



Our Cardiologists

Adelaide Cardiology provides an extensive range of cardiac services and subspecialties ensuring that patients have access to the complete range of cardiac care within our Practice.

John Sangster
Echocardiography

Robert Waltham
Echocardiography

Peter Steele
Interventional

Joseph Montarello
Interventional

Michael Brown
Interventional, Non-invasive Cardiac
Imaging (CT, MRI)

Glenn Young
Electrophysiology

Daniel Cehic
Electrophysiology

Peter Sage
Interventional

Stephen Worthley
Interventional, Non-invasive Cardiac
Imaging (CT, MRI)

Patrick Disney
Echocardiography, Grown up Congenital
Heart Disease

Karen Teo
Non-invasive Cardiac Imaging (CT, MRI)

Dimitrios Lypourlis
Electrophysiology

Julie Bradley
Echocardiography



Contact us

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Adelaide 5000
South Australia

Telephone
08 8202 6600

Facsimile
08 8232 3692

adelaidecardiology.com.au

Locations

City & Suburbs

270 Wakefield Street
Adelaide SA 5000

St Andrew's Clinic
349 South Terrace
Adelaide SA 5000

Modbury Clinic
71 Smart Road
Modbury SA 5092

Regional

Angaston Hospital
29 North Street
Angaston SA 5353

Bridge Clinic
8 Standen Street
Murray Bridge SA 5253

Broken Hill Base Hospital
Thomas Street
Broken Hill NSW 2880

Clare Medical Centre
Old North Road
Clare SA 5453

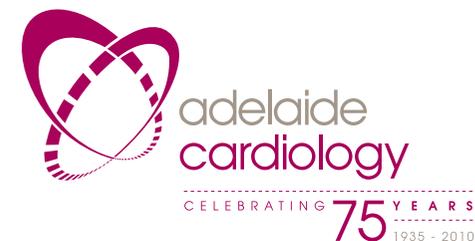
Gawler Health Services
21 Hutchinson Road
Gawler SA 5118

Maitland Health Centre
69 Robert Street
Maitland SA 5573

Mannum Medical Centre
Parker Street
Mannum SA 5238

Minlaton Medical Centre
7 South Terrace
Minlaton SA 5575

Walleroo Hospital
Ernest Terrace
Walleroo SA 5556



the beat

Welcome...

to our spring 2010 issue of "the beat", Adelaide Cardiology's quarterly publication which provides information about our Practice and cardiology topics of interest.

Dr Karen Teo and Dr Julie Bradley

In 1891, Dr Laura M Fowler was one of the first women in Australia to graduate in Medicine, and she did so from the University of Adelaide. We have come a long way since then, as South Australia boasts a long and proud history of "firsts" when it comes to the achievements and milestones of women.

At Adelaide Cardiology we are pleased to have two leading cardiologist specialists, Dr Karen Teo and Dr Julie Bradley.

While many of your patients may have no particular preference, there are some people who feel more comfortable with and actively seek to be treated by a female specialist and/or GP.

Dr Karen Teo is interested in all aspects of clinical cardiology but has a particular interest in non-invasive cardiovascular imaging using the modalities of echocardiography, cardiovascular MRI and CT.

Dr Julie Bradley practices general cardiology but her special interest remains in echocardiography. This includes transthoracic, transoesophageal, intraoperative transoesophageal and exercise stress echocardiography together with women's heart health issues.

If you would like further information about Drs Teo and/or Bradley or if you have any questions about the services Adelaide Cardiology provides, please contact us on 8202 6600.

Adelaide Cardiology to the Bay

A contingent from Adelaide Cardiology once again entered the City to Bay on 19 September. Showing once again that the staff and their families are committed to healthy hearts, we had participants in both the 12km and 6km running and walking categories. A great day was had by all with one of our Echo technicians finishing the 12km run in 51 minutes, a great effort.

Cardiovascular Disease in Women

There are misconceptions that cardiovascular disease is not a real problem for women, even though 1 in 2 will die of heart disease or stroke, compared to 1 in 25 who will die eventually of breast cancer. The good news is most cardiovascular disease in women is preventable. Dr Karen Teo discusses cardiovascular disease in women.



Dr Karen Teo

Cardiovascular disease (CVD), particularly coronary heart disease and stroke remain the leading cause of death in most developed countries.

Although there has been an overall reduction in the death rate due to cardiovascular disease in the last decade, the rate of decline is less for women than men. The absolute number of deaths due to CVD in women is actually increasing due to an ageing population. There are misperceptions that CVD is not a real problem for women even though 1 in 2 will die of heart disease or stroke, compared to 1 in 25 who will die eventually of breast cancer.

In Australia, CVD is responsible for more than 29% of premature deaths in women. Younger women (20-39 years) tend to be protected from coronary heart disease, stroke and hypertension while CVD is more prevalent in older women relative to age-matched men. These differences are partly related to the influence of sex hormones on the vasculature, platelets and the expression of coagulation proteins.

A general approach in classifying a female patient's risk is as outlined below.

Evaluation of Cardiovascular Disease Risk in women

High risk

- Established coronary heart disease
- Cerebrovascular disease
- Peripheral arterial disease
- Abdominal aortic aneurysm
- End stage or chronic kidney disease
- Diabetes
- 10 year Framingham global risk >20%

At risk

- One or more major risk factors including: cigarette smoking, poor diet, physical inactivity, obesity, family history of premature CVD, hypertension and abnormal lipids Metabolic syndrome
- Poor exercise capacity on treadmill and or abnormal heart rate recovery after stopping exercise

Optimal risk

- Framingham global risk <10%, healthy lifestyle, no risk factors

* Australian Institute of Health and Welfare 2010 Women and Heart Disease Cardiovascular disease series no 34 Canberra 2010

As health practitioners, we can educate our female patients to be aware of their risk of CVD, identify their risk factors and assist them in taking action to address these risk factors. Most CVD in women is preventable. More than 90% of Australian women have one risk factor for heart disease and 50% have 2 or more risk factors. Lifestyle recommendations that can be implemented in women include smoking cessation, healthy diet, regular physical activity and weight management. Major risk factor interventions include that of hypertension, diabetes and hyperlipidaemia management.