart-related risk factors such as obesity and smoking (2014-15)

At a regional and state/territory level you can also compare rates for specific types of heart-related hospitalisations. This includes rates for heart attack, STEMI, Non-STEMI, Heart Failure, and Unstable Angina.

The Heart Maps reveal important heart disease trends across the country. Importantly, they highlight the association between socioeconomic disadvantage and remoteness with heart health outcomes.

**Access Australian Heart Maps at [heartfoundation.org.au/heartmaps](http://heartfoundation.org.au/heartmaps) or call the Heart Foundation Helpline on 13 11 12**

# Adelaide Cardiology welcomes Dr Sam Sidharta to the Practice



Sam graduated from the University of Melbourne in 2004 and was awarded FRACP in 2012. In 2017 he was awarded his PhD on the role of intravascular imaging and has recently completed a fellowship in interventional cardiology at the Royal Adelaide Hospital.

Sam joined Adelaide Cardiology in July and consults at the St Andrew's Medical Centre and our Leabrook, Modbury, Clare and Broken Hill Clinics. He is fluent in Indonesian.



# Announcing Adelaide Cardiology Heart Failure Clinic

**We are pleased to announce the opening of our inaugural Heart Failure Clinic.**

Located at our Unley Road Clinic, 313 Unley Road, Malvern the clinic will be conducted every Tuesday and managed by heart failure specialists **Dr Srinivasan** and Nurse Practitioner **Ms Kath O'Toole**.

Together they have implemented a patient centered approach to the assessment and management of patients with heart failure.

The Heart Failure Clinic will provide rapid access to clinic appointments, additional support for the care of complex patients and improved communication of assessment outcomes and management plans.

We believe that our Heart Failure Clinic will reduce patient admissions to hospital, improve functional status and quality of life for our patients.

We welcome your enquiries regarding our new clinic. For additional information please:

**P** 08 8202 6600

**F** 08 8202 6698

**E** [info@adelaidecardiology.com.au](mailto:info@adelaidecardiology.com.au)

Unley Road Clinic: 313 Unley Road, Malvern.

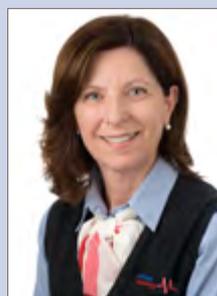


## Cardiologist: **Dr G (Srinivasan) Srinivasan**

Srinivasan graduated from the University of Madras, India in 1992 and completed his advanced cardiology training at the Greenlane Cardiovascular Centre and Middlemore Hospital in Auckland.

Srinivasan was awarded his FRACP in 2010 and completed a Clinical Fellowship in cardiac magnetic resonance imaging at Flinders Medical Centre. He is involved in clinical research projects in hypertrophic cardiomyopathy and heart failure with preserved ejection fraction.

Srinivasan has extensive experience in Echocardiography and Cardiac Magnetic Resonance imaging and has an interest in all aspects of clinical cardiology. In 2017 he accepted the central role in managing the inaugural Heart Failure Clinic with Adelaide Cardiology.



## Nurse Practitioner: **Kathryn O'Toole**

Kath is a consultant Cardiac Nurse Practitioner with extensive clinical experience in chronic cardiac care, secondary prevention and cardiac rehabilitation. Kath was authorised as a Nurse Practitioner in 2011 after completing her Masters of

Nursing at the University of South Australia.

She provides an innovative cardiovascular prevention and rehabilitation service by embracing a patient centered approach that empowers her patients with knowledge and strategies to assist them managing their cardiovascular disease.

Kath leads the nurse led Heart Failure Titration Management Clinic focusing on optimisation of evidence-based pharmacotherapies, including a flexible diuretic regimen, self-management strategies, lifestyle modifications and psychosocial support.