Heart Friends Around The World

a worldwide association to promote
the prevention and rehabilitation of heart disease

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«CARDIOLOGY UPDATE»

Commentary on the event - Capri, Italy - October 18-19, 1996

The weather forecast is not encouraging; the last news told of the difficulty for the ferries to reach the isle of Capri. I'm worried the moment I set off for «Molo Beverello» in the port of Naples, from my house in Locate, at 5 o'clock in the morning, with my daughter Sarah. It has been raining all night long, and it's still going on. I load up our luggages and I head for Treviglio where lives Veronica, our secretary; meanwhile I listen to the radio informing of probable danger of flooding in the area of Lodi.

In the night the round eyes of an owl crouched down on a wire, heedless of the rain, meet with my Saab's lights. I take it as a good omen. It takes us 8 hours to get to



Molo Beverello; a ferry leaves in a hour. We meet Paul Beckers from Belgium with his wife and we exchange the first words and impressions on the Association and its future programmes. Good crossing, polite hospitality. The rooms we booked are not all at our disposal; to set a good example I take my luggage and move to another hotel, clean and decorous, near Punta Tragara. Capri is always wanderful, even now that is all wet, with a few clouds above the top of Monte Solaro. Dinner serves as a meeting point. People meet again exchanging smiles: there are Aronov and Atkov from Russia, Rudnicki, Mazurek, Makowiecki from Poland, some of them are accompanied by their wives. They couldn't miss the opportunity of living the magic atmosphere of the «isle of love». Hoffmann from Hungary, Stolz meets again his friend Zoltán Mikes: once they belonged to the same country; now one is Czech, the other is Slovak; but they wanted to share the same room, maybe to feel again compatriots.

With them have come two young students in medicine at the Comenius University of Bratislava, assistants at the faculty of Gerontology: the delegation from Slovak Republic came to examine, besides the scientific works, also the organizational aspects. In fact, the next September, they will see to the organization of «Cardiology Update 1997», in the Castle of Smolenice. From Russia, and precisely from Novgorod, arrived a delegation guided by Eugeny Kamicheva, accompanied by Olga, interpreter for the group. Their enthusiasm in the participation is intense, the scientific level in their country is high; by participating in congresses abroad they are taking up the first steps to share their knowledge with the world: a difficult task if we consider the linguistic barrier, but also much more involving for the same reason. From India K.K.H. Siddiqui and from Minnesota Ed Kaplan, as he signes himself for his friends: two speakers from Asia and from U.S.A. to inform us about the status of heart disease in their respective countries. No more young, they had some trouble after landing in the isle: having no had precise instructions, they have tried to reach Capri through Marina Piccola by foot. Luckily, after a few meters, a taxi driver put an end to an arising problem caused by their being short of breath. On their way back, they wrote me that they had the opportunity of giving a quick look to a piece of heaven. Ingrinda, Mara, Lilita, are three nice cardiologists from Latvia; since the last year they wished to have a preview of Capri and they had come to visit the place with the enthusiasm of three adolescents. Among the others, there are friends from Tirana, Buenos Aires, Lithuania. Horea Branea from Romania, winner of the first «young investigator award» in the field of rehabilitation, has reached Capri by train after a tiring journey, as much proud of having being selected as his father, responsible of an important Rehabilitation Centre in Timisoara. There are also Otto Brusis with Brigitte and Kristian kothe from Germany, John, Julie, Dorian and Zena from England, De Velasco and «su mujer» from Spain and many others. The second course based on fish is up to the situation and, after a last glass of wine «Bianco di Tiberio», we wished to each other a good night. A breath of wind against the window, but I can see the moon. Tomorrow morning some will wake up early for the «morning run». At 5.50 the runners are already waiting for me. Sarah is in the front row, then come Mara and Ingrida, Branea, Kothe, the Hungarian girl, Kryzstof, the Slovak students, Krzystzof's wife and Franco with a friend. Some walk, some run. Vasiliauskas arrives in the hall 10 minutes late and doesn't find anybody.

Under some raindrops we headed for Marina Piccola, in the daybreack light. The dawn appeared when we were on the seaside, the sun rising from behind the «faraglioni».

A last run on a uphill path, with a final burst between myself and Krystzof Makowiecki, who made 4 hours and 30 minutes at the Berlin Marathon. Then a warm cappuccino and the Meeting of the Board of Directors. My friends are punctual; also the members of the Board of



A morning run to the «Faraglioni».

Trustees are present. We approve a clause to be added to the statute, following which those who organize the annual Congress of the association become members of the Board of Directors; we discuss about the programmes, the financial balance is approved and we prepare the General Assembly to be held in the afternoon. It's 10.30; three small buses are waiting for us to take us to Anacapri. The short trip on the sheer that drops from the cliff of the sea present us with a wanderful landscape. We get off the buses and walk towards the Villa of Axel Munthe. Some buy an umbrella, as a «souvenir» from Capri.

It has stopped raining and we part from each other to visit the village. After a short time we meet again for a lunch based on «prawns and shrimps». Free time, return to the hotel and General Assembly at 17.00 p.m. I'm a little bit tired; the congressual works begin.

I took beautiful pictures; Pino Spirito, cardiologist responsible of the local hospital, has proved of great help to me. During the Assembly it has been approved a resolution to be sent to all the countries members of Heart Friends Around the World: it is a document which urges the Ministries of Public Health to give absolute priority to the prevention and rehabilitation of cardiovascular disease in their respective countries. I wonder if we will be able to stir up public opinion and to give our contribution to the health promotion. Some corrections are made by Dorian for a better draft in English language. Kollar insists in underlying the importance of blood pressure. But in the end it is unanimously approved.

The most important thing: Kothe proposes a scholarship to three cardiologists; a Rumanian, and Indian and a Slovak, authors of three communications that have been judged of great scientific significance. They will spend a month of their life, out of charge, in the Rehabilitation Centre of Essex in Germany, where they will have the opportunity of learning new methodologies, meeting new friends and ex-



The participants to the Meeting in the «Piazzetta» of Capri.



The runners in front of a beautiful dawn.



A walk around Capri.



Sightseeing at Axel Munthe's Villa.



A walk around Anacapri.

changing experiences. Thank you Kristian for this opportunity!

Then it is discussed about the venues of the future congresses: in 1998 it should have been Cuba but, considering all the difficulties, Hoffmann suggests to opt for Budapest.

Poland, likely Krakowia, is confirmed for 1999, while Berlin for 2000.

Moscow proposes its candidature for the year 2001.

If we don't make mistakes, the growth of Heart Friends will really be «Around the World».

Another discussion about the Meetings where we met new members: most of all I think of the World Congress in Buenos Aires, where we associated 150 new cardiologists from South America. The future programmes consist mostly in participating in International Meetings, so to realize our main goal of gathering many «heart friends» from all over the world. The Assembly ends with the approval of the financial balance with is still poor, but anyway it is a credit balance. It is thanks to the Italian Association Friends of the Heart if we can go on pursuing our aimes.

A delegation of 100 people came to join us from Bergamo: our patients will never forsake us!

After dinner, this time based on meat (Siddiqui asked for chicken) we all go to the «Taverna»: dances and songs, following the most typical Naples tradition.

The morning after, at 8.00 o'clock, came from Naples by hydrofoil Prof. Mancini, Dr. Jossa and Dr. Miceli; they are ready to give their scientific contribution to the congress. Siddiqui felt dizzy and Edward Kaplan asked me to visit him: it's 8.20 and I'm checking the blood pressure: 150/80; 72 beats/minute. Maybe, coming from India, he thought to find a cold weather in Italy and he was too much dressed.

It's 9.00 and the congressual works start: it'is my turn and my speech concerns the use of Internet in the field of Cardiology. Maybe my words sound banal to the «American», but the others listen to me as if I am speaking of futurist things: a comparison between two cultures, the main difference being a technology not yet accessible for every country. It's a matter of time; of course not of cleverness. Then it's Aronov's turn, with his speech on physical activity, followed by Mario Mancini whose lecture regards the cholesterol; both speeches are aimed to the primary and secondary prevention of cardiovascular disease. Ed Kaplan makes a survey on the prevention of rheumatic fever, illustrating the updates and the international strategies of intervention. He is responsible of the joint task force including the World Health Organization, the International Society and Federation of Cardiology and of Unicef.

Now it's Siddiqui's turn. After his lecture, Oleg Atkov, Russian cosmonaut, tells us of the cardiovascular, ematological and mechanical modifications of the physiology of human body during long-term missions in space. Last time he has been in space for 8 months. He is a cardiologist and a very clever person, «special» I would say: he is the only «honorary member» of



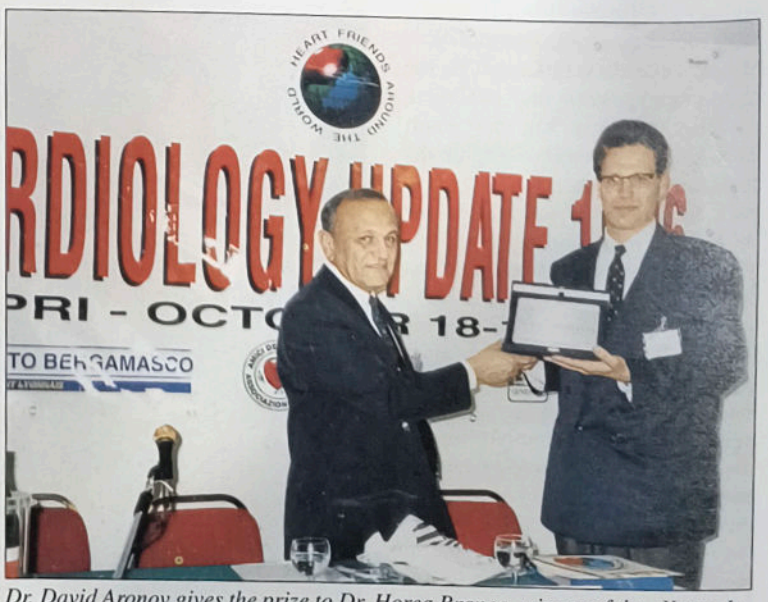
Zoltán Mikes proposes Smolenice as the venue for the next annual Congress of the Association.



General Assembly of Heart Friends Around the World: meeting with the delegation of the Italian Association Friends of the Heart.



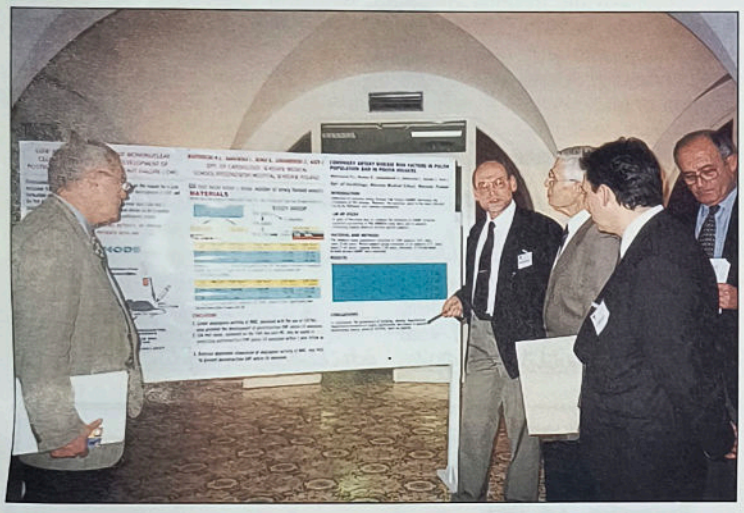
Dr. José A. de Velasco consigns to Dr. Oleg Atkov, Russian Cosmonaut, the Honorary Membership of the Association.



Dr. David Aronov gives the prize to Dr. Horea Branea, winner of the «Young Investigators Award».



Dr. Fabrizio Jossa and Dr. Kristian Kothe, chairmen of the free communications session.



Heart Friends Around the World, and he will act as our ambassador in the world.

Open discussion before the «pizza». Then restarting of the session: 36 abstracts from 19 countries, Uzbekistan and Azerbaijan included. We will publish only the best ones into this issue of the Journal.

It's time for the accounts: our badget, even with the present difficulties, has been enough to cover the expenses and this is a great success. In the night, salmon and «limoncello» and toasts of congratulations. I had promised to my guests a walk in the Capri moonlight, but that night there wasn't the moon. Nevertheless we went out for a walk as well... Capri by night makes the heart tender: ask Vincenzo Arone and his girlfriend! I had a talk with my daughter: she is giving me great satisfaction!

The morning after we packed our luggage. Veronica is ready; at the last minute she has a short time to buy some presents to take home.

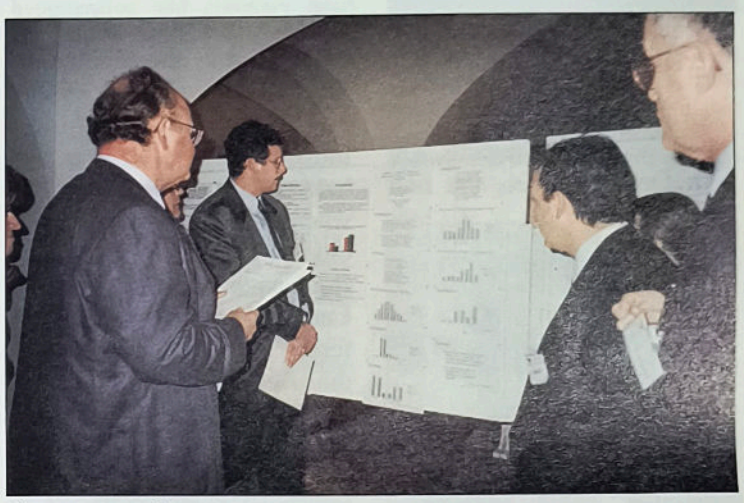
She's looking for a parfume that she can't find; three bottles of «limoncello» for her friends.

Our way back is easier: it's not raining.

We arrive in Treviglio early at night: it is not dark enough for the owl to come out; what a pity! I would have liked to meet her round eyes again to thank them: they had really been a good omen to me!

Flavio Burgarella





The posters session.

Decision approved during the General Assembly of «Heart Friends Around the World», regarding the priority intervention carried by every single Country in the field of Cardiovascular Prevention.

The present document has been sent to the Ministries of Public Health of all the 90 Countries where our members are present.

Dear Mr. Minister of Public Health,

Heart Friends Around the World is an Association including among its members cardiologists from 90 Countries and Your Country belong to these. The Association is a non-profit making body, operating worldwide to promote the prevention and rehabilitation of Heart Disease, that kills 10 milions people yearly; and 40% of these deaths happen in developing Countries.

Within year 2005, the deaths caused by cardiovascular disease are foreseen to increase to 20 milions; 13 milions of which belong to developing Countries and East Europe Countries.

If this trend will last, even in the most advanced Countries the financial capacity of supporting health promotion will be overcome.

The most important risk factors are: a diet rich in saturated fats, the habit of cigarette smoking, high blood pressure and sedentariness. Poverty and the general deterioration in the quality of life-style represent other relevant risk factors. Nowadays, only Finland and Canada have national programmes aimed to the prevention and a full consciousness of the general proportion of the problem. Some Countries, among which the United States, Canada, Australia and the Countries belonging to the European Community have considerably reduced the rate of mortality caused by cardiac diseases, even though their incidence is still so high, as to be considered an epidemy.

The General Assembly of Heart Friends Around the World approves unanimously the present document and asks Your Ministry to consider also in Your Country as top priority those activites of information and health education aimed to the control the coronary risk factors among the population.

Capri, October 19th, 1996.



A happy good-bye at the rythm of traditional music.



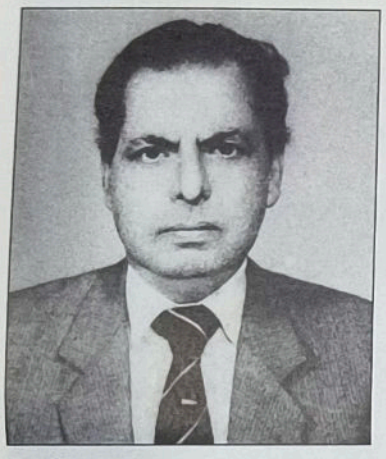
See you in Smolenice for Cardiology Update 1997.

Heart Friends Around The World

INDIAN AFFILIATED CHAPTER

21st December, 1996

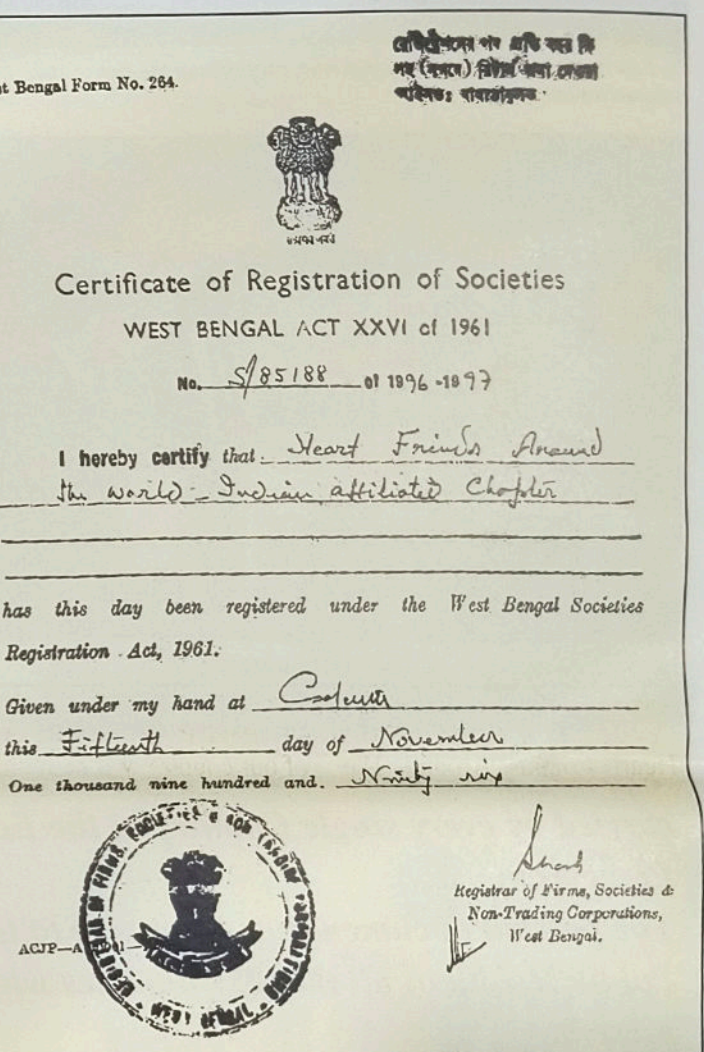
Dear Dr. Burgarella,
Please accept my regards. On 18th December '96, the first meeting of the Executive Committee of The Heart Friends Around The World - Indian Affiliated Chapter was held at Calcutta Club, Calcutta, where it was decided to include honourary members from amongst the top ranked Cardiologists attached to different institutions all over India. At present the Executive Committee consists of the following whose Bio-Data are given in brief.
I am sending the photos of all the Executive Members along with this letter. Wishing eagerly to hear from you and a very Happy Christmas and New Year to you and your family.
Yours sincerely



President:
Dr. K. K. Hyder Siddiqui

November 22, 1996

Dear Dr. Burgarella,
Please accept my regards. Please note that the **«Heart Friends Around The World - Indian Affiliated Chapter»** has been registered after prolonged legal scrutinies and formalities. I am sending herewith a copy of the registered certificate for your record. Please let me know your comments.
Please also note that the XI th Asian Congress of Cardiology will be held at Jakarta in July 1997 along with the 5th Asian-Pacific Congress on Cardiac Rehabilitation (July 5-6, '97). I have sent your name to the congress. Hoping to hear from you soon.
Thanking you,
Yours Sincerely,
Dr K. K. H. Siddiqui



West Bengal Form No. 264.

Certificate of Registration of Societies

WEST BENGAL ACT XXVI of 1961

No. S/85188 of 1996-1997

I hereby certify that Heart Friends Around the world - Indian affiliated Chapter

has this day been registered under the West Bengal Societies Registration Act, 1961.

Given under my hand at Calcutta

this Fifteenth day of November

One thousand nine hundred and Ninety six

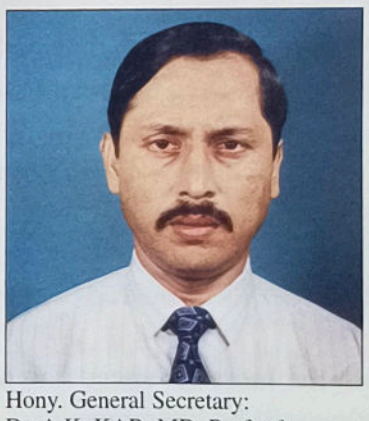
Registrar of Firms, Societies & Non-Trading Corporations, West Bengal.

AN ACCOMPLISHED CARDIOLOGIST

Dr K K H Siddiqui, a cardiologist of international fame and a well-known social worker of Calcutta having been the Sheriff of this Eastern metropolis, is the present chairman of the Rehabilitation Committee of the Asian Pacific Society of Cardiology. He is a senior consultant cardiologist with Calcutta's well-known BM Birla Heart Research Centre as also with the Calcutta Medical Research Institute. Besides, he is the Chairman of the Management Board of the Calcutta National Medical College Hospital and a member of the Syndicate (Chancellors's Nominee) of the University of Calcutta. Associated with prestigious medical journals, Dr Siddiqui at present is a member of the Editorial Board of the International Cardiology, Panama. He is also and Associate Editor of the Indian Heart Journal the official pubblication of the CSI and is on the editorial board of the Indian Journal of Clinical Practice (IJCP). Active in the CSI all through, Dr Siddiqui was its president in 1991, Vice-President, 1982-'83 and Honorary General Secretary in 1983-'86. In international organisations on cardiology, he was vice-president Asian-Pacific Society of Cardiology, 1991-'95 and chairman, Committee IV vice-president Asian-Pacific Society of Cardiology, 1991-'95 and chariman, Committee IV Asian-Pacific Congress of Cardiac Rehabilitation.
Dr Siddiqui attended and Chaired a symposium and presented a scientific paper in the Ist International Congress on Cardiovascular Disease held in Dhaka, Bangladesh in 1984 and a scientific session of the Vth Asian Congress of Cardiology held in Bangladesh in Nov. 1984. He was nominated as a member, International Organizing Committee of the Ist Asian-Pacific Symposium on Cardiac Rehabilitation heald at Manila, the Philippines in February 1986. He attended the 10th World Congress of Cardiology at Washington D.C. as one of the official delegates from India in 1986. He chaired a scientific session and read three papers at the 9th Asian-Pacific Congress on Cardiology held at Auckland, New Zealand in 1987 and chaired a session as an in vited guest as the Second Asian-Pàcific Symposium on cardiac Rehabilitation at Jerusalem, Israel in June 1989. He attended and chaired the 11th World Congress on Cardiology held at Manila in 1990, and was invited as a distinguished guest at the 40th American College of Cardiology, Atlanta, Georgia, USA in 1991. He was also invited as a speaker at the 3rd Asian-Pacific symposium on cardiac rehabilitation held in Singapore in 1991. At the 10th Asian-Pacific Congress on Cardiology held at Seoul, South Korea in 1991, he was invited as a speaker. Dr Siddiqui was also invited by the Heart Association of the Republic of China, Taiwan, as a special invitee.
He was elected in the International Organizing Committee in the Vth World Congress of Cardiac Rehabilitation held at Bordeaux, France, in July 1992. He was also invited by the German Cardiac Society to participate in the annual national conference of Cardiac Rehabilitation at Waldkirch, Germany in 1993. He chaired a scientific session at the XIIth Asian-Pacific Congress of Cardiology held in Bali, Indonesia, 1995. Dr Siddiqui has several scientific papers in his name in various national and international journals.



Vice-President:
Dr. MONOTOSH PANJA, MD.
Prof. of Cardiology, Institute of Post Graduate Medical Education and Research, Calcutta.



Hony. General Secretary:
Dr. A.K. KAR, MD, Prof. of Cardiology Institute of Post Graduate Medical Education and Research, Calcutta.



Hony. Treasurer:
Dr. G. C. DAS, MD, Prof. and Head of the Dept. of Cardiology, Calcutta National Medical College & Hospital, Calcutta.



Hony. Asst. Secretary:
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BM Birla Heart Research Centre,
Calcutta.



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AMBIM (London), ASCA
(England). Dean of Faculty of law,
University of Calcutta.



Dr. (Mrs.) K.A. KABIR, M.D.
Sr. Consultant Physician &
Cardiologist/Islamia Hospital and
Director, J K Memorial Diabetic
Clinic & Research Centre.

PREVENTIVE CARDIOLOGY: A 21ST CENTURY CHALLENGE

A well-structured cardiac rehabilitation with the objective of controlling cardiovascular disease (CVD) is a crying need in that it does pose a challenge for the twenty-firts century. Admittedly, CVD is life-threatening and the chances of its being cured, once it is clinically manifest, are negative. This dismal picture indeed emphasises and immediate need of and requirement for a comprehensive preventive approach by way of identifiying a number of predisposing factors which have had their collective influence on individual lifestyles. Needless to state, all predisposing factors are modifiable and, throught proper health care measures, can be improved remarkably well. The onus of creating public awareness to this effect is therefore a challenging one. It was time public health measures were carried into practice to arrest the major risk factors in the general population. CVD has been identified as «A disease of all epochs»: it was, it is, and it will be. In other words, it is certainly not a new affliction to mankind, although a phenomenal improvement in medical science these days has noticeably defied its incidence. Still there is much to be learned about cardiovascular disease prevention, so that cardiovascular morbidity as well as cardiovascular mortality is reduced. That ought to be the cardiological resolution with the advent of the twenty-first century.

Medical statistics have it that while in countries such as the USA, Australia, New Zealand, and most parts of Western Europe the episodic intensification of atherosclerotic cardiovascular disease in waning, in Asia, Latin America, and Eastern Europe it is almost epidemically on the rise. It is interesting to note, incidentally, that there has of late been a simultaneous increase in the rise of coronary mortality, with an increased tendency to adopt Western lifestyle in most Asian countries.

Cardiologists in these countries are quite naturally intrigued in so far they feel whether CVD is an inevitable result of genetic makeup or it is avoidable by changes in lifestyle. But still it is undeniably true that cardiovascular health can be improved in general by an effective institution of changes in lifestyle in both people who have not as yet fallen victims to CVD and high-risk candidates of it. Additionally, this can improve the outlook and quality of life of victims fortunate enought to survive the initial attack of CVD, when it is common knowledge that much too often heart disease of every description assails with little or no warning.

It has been found that even after they have been made critically aware of their heart attack «risk profile», many individuals do not even then follow whatever instructions are given to them to correct the problem.

They make, at best, an unwise, and, at worst, a downright foolish investment with their health. And when the alarm bell strikes with an attack on the heart, they go in for heroic measures such as CABG and PTCA, while a consciousness about medically recommended preventive measures would have prevented its occurrence, and if ill luck would have it, its recurrence.

Such a gloomy inference is unavoidable. But can we avoid the stark truth that apart from hereditary factors responsible, for instance, for the complex etiology of hypertensive and coronary heart disease, all other arterio-sclerotic vascular diseases, such as strokes, etc., are caused by multiple interrelated factors acting collectively. Preventive cardiology must stress that tension, emotional upsets, physical fatigue are in themselves only precipitating factors of CVD in the presence of an underlying condition of coronary atherosclerosis. The real risk factors are not stress on utter frustation in themselves, but the excesses they so often engender in this fiercely skittish modern life.

There is no gainsaying the fact that effective implementation of a comprehensive programme as to preventive cardiology is the specific challenge for the twenty-first century interface, if we are to make aggressive efforts to prevent CVD. In the area of heart disease, our knowledge about the biochemistry of the heart muscle and its contraction has enormously increased, as has knowledge that brings closer the solution to atherosclerosis.

But even when we will be able to organise rescue systems that salvage more heart attack victims before they reach hospitals, we must sustain maximum effort to make the prevention known and available to everyone, and to enhance the effectiveness of methods of prevention. Prevention can be practised, once he or she knows how, by every human being.

You can do it by yourself: but you cannot treat yourself and cure yourself after you have become ill. In the end, all that will save in your own self-love and self-respect, as these determine your individual day to day life-style. To be brief about the matter, «the future should be in prevention».

Dr K. K. H. Siddiqui

13th January, 1997

Dear Dr. Burgarella,
Please accept my regards.

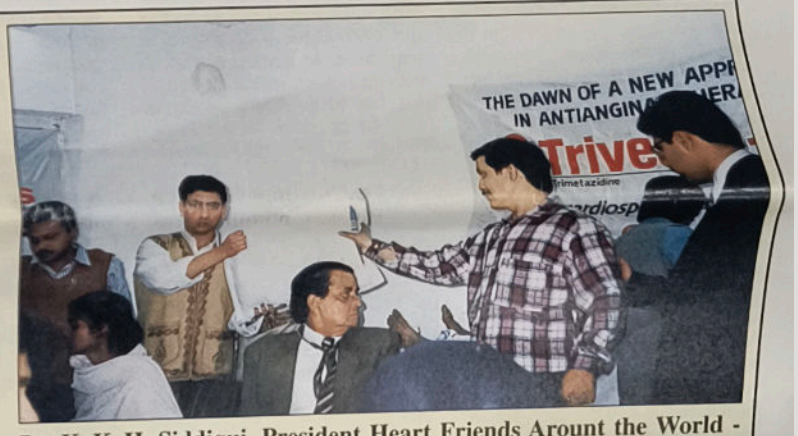
The First Meeting of the Executive Committee of the Heart Friends Around The World - Indian Affiliated Chapter was held on 18.12.96. According to the decision we organised one **Free Heart Check Up Camp** on 12.1.97 at Unani Medical College Campus which is situated at 8/1 Abdul Halim Lane, in the slum area of Calcutta where we did ECG fot 100 under privileged patients along with their blood sugar and lipid profile check up and distributed free medicine to those who needed. Also we gave lecture to them regarding the risk factors of heart disease. This will be organised at least at 3 week's interval in the slum area of the city which will be extended in the rural areas also. Honourary members belonging to our association from the other parts of our country will be motivated to organise the same type of Heart Check Up Camp in the slum parts of our vast country. In the firts check up centre the responses were very much encouraging. Any other suggestions from your will be thankfully appreciated.

With best wishes,
Yours sincerely,

Dr K. K. H. Siddiqui

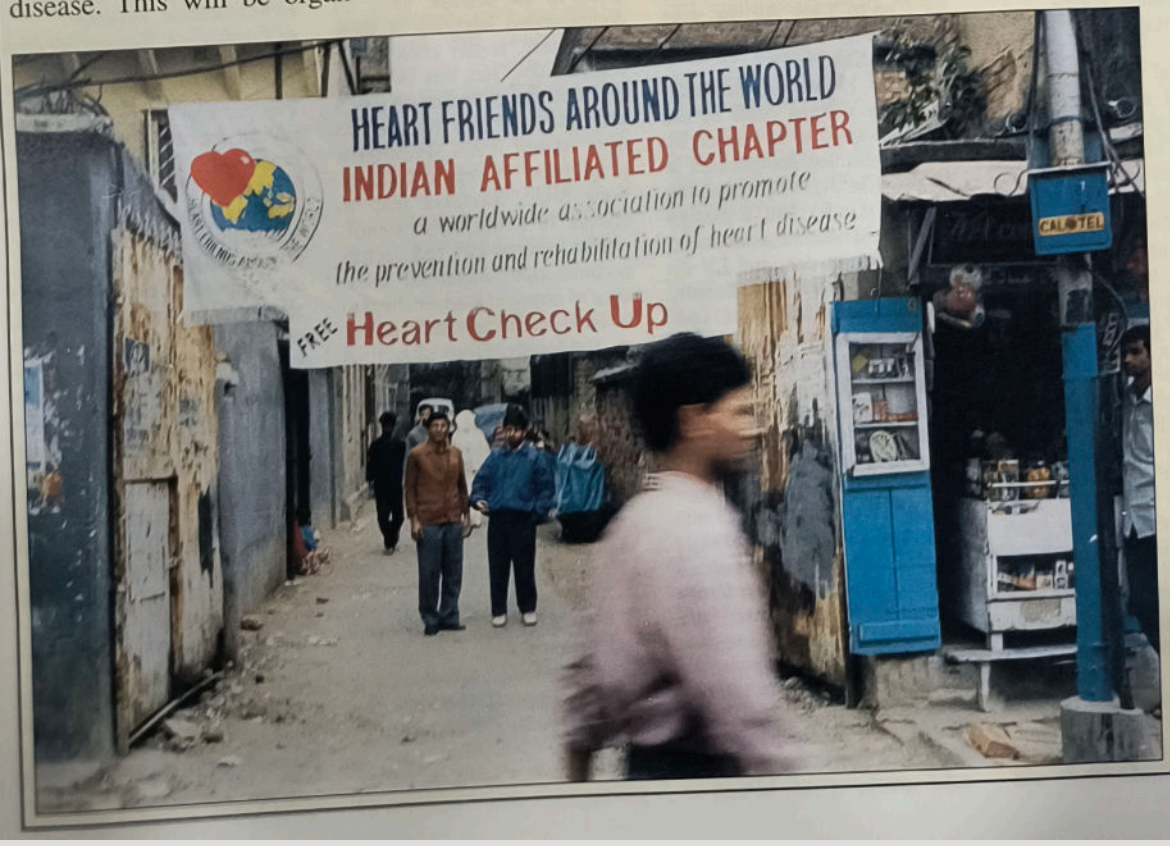


Patients waiting for examination.



Dr. K. K. H. Siddiqui, President Heart Friends Arount the World - Indian Affiliated chapter and the General Secretary Dr. A. K. Kar at the free heart check up camp.







«In life you have to aim high and work hard; only in this way you can see your ideas and dreams come true», as I witnessed the birth of Heart Friends Around the World - Affiliated Chapters.

Flavio Burgarella.

ABSTRACTS COVERING FREE COMMUNICATIONS/ POSTERS PRESENTED AT CARDIOLOGY UPDATE 1996

Second Scientific and Organizational Meeting of Heart Friends Around the World - Capri, Italy, 18/19 October 1996

The following represent a selection of abstracts that were included for presentation (oral/poster) at this meeting. Although some minor editorial changes have been necessary, wherever possible the original text has been copied for presentation.

EFFECTS OF EXERCISE TRAINING VERSUS THERAPY WITH ENALAPRIL IN PATIENTS WITH CHRONIC HEART FAILURE

(Dr. H. Branea, Clinic of Cardiac Rehabilitation, Timisoara, Romania)

We evaluated 34 patients wlth chronic heart failure after myocardial infarction with similar clinical features: left ventricular ejection <40%, NYHA class II - III in stable condition, maximal oxygen uptake <25 ml/kg/min. All patients performed a maximal upright bicycle test (limited by fatigue or dyspnea) with increasing workload by 20 W every 3 min. After exercise testing 17 patients underwent 6 months of conditioning by exercising (Group A) and 17 patients were treated with Enalapril 21±4 mg/day (Group B). In Group A we used fractionate exercises 2.6±0.3h/week at a heart rate corresponding to 75% of *peak oxygen consumption. 4 patients in Group A and 3 patients in Group B did not complete the study.* At the end of the period both groups underwent another maximal bicycle test. In Group A exercise training resulted in a decrease of heart rate at rest (91±5 beats/min to 78±2 beats/min, p <0.05), increase in peak oxygen consumption with 21% (16.2±2 ml/kg/min to 19.6±3 ml/kg.min, p < 0.01), decrease of venous lactate during submaximal exercise (3.9±0.2 mM/l to 3.1±0.2 mM/l, p < 0.05). We noticed statistically significant improvement in rheographic index (p <0.01), in exercise duration (p. <0.01) and in respiratory parameters. The values of rest and exercise measurements of left ventricular ejection fraction were unchanged.

In Group B we observed a decrease in heart rate at rest (p <0.05), increase in peak oxygen consumption (p <0.01), decrease of venous lactate (p <0.05) and increase in exercise duration (p <0.05); we noticed a significant increase in the left ventricular ejection fraction (p < 0.05) and in the heart/chest ratio (p <0.05). Both groups required a significant decrease of the diuretic doses and of the hospitalization rate. Heart rates and rate-pressure products at the same workload were significantly reduced in both groups and there was also a significant improvement observed on Borg scale.

In conclusion, despite an improvement of left ventricular ejection fraction in Group B exercise capacity increased at the same level in both groups (due to the adaptation of muscular circulation).

* * *

RELATION OF PERI-INFARCTION BLOCK TO VENTRICULAR LATE POTENTIALS IN PATIENTS WITH INFERIOR WALL MYOCARDIAL INFARCTION

(Dr. Tanuja De, Dr. K.K.H. Siddiqui, B.M. Birla Heart Research Centre, Calcutta, India)

Purpose - This study explores the relation of the presence of peri-infarction block (P.I.B.) to ventricular late potentials in pts. with inferior M.I. (J.M.J.). The hypothesis was that both the gross P.I.B. pattern and subtle lowlevel vent late potentials (L.P.) are expressions of conduction abnormality associated with infarction. The consequent question arose whether P.I.B. may have the same association with sustained vent arrhythmias that has been demonstrated in post M.I. pts. with Vent. LPs.

Method - 70 pts.with documented Q-wave M.I. were divided into those with (23) and without *(47) P.I.B. Signal averaged electrocardiograms were obtained.* Analysis of the vectomagnitude complex (VMC) revealed that the total duration of that complex and the duration of terminal potential under micro V in the P.I. gr. exceeded that in the gr. without P.I.B. (p<0.0001). The voltage in the last 40 ms of the VMC was also significantly less in the P.I.gr. (P<0.0005). There were 13 instances of sustained V.T., V.F. of sudden death occurring subseguent to M.I. not associated with the acute ischaemic event, 11 of which occured in the P.I. gr.

Conclusion - The significantly higher incidence of late potentials along with the significantly higher incidence of sustained ventricular arrhythmias in the peri-infarction block on the surface ECG may provide another marker for identifying persons at increased risk for there arrhythmias subsequent to M.I.

* * *

RISK FACTORS OF CORONARY HEART DISEASE IN POPULATIONS OF THREE SELECTED DISTRICTS OF SLOVAKIA.

(J. Lietava, A. Dukát, Z. Mikeš, P; Gavorník, T. Koller, M. Kotrec, M. Sašov, 2nd. Dept. Internal Med. Comenius University, Bratislava, Slovakia)

There are marked differences in risk factor occurence and stratification in various parts of one country in population groups. Cardiovascular diseases represents the leading place, 52%, of morbidity and mortality in Slovakia as a whole. Risk factor prevalence and this geographic factor was followed-up among 40-50 yrs old, apparently healthy men in 3 selected districts of Slovakia. Sample of lowland population created 2192 men from Bratislava, the capital, industrial town in southwest of the country. Native population groups of agricultural lowland districts created 300 men, living of 150 m. above sea level, and 300 men, living below the High Tatras mountains, 1000 m. above sea level. All examined probands willingly participated in screening and were not examined yet, and were not in any form of preventive programme participated.

The highest occurence of hypercholesterolemia, smoking was found-out among probands of the industrial town population, where also low physical activity and overweight were present, among mainly physically doing persons. However, also the high occurence of risk factors of coronary heart disease was found-out in lowlanders, to contrary to highlanders, mainly in smoking and hypertension, these also corresponded to positive resting and exercise ECG tests.

Identification of high risk individuals was the primary endpoint for later preventive programmes of primary prevention, as the country belong to one of the leading in mortality in Europe and where still an increase is present.

* * *

LOW ANGIOGENIC ACTIVITY OF MONONUCLEAR CELLS MAY PREDICT DEVELOPMENT OF POSTINFARCTION CONGESTIVE HEART FAILURE AND/OR LV ANEURYSM

(Makowiecki K.L. Laniowskn L., Benke G. Lewandowski Z., Sawicki J., Kuch J., Dpts of Cardiology and* Orthopedy, Warsaw Medical School, Warsaw, Poland)*

Unsuccessful revascularisation of infarcted zone may be the reason for a poor outcome from myocardial infarction (MI) resulting in development of CHF and/or formation of LV aneurysm. On the ther hand, lymphocyte-induced angiogenesis test (LIA test), based on the human mononuclear cells (MNC) angiogenic activity, was shown to be a marker of the formation of new capillaries in different pathogenic states.

In this study the LIA test value, defined as a mean number of newly formed vessels, was assessed in the group of 124 pts with MI (aged 28-83, 89 men). LIA test value was estimated times during 1 year follow up (1", 14", 21" day and 1 year from the onset of infarction), paralelly with clinical evaluation.

In the subgroup of 53 pts with postinfarction CHF, depression of angiogenic activity was noticed, as compared with the subgroup without CHF. The biggest difference was found 14 days after MI (LIA test mean value: 12.24 vs 9.27. p<0.0001). The subgroup of 21 pts with LV aneurysm had significantly lower LIA test mean value 14 days after MI (9.84 vs 10.89, p<0.01). Thus: 1) Lower angiogenic activity of MNC, assessed with the use of LIA test is associated with development of postinfarction CHF and/or LV aneurysm; 2) LIA test value, assessed 14 days post MI, may be useful in predicting post infarction CHF and/or LV aneurysm within 1 year follow up; 3) Exercise dependent stimulation of angiogenic activity of MNC, may help to prevent postinfarction CHF and/or LV aneurysm.

* * *

RIGHT VENTRICULAR INVOLVEMENT PREDICTS ARRHYTHMIC SUDDEN DEATH IN PATIENTS WITH IDIOPATHIC DILATED CARDIOMYOPATHY AND RELATIVELY PRESERVED LEFT VENTRICULAR FUNCTION

(Dr. Tanuja De, Dr. K.K.H. Siddiqui, B.M. Birla Heart Research Centre, Calcutta, India)

Purpose - Death in idiopathic dilated cardiomyopathy (IDC) is often related to an arrhythmic episode rather than an aggravation of the underlying mechanical deficit.

Method - We attempted to sort out which factors predispose to arrhythmic sudden death (SD) in 73 pts. (mean: 43±13 yrs) found to have IDC and a relatively preserved ejection fraction (<30% but <50%). Pts. were followed for 1 up to 2 yrs. All pts. were treated with digoxin, diuretics and vasodilators.

Results - 13 pts.died. Instantaneous unexpected death of the type presumed to be caused by arrhythmias was documented in 10 pts. (Gr. A). The remaining 60 pts. (Gr. B) had a benign oucome. At baseline assessment, EF, cardiax in dex, and LV dimension did not significantly differ between the 2 grs. conversely, Gr.A. pts. had a higher (p < 0.001) incidence of non sustained VT during 48-hr. ECG monitoring (50% vs 9%), a greater (p < 0.0001) increase in mean right atrial pressure (12±5 vs 5±mm Hg) and RV end diastolic pressure (11±4 vs 7±3 mm Hg), and a larger (p < 0.0001) RV end diastolic diameter (32±3 vs 19±5mm), as compared with gr. B pts. Nateworlty, a RV end-diastolic diameter > 30 mm (Kaplan-Meyer analysis) was defected in 9/10 Gr.A pts, but only in 1/60 Gr.B pts. (p < 0.0001). Multivariate analysis showed that RV EDD was the most powerful predictor of SD (p = 0.001). It was followed in predictive power by the occurrence of non sustained VT (p = 0.02).

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PRIMARY PREVENTIVE PROGRAMME AMONG PATIENTS WITH HYPERTENSION IN SLOVAKIA: A FIVE YEAR FOLLOW-UP

(A. Dukát, J. Lietava, Z. Mikeš, P. Gavorník, T. Koller, M. Kotrec, M. Sašov, 3nd. Dept. Internal Med. Comenius University, Bratislava, Slovakia)

The aim of the preventive programme was to evaluate, if it is possible in Slovak spa conditions with complex intervention to influence blood pressures BP at rest and physical exercise, toleration of physical load, risk factors of coronary heart disease and antihypertensive treatment among hypertensives.

220 patients pts 45,4 ± 0,8 yrs with essential hypertension, stages I-II WHO were followed-up during 4,9 ± 0,8 yrs. At least twice in 5 yrs spa intervention diet, physical training, balneotherapy, education was used. After return home, ambulant training with controls 3 times a year were performed. 44 pts 20%, that worsened in their clinical status to higher grade of disease were studied separately also. After short-term stay in spa 4 weeks BP and HR significantly lowered both at rest and at maximal load test, that enabled to lower in 18,2% and interrupt in 48,2% an antihypertensive treatment. Significant increase of load tolerance during ergometry was present. BPs and HR values at rest and exercise were one of the prognostic factors for worsening of the disease. They all demonstrated lowering of their body mass, serum cholesterol, triglycerides, bus this decrease was not longer-lasting. After 5 yrs follow-up they returned to their former levels. Preventive programme in our spa conditions Sliac, Slovakia lead to change in living style, significantly lowered BP, risk factors accumulation, increased tolerance of physical load, enabled to lower an antihypertensive therapy. But longer effects after 5 yrs were not such seen. These changes are namely influenced also of better motivation, discipline and education among patients with hypertension.

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MILD HYPERTENSION IN YOUNG ADULT: CLINICAL STUDY WITH DIET THERAPY

(Susin Ester, U.L.S.S. 8 - Servizio dietetico, Ospedale di Montebelluna, Treviso, Italy)

We studied a population of young adult patients, same of them overweight, in order to point out dietary program's efficacy in the therapy of mild hypertension. Results were evaluated after 3, 6, 12, 24 months. A significant decrease in medium blood pressure values was observed after 12 months follow up. 71 subjects (mild hypertension according to Joint National Committee) was evaluated after a dietary program. Clinic evaluation was comprensive of anamnesis, objectivity, antropometric data, blood pressure. Patients with other patology were escluded. The population was monitored after 3, 6, 12, 24 months. We made a nutritional evaluation: meal contents, caloric - sodium intake, alcohol and muscolar activity habits. Regular follow up contacts and group meetings reassured the patients and served as a stimulus to continue diet treatment.

PAS and PAD were reduced after 12 months, bodyweight of overweight subjects was decreased after 3 months in up to 88%. 24 months later we observed a slight tendency to regression to previous values. On this basis we suggest the study of a program able to help patients to change and keep their nutritional habits and life style.

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DETERMINATION OF THE INFLUENCE OF PHYSICAL TRAINING PROGRAM ON LEFT VENTRICULAR FUNCTION IN ELDERLY IHD PATIENTS AFTER CORONARY BYPASS SURGERY

(D. Vasiliauskas, A. Lazaravidius, J. Marcinkevičiene, V. Grižas, A. Laurusoniene. Laboratory of Cardiological Rehabilitation, Institute of Cardiology, Kaunas Medical Academy, Kaunas, Lithuania)

The purpose of the study - assessment of left ventricular function in elderly patients with IHD after coronary artery bypass surgery (CABS) in the course of prolonged (12 months) physical training program. For this purpose 22 males with IHD above 65 yrs at mean 12 months after CABS with depressed left ventricular function were examined. To assess the clinical state of patients, information about character of anginal pains (Canadian classification), left ventricular failure (Killip's classification), functional state (NYHA classification), overall and regional left ventricular asynergy (computerized 2D and Doppler EchoCG), exercise testing data before, one and 12 months after CABS was collected. 20 (90.9%) patients before CABS suffered from myocardial infarction and only 2 (9.1%) - from stable angina pectoris (AP). Functional state of patients before operation was eval-

uated: II NYHA cl. - 3 pts (13.6%), III cl. - 16 pts (72.8%) and IV cl. - 3 pts (13.6%). Preoperative coronary angiography showed the damage of one vessel in 2 (9.1%), 2 vessels in 4 (18.2%) and 3 or more vessels in 16 (72.7%) pts. Stable exertional AP, low physical capacity and EchoCG detected asynergy areas (widespread or small III° - III° hypokinesis (H) areas) were determined in all pts before CABS. III° H area was determined more frequently ($p<0.05$) - 14 (63.6%) than II° H area - 8 (36.4%). Widespread H area was determined in 8 (36.4%), small area in 14 (63.6%) pts ($p<0.05$). After physical training program exertional AP remained in 8 (36.4%) cases, disappeared in 10 (45.4%) and in 4 cases (18.2%) it was determined only at high physical work, functional state of pts improved: the number of II NYHA cl. pts increased to 32% (7 pts), the number of III cl. pts reduced-6% (13 pts), as well as the number of IV cl. pts - 8% (2 pts). Increased physical capacity was determined in 15 (68.2%) pts (from low to mediate) and in 7 cases (31.8%) physical capacity was unchangeable. Left ventricular contractility abnormalities reduced: III H remained in 9 (40.9%), II - in 8 (36.4%) cases, and in 5 (22.7%) pts was determined I H. Widespread H area diminished to 5 (22.7%), amount of small H area increase to 17 (77.3%). This correlated with improved physical capacity.

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HYPERTENSION AND ALLIED RISK FACTORS IN NON-INSULIN DEPENDENT DIABETES - MELLITUS IN EASTERN PART OF INDIA

(Dr. K.A. Kabir, Dr. K.K. Hyder Siddiqui, Islamia Hospital, Calcutta, India)

The aim of this study was to find out the prevalence of hypertension and allied risk factors in Non-Insulin dependent Diabetes Mellitus in Eastern part of India, its relation with the glycaemic control and duration of diabetes. Three hundred NIDDM patients were studied and followed up for last four and half years. Meticulos history, through clinical check up, basic laboratory tests were done in all cases. On hundred forty patients were male and BMI 24, 63 kg/m² and one hundred sixty patients were female with BMI 23, 67 kg/m². Age range was from 30 to 85 years. Isolated systolic hypertension (29.37%) with 130/80 - 160/80 mmHg was noted, related with poor glycaemic control and shorter duration (≥ 7 years). Allied risk factors like family history of high BP, smoking dyslipidaemia and longer duration (≥ 7 years) have definite role in causation of hypertension (140/90 to 220/120 mmHg). Poor glycaemic control is the precipitating factor.

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PRIMARY ALDOSTERONISM CAUSED BY ADRENAL ADENOMA: THE IMPORTANCE OF EARLY SURGICAL THERAPY

(C. Fulgione, D. Miceli, C. Cicala, G. Carrino and A. Somelli, Division of Cardiology, Ospedale San Gennaro ASL 1, Naples (Italy)

We report a case of Conn's syndrome caused by an adrenal adenoma in a forty-four years female with history of five years arterial hypertension and weakness. The plasma values showed hypokalaemia (2.8 mEq/ml) with high potassium urinary levels (44 mEq/24 hours), plasma aldosterone (PA) 1019 pg/ml in clinostatism and 1108 pg/ml in orthostatism, a plasma renin activity (PRA) of 0.15 ng/ml/h in both clinostatism and orthostatism with a PA/PRA ratio of 6793.3. The computed tomography showed a round solid structure 3.5 cm diameter on the left adrenal. Therefore, left adrenalectomy was performed, and the diagnosis of adrenal adenoma was confirmed at the histopatologic examination. At six months and also two years follow-up there was normal adrenal function but a persistent high blood pressure. The adrenal adenoma represents 2/3 of cases of primary aldosteronism, a rare endocrine disorder which causes high blood pressure.

In the 30-40% of these patients the hypertension persists also after surgical therapy in spite of normal adrenal function, and these findings indicate the importance of correcting secondary hypertension at an early age.

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HIGH CONCENTRATION OF FATTY ACIDS AND PHOSPHOLIPIDS AS A PREDICTOR OF INSULIN RESISTANCE

(L. Kollár, V. Rozdobuďkova, J. Koprovicova, Institute for Exper. Medicine, Faculty of Medicine, Saf. Univ., Košice, Slovak Republic)

We have rescreened coronary risk factors up to this time in 5.630 adults. About one out of four subjects in East Slovakia has high blood pressure, every third is obese, every second is a smoker, every fifth has high cholesterol LDL and every third is in very low physical activity. Morbidity and mortality from coronary heart disease is too high in subjects over 55. In this survey we have evaluated in 337 adults the predictivity value of serum fatty acids (FA) concentration for insulin resistance and arising of a high blood pressure . The main goal of our trial was to verify the relationship in order to foretell from the concentration of FA approximately the presence of hyperinsulinemia in hypertensive obese adults aged 35-45. We have found a significant relationship between serum concentration of FA and arising of blood pressure ($p<0.04$), TCH and BMI ($p<0.01$). The prevalence of high blood pressure was found to rise concomitantly not only with concentration of FA, TCH, LDL cholesterol, phospholipids and triacylglycerols, but contemporary with age and hyperinsulinemia. We may conclude that detection of FA concentration has a high predictivity value for foretelling of hyperinsulinemia. Determination of FA concentration is more cheaper than examination of serum insulin concentration.

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COMPARISION BETWEEN THE CLINICAL STATE AND RESULTS OF PHYSICAL TRAINING IN PATIENTS AFTER CABG - 8 YEARS OF EXPERIENCE

(K. Mazurek, S. Rudnicki, L. Rausinska-Nocny, E. Rydzewska, National Institute of Cardiology, Clinik and Department of Cardiac Rehabilitation, Warsaw, Poland)

196 pts after CABG surgery were observed during 8 years. The pts were divided into two sub-groups: gr. A - 115 rehabilitated pts, gr. B - 81 non-rehabilitated. The clinical analysis included the following parameters: characteristic of angina pectoris, disturbances and complication during and after surgery, the kind of Vas in 24-th Holter monitoring, symptoms of CHF. Data from stress test performed by both groups were analized including the PWC, covered distance, exercise duration, reasons of EST interruption, frequency and character of arrhythmias. Circulatory and coronary efficiency was evaluated on the basis of clinical data. All clinical data were carried out: before the CABG, 3, 12, 24, 48, 72 and 96 months surgery.

Conclusion:

1) Rehabilitated pts exhibited: level frequency of CHF and complex from ventricular arrhythmias occurence.

2) During the 8-th years of observation in pts from gr. A a gradually and considerable increase of the values of PWC, covered distance, EST duration were confirmed.

3) We observed consequential decrease of the number of pathological reasons for EST interruption.

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ENTEROCOCCUS FAECIUM M-74: A NEW AGENT IN PREVENTIVE CARDIOLOGY?

(Z. Mikes, M. Ferenčik, E. Jahnová, L. Ebringen, I. Gĭznár. Department of Geriatrics, Faculty of Medicine, Comenius University, Bratislava, Slovak Republic)

Numerous claims on the potential beneficial health properties of lactio acid bacteria have been made. Lyophilized Enterococcus faecium M-74 was administered to 12 subjects (mean age 55 yrs) in a daily oral dose of $5x10^9$ bacteria for 6 weeks. The bacterium temporarily colonized the host intestine and its excretion in stool persisted for five weeks after the last dose.

The mean levels of serum cholesterol and LDL showed a biphasic effect, an elevation followed by a sharp decrease (on day 64 of investigation).

The decrease corresponded in time with a significant increase in the ability to reduce iodonitrotetrazolium and superoxide production by peripheral neutrophils incubated with zymozan or phorbol myristate acetate, and also with an elevated production of IgG by peripheral blood mononuclear cells. Hence, intake of E. faecium may have an hypocholesterolemic and immunostimulatory effect. It was also demonstrated that E. faecium significantly reduced the average activity of beta D-glucuronidase in stools. With respect to this results authors suppose, E. faecium M-74 could be used successful in preventive cardiology too.

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THE ROLE OF CARDIAC PATIENTS IN EUROPEAN HEART NETWORK ACTIVITIES IN CENTRAL AND EASTERN EUROPE

(I. Stolz, J. Winterová, J. Rezková CHF - Prague - Ikem Czech Republic)

The European Heart Network (EHN) is a Brussels-based alliance of Heart Foundations and other concerned non-governmental organizations throughout Europe who share a common commitment to the prevention of cardiovascular disease. To achieve this objective, EHN dedicates itself to:

1) Promoting a healthy heart diet and reducing tobacco consumption in Europe.

2) Pressing for adequate emphasis on cardiovascular health in all European policies and programmes.

3) Promoting activities of lay organizations.

In most Central and Eastern European countries voluntary organizations have encountered lack of financial support from state subsidies. New marketing strategies attracting large segments of population are of paramount importance.

The organization of international exhibitions «All about the heart» in Ljubljana in cooperation with foundations from other Central European countries was an important step to improve the public image. 50.000 visitors saw the exhibition in 1996. Greatest attention was focused on the presentation of the function of the heart and various ways of tretment of cardiovascular disease and risk factors. A special part was allocated to the cultural aspects of the heart. The exhibition was supported by mass media, TV reports and comments on radio stations. This type of activities helped to attract great segments of communities, schools and state officials.

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THE SIGNIFICANCE OF SULODEXIDE (VESSEL DUE F. ASW, ITALY) - LOW MOLECULAR WEIGHT HEPARIN IN SECONDARY PREVENTION OF CORONARY HEART DISEASE

(Aronov D.M., Boubnova M.G., Perova n.V. National Research Center for Preventive Medicine Moscow, Russia)

The aim of the study was to assess antithorombotic and antidyslipidemic effects of sulodexide (S) in patients with CHD. 33 patients with unstable angina and 24 patients with acute myocardial infarction were randomised into two groups: 1) groups S - were treated with sulodexide 1200 LU, i.m.bid for two weeks and then 500 LU bid orally in capsules for six months; 2) group H+ASA - were treated with heparin (H) 1000 U, i.m. qid for two weeks and 0,125 g aspirin (ASA)/day up to six months. The patients were followed up for a period of 12 months. Results. Unstable angina group: the main differences between the S and H+ASA groups were the following - group S had significant increase of antithrombin III level by 27%, decrase of total cholesterol level by 31%, LDL cholesterol level by 42,4%, and triglyceride level by 35,5% at the end of the treatment. In the acute myocardial infarction group the main differences between the S and H-ASA groups were: an increase of antithrombin III level by 17,8% and a decrease of triglycerides level by 25,3% at the end of the treatment. During 12 months of follow up the number of coronary events was greater in the H+ASA group compared with the S group.

Conclusion: Sulodexide - the low molecular weight heparin - may be recommended for secondary prevention of coronary heart disease because it has both combined antithrombotic and antidyslipidemic properties and it has been observed to reduce the number of coronary events during a follow up of one year.

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PREVALENCE OF CARDIOVASCULAR RISK FACTORS IN ARGENTINA

(Adriana Moiso, Susana De Lena, Hector Navas, Elizabeth Cavallero, Ruben Argemi, Marcelo Tavella, Susana Fernandez, Programa de Prevención de infarto en la Argentina (PROPIA) Universidad Nacional de La Plata-Ministerio de Salud de la Pcia de Bs As. 60 y 120, La Plata (1900), Argentina

Cardiovascular diseases (CVD) are making an increasingly important contribution to the mortality statistics of Latin America developing countries due to the epidemiologic transition from infectious to chronic degenerative diseases. The mortality rate for CVD in Argentina is according to the statistics of the National Ministry of health of 38.9% (1994 data). However, the limited information available about CV risk factors in our country makes it difficult to adopt preventive strategies and to evaluate their benefits. The purpose of this study is to determine the prevalence in Argentina of the following risk factors: hypertension, diabetes, smoking, obesity, high blood cholesterol and sedentarism in young and adult populations through the analysis of the data available in different publications and/or medline in the last ten years.

Progress in identifying CV risk factors, principally trough changes in life-style, makes it possible to adopt population strategies to reduce the high prevalence trends.

Community based programmes seem to be the most attractive response to achieve the potential benefits associated with risk factors modifications. A CINDI like program (CARMEN) will be performed in Buenos Aires province (Argentina), as a prior experience it this field in Latin America.

	Adults	Children and adolescents
Hypertension	29.9-39.9%	8%
Smoking	34-35%	14.5-20.8%
Obesity	37%	6.35%
High cholesterol	26-51% (>240 mg%)	18% (>200 mg%)
Sedentarism	93%	46-69%
Diabetes	3.25-5%	0.04%

CARDIAC ARRHYTHMIA PREVENTION IN PATIENTS WITH DIABETES MELLITUS AND ACUTE MYOCARDIAL INFARCTION

(E.P. Kamycheva, E.I. Panova, G.S. Filonenko A.A., Vostokova A.A., Pavlovska E.Y., Mitenia, Nizhny Novgorod State Medical Academy, Nizhny Novgorod, Russia)

Purpose: *study of arrhythmia in diabetes mellitus (DM) complicated with acute myocardial infarction (AMI) patients and some pathogenetic mechanism of the disturbances.* **Methods:** ECG, Holter-ECG, echo-CG, test for lipids spectrum in blood, peroxidation of lipids. **Results:** 210 patients of different age were examined. Arrhythmia is in 62,2% cases, 79.1% (dominant) - extrasystole; 4,5% - cardiac fibrillation; 10% - sinus tachycardia; 6,4% - rhythm migration, sinus bradycardia, arrhythmia. In 22% cases - high gradation arrhytmia in Wolf & Zown, all the patients had clinical echo - and ECG traits if ischemic heart disease (IHD). Arrhythmia frequence happened more often the older patient was. Extrasystole was detected more often in insulin-injected patients. In 7,5% arhythmia paroxism occured in the moment of high effect of insulin, 1/3 of the patients had hypoglycemia (wearness, hidrosis, hunger) and decrease of glucose in the blood in 9,02±0,05 mmol/l. In DM & IHD patients echo-CG showed increase of left auricle volume, left ventricular (LV) dilatation, LV hpertrophy, increase of LV myocardial mass in the absence of arterial hypertension. Echo-data may serve as the diagnostic criteria of early IHD complicated by DM. In DM & AMI patients (59 cases) cardiac rhythm disturbances were observed as extrasystole, auricle fibrillation paroxisms, disturbances of conduction; more often - combination of arhythmia and disturbances of conduction. Temporary intraventricular block, WPW syndrom, atrioventricular blocks reflected not only MI vast and depht, but seriousness of metabolic changes due to DM. Paroxismal disorders of rhythm are associated with arrhythmogenic glycemia, that demands not the insulin-dosage increase but fractional short-effect insulin injection. The majority of changes in AMI & DM patients manifested due to pain-syndrom and hypotensions. Decrease of myocradial contraction is pathognomonic due to echo-CG data. Result: arrhythmia in DM & AMI patients are associated not only with morphologic changes in myocardium, but also with metabolism. The ar*rhythmogenic influence of insulin hypoglycemia should be taken into account during medical care. Ozonotherapy is successfully used.*

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RELATION BETWEEN A PATTERN OF EARLY CARDIAC REHABILITATION AND RETURN TO WORK - 21 YEAR'S OBSERVATION

(S. Rudnicki, K. Mazurek, L. Rausin´ksa-Nocny. National Institute of Cardiology - Dept of Cardiac Rehabilitation, Warsaw, Poland)

The observation included 10209 patients (pts) with MI and CABG history treated in our clinic in years 1975-92 on early rehabilitation programme following previous hospital treatment. Patients were qualified on the basis of clinical data: efficient cardiovascular system and exercise stress test (up to 70% maximum HR limit). Over 90% of our patients were younger than 60 years. The period of II stage of rehabilitation commenced between the I-st and the 12-th month after the occurence of MI or CABG, but 93,3% pts, started after 3 months.

They were rehabilitated in four mode-groups A, B, C, D. Every pts of groups A, B and C participated actively in physical training. Patients who did not qualified for such active training underwent individual training in group D. The increase of physical work capacity after 24,3%, and 34,3% respectively. In chosen sub-groups in retrospective analysis the frequency and the time of the return to work was evaluated. In group of MI 85% patients returned to work,up 15% couldn't start working again, In patients after CABG: 36,5% did't start working for the

period of 3 years after the operation. Conclusion: Early hospital rehabilitation influences considerably the recovery of the lost psychophysical ability and in a large percentage of cases helps the patients to get back to work.

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CORONARY ARTERY DISEASE RISK FACTORS IN POLISH POPULATION AND IN POLISH JOGGERS

(Makowiecki K.L., Broniec K., Lewandowski Z., Laniewska I., Sawicki J., Kuch J. Dpt. of Cardiology, Warsaw Medical School, Warsaw, Poland)

Reduction of coronary artery disease risk factors (CADRF) decreases the prevalence of the disease. However, the question what is the most efficient way to be followed, still remains unanswered. The goal of the study was to compare the presence of CADRF in polish population (according to POL-MONICA study data) and in subjects maintaining regular physical activity (polish joggers).

POL-MONICA study population cousisted of 7200 subjects (50% men), aged 25-64 years. Polish joggers group consisted of 34 subjects (72% men), aged 21-63 years, jogging history 3-20 years, distance 12-120 km/week. In both groups CADRF were assessed.

In conclusion, the prevalence of smoking, obesity, hypertension, hypercholesterolemia is highly significantly decreased in population maintaining regular physical activity, such as jogging.

risk factor	polish population	polish joggers	p
smoking	42%	3%	p<0.001
obesity	65%	3%	p<0.001
hypertension	37%	6%	p<0.001
cholesterol >200m	65%	18%	p<0.001

NALOXONE DECREASES p02 AND SAT. 02 BOTH IN NORMALLY ACTIVE SUBJECTS AND LONG DISTANCE RUNNERS

(Makowiecki K.L., Lewandowski Z., Larriewska I., Broniec K., Benke G., Kuch Dpts of Cardiology and Orthopedy, Warsaw Medical School, Warsaw, Poland)

Heavy exercise is considered to increase synthesis of endorphines, although data published are conflicting. Aim of our study was to examine the effect to endorphines antagonist - Naloxone (N) on respiration, measured with the use of arterial blood gas parameters, both in normally active subjects (NAS) as well as long distance runners (LDR).

In 13 NAS (no disease diagnosed, normal coroangiogram) pH. pC02, p02 and sat. 02 were measured before and after N (bolus of 1,2 mg N iv). In 4 LDR the same procedure was performed twice, a day before and after the 24 hour run (distance 80-120 km). In NAS mean value of p02 and sat. 02 decreased (-11% 17 mmHg, p<0.02%, -0,87+/- 1.7%, p<0.02) respectively after N.

N decreased mean value of p02 in 3 of 4 LDR before and in 4 of 4 LDR after the run N decreased mean value of sat. 02 in 2 of 4 LDR before and in 4 of 4 LDR after the 24 hour run.

Thus, N decreases p02 and sat.02 both in NAS and LDR.

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ALIMENTARY EDUCATIONAL ITINERARY «FROM HOSPITAL TO TERRITORY» WITH THE COLLABORATION OF «AMICI DEL CUORE» (HEART FRIENDS) ASSOCIATION

(Susin Ester, U.L.S.S. N. 8, Servizio Dietetico, Ospedale di Montebelluna, Treviso, Italy)

General Goal:

The creation of supports, outside the hospital, that could confirm and improve the educational program began during the time spent in the hospital. Those activities could be a part of a prevention program for that part of population running risks. We will create a «continuum» (fil rouge) of services given that, using the structures present in the territory, strenghtens those offered into the hospital.

Specific Goals:

To activate and support a change on alimentary behaviour (conduct) (or way of life). To improve the knowledge in alimentary field so that a everybody could be able to take decision reminding the whole necessity. Two help the user to assume the responsability for his own health developing his own abilities.

That project is splitted (divided) on (in) the following steps: Consumers, General Theme, Arguments, Tools, Materials, Operating principles, Operators, Checks, Reinforcements, Links.

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HOME-BASED - MYOCARDIAL INFARCTION REHABILITATION PROGRAM

(I. Albert, Màrta Tatàr County Hospital Medical Departament, Sf. Gheorghe, *Cardiovascular Rehab. Centre, Covasna, Romania)*

In the County Hospital Sf. Gheorghe, Romania - which assists 118948 people - there are yearly in average 48 cases of acute myocardial infarction. From these 72,72% were urban 27,72% rural patients, Mean age 56,83 years, 56% of patients were under 60 years, 75% male. The major risk factor is the cigaret smoking, present at 58%. High blood Pressure is present in 23% of infarctuated patients, hypercholesterolemy by 7,6%.

This patients are followed up in the posthospital period at the ambulatory by cardiologists monthly 1 year, making clinical examination ECG at rest, once at 3 months exercise stress testing, risk factors identification for intervention.

The education program is individualised and started in the hospital concerning smoking cessation, diet-therapy, weight reduction, changing of life style. The physical training consists from nonstandardised walking and individual gymnastic. As drug-therapy we use the conventional long-acting nitrate, low-dose Aspirin, calciun channel blocker, in selected cases beta-blockers as well as cholesterol lowering agent, ACE-blockers and others. After 6 months - 1 year later, the acute myocardial infarction patients benefit of 18 days special rehabilitation treatment at the Covasna Cardiovascular Rehabilitation Centre.

This is useful for initiating physical training and help the social reinsertion.

EPIDEMIOLOGY OF HYPERTENSION AS A BASE FOR POPULATION PREVENTION

(A.N. Britov. The State Center For Preventive Medicine, Moscow, Russia)

Prevalence of hypertension, coronary heart disease and related risk-factors were studied in Moscow citizens and in Altai rural communities. The samples were take from men and women aged 35-60 using simple random procedure.

No significant differences in prevalence of hypertension and related risk factors were found. Prevalence of hypertension in Moscow was 36.6% in men and 37.6% in women; in Altai rural population is was 30% and 38-41% correspondingly.

The data allow us to make precise prognosis on incidence and mortality in correlation with high blood pressure and also to create and to implement prophylactic programs for hypertension.

The real success of the education program for district physicians was demonstrated in Moscow city population. The year follow-up demonstrated the significant increase of percentage of effectively treated patients with high blood pressure and decrease of prevalence of hypertension.

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PROTOCOL OF PHYSICAL REHABILITATION IN PATIENTS IN ACUTE PHASE OF MOYOCARDIAL INFARCTION

(Petrit Bara, University Hospital Center of Tirana)

Programmed physical activity after acute myocardial infarction is considered an important part of rehabilitation of the patients in general.

In the study are included 326 patients admitted with acute myocardial infarction during the years 1986-1994. All patients underwent the following protocol.

In noncomplicated patients, physical rehabilitation was initiated 48 hours after the attack; in cases with mild complications the rehabilitation was initiated after 72 hours from the beginning of chest pain. Patients with severe complications, are excluded from the study. Blood pressure, heart rate, resting ECG, echocardiographic parameters and exercise testing served as the criteria for evaluation of the results of graded rehabilitation which consisted in the following elements.

During the first week, the protocol was applied in patients in supine and in half supine position. Staying in the chair was applied in third and fourth days while independent walking for 15' to 20' began after 7th day. In the 2nd week, patients walked in the ward and, 3-4 times per day underwent 5 minute period of sitting up and down maneuvers. In the third week, patients walked up to one kilometer and were advised to walk up and down the stairs.

Rehabilitation was interrupted in case of development of chest pain, difficult breathing, significant increase in heart rate (30 bpm above the basal value) and blood pressure and new appearance of electrocardiographic changes. Resting ECG was performed every day. Echocardiographic examination was carried out in Ist, IInd, IIIrd, VIIth and XVth day. Exercise testing was performed in XIVth day.

The elements discussed above served as criteria for evaluation of the results of rehabilitation in patients in acute phase myocardial infarction.

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REALITY OF MEDETERANIAN PROTECTIVE DIET

(Janez Tasic, Cardiologist Healt Center Jz Zd Celje, Slovenia)

Protective diet has the possibility to prevent the incidence of IHD. The Cholesterol, Triglicerides and overweight can be easily measured. In the diet of the patients with prooven IHD (patients 6 months or more after myocardial infarction) a highly controlled meals are included. They contain no anomal fats and huge amount of vegetable cereals, and 0.5 g/kg albumens. Only vegetable salt is used, as well as olive oil and 1.5-2 l fresh water or fresh fruit juice daily. Daily amount of calories is about 1260-1300 kkall. In our study 150 patients are included, all with the increased level of cholesterol and triglicerides. Before inclusion and after 10 days of strictly diet we measured total cholesterol, TG, HDL, LDL, and Body weight. Patients also described their personal performance and range it from —5 to +5. After analizying the results we found out that total CHOL. has fallen from 7.6 mmol/l to 6.1, TG from 3.4 do 1.9 and Body weight in 13 cases less than 1 kg, in 111 between 1-3 kg and in 24 cases of included patients more than 3 kg. There was no significant change in HDL. Most of the patients have avoided better subjective felling.

Summary: we decided that such strictly provided diet is acceptable for most of the patients and successfull in lowering risk factors, without side effect and can select the patients they need to be treated with statins or, and resins. The treatment of hyperlipidemias can be less expensive with, than without selecting the group.

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THE EFFECT OF EARLY EXERCISE TRAININGS IN REHABILITATION OF PATIENTS WITH ISCHEMIC HEART DISEASE

(Larisa Borodina, Sergei Shalaev, Tatjana Zhuravieva, Institute of Clinical and Preventive Cardiology, Tyumen, Russia)

The aim of the study was to obtain the early defection and correction of pathogenetic links of ischemic heart disease (IIID) in patients survived of acute myocardial infarction (MI) by early exercise trainings (EET). 93 patients aged 21-55 were randomly allocated to EET (n=51) or control (n=42). The frequency of risk factors in both groups experienced: hypercholesterolemia (plasma cholesterol level ≥ 250 mg/dl) - 54%, arterial hypertension - 49% obesity - 50% smokers - 74%. Training loading was undertaken on 21-24 day from the onset of MI, after the initial ergometry bicycle test. During first 2 months the exercise load regime was 50-60% vs individual loading test, next 2 months - 70-90%. ET were performed 5 times a week for 4 months. All patients had no drug therapy. The data obtained indicated that EET positively influence clinical duration of illness and contractile ability of myocardium, have significant effect on cardiovascular system, improve the physical working capacity (119±4W vs 152±3W, p<0.001), decrease duble product and heart rate at previous loads. No hypertensive drug therapy is needed due to favourable effect of ET on lowered blood pressure in patients with hypertension. To the end of training course there was a significant lowering of plasma cholesterol level (p<0.001), medium blood pressure (p<0.001), body mass (p<0.01), the smokers from 74 to 21%.

Analysis of blood lipids revealed significant decrease in atherogenic lipoprotein classes, very low-density lipoprotein cholesterol, low-density lipoprotein, high-density lipoprotein, cholesterol index, plasma cholesterol level in blood (p<0.01) and also triglycerides (p<0.05). EET caused significant lowering of ADP induced platelets aggregation (p<0.05), lipid peroxides products in platelets. The data of untrained patients were not statistically significant. Thus, EET in patients with uncomplicated MI have positive effect on main pathogenetic links of IHD without medical therapy.

* * *

PREVENTION OF ACQUIRED HEART DEFECTS IN CHILDREN

(G.D. Dorofeeva, L.F. Chalaya, A.V. Churilina, Medical University, Donetsk, Ukraine)

133 children with rheumatic fever were examined in dynamics during 1,5-2 years. Their T-, B-, O-lymphocyte and 1gA, M, G content, immunoleukosis level with streptococcal allergen, indices of complete and uncomplete phagocytosis were studied. At the active stage of disease significant immune disturbances were detected in all the children. According to their depth and degree the cases were divided into 3 groups. Group 1 (20% of the studied cases) included patients with a raised IgA and G level, B-and O-lymphocyte content, immunoleukosis with streptococcal allergen, lowered IgM level, T-lymphocyte content, complete and uncomplete phagocytosis. Group 2 (74,3%) included cases with normal IgA and phagocytosis level, the oher immunologic indices being markedly disturbed. Group 3 (5,7%) was comprised of cases with no changes in phagocytosis and IgA and M level. Observation in the catamnesis showed 57,1% of Group 1 and 5,8% of Group 2 patients to develop acquired heart defects. No Group 3 patients developed heart defects. All the cases received a standard antirheumatic therapy. Besides, immunomodulating preparations or adaptogens were included into therapy of 92 Group 1 and 2 children. The patients on immunomodulating preparations developed heart defects in 12,5% of cases, while the controls-in 17,8% (P≤0,1). Most defects developed in patients on levamisol, those on galascorbin developed no heart defects.

* * *

QUALITY OF LIFE IN REHABILITATED AND NOT REHABILITATED PATIENTS AFTER HEART VALVE REPLACEMENT

(VL. Kadinov, D. Karastatev, N. Penkov, R. Shishkov, M. Mitkova, E. Yordanova, Medical University, Varna, Bulgaria)

In 30 patients with heart valve prostheses the psychological condition and quality of life were analyzed. Fifteen patients from group A have made controlled out patient rehabilitation (OPR) mean 3,5 months after the operation. They have been controlled by means of ergometric tests and got recommendations to maintain physical and occupational activities. The control group B was also from 15 patients who have not made OPR and were operated mean 2 years before the study began. At the end of OPR the patients from group A were evaluated by means of the MMPI questionnaire and the questionnaire of Clare and Cains for quality of life. The patients from group B were estimated with the same methods. By means of the questionnaire of Clare Bradley the patients from the two groups were evaluated once. The psychological characteristics of the two groups was similar and showed inclination to depressive mood. Quality of life was non significantly better in group A. OPR beneficially improves quality of life in patients with valvular prostheses but the results would be better if psychological rehabilitation is also made.

* * *

THE EFFECT OF LOW INTENSITY TRAINING ON CARDIORESPIRATORY FUNCTION OF PATIENTS WITH CONGESTIVE HEART FAILURE AFTER SURGICAL TREATMENT OF CORONARY HEART DISEASE

(Aet Arak, Jaak Maaroos, Margus Mustimets, Dept. of Sports Medicine and Rehabilitation, University of Tartu, Tartu, Estonia)

Current standards are based on the assumption that only strenuous activity (> 65% of maximal oxygen consumption) has beneficial effect to cardiorespiratory variables of patients with coronary heart disease. Strenuous training is often complicated in patients with heart failure. Our aim was to assess in the 12-weeks duration low intensity exercise training efficient enough to improve patients' physiological status and psychosocial functioning. 17 patients (mean age 62,1 ± 7,7 years) treated surgically either by coronary bypass grafting or percutaneous transluminal angioplasty with heart failure II - IV NYHA functional class engaged in medically supervised aerobic exercise training 3 sessions a week for 12 weeks with energy expenditure approximately 3-5 METS and average maximal heart rate 102 ± 19 beats per minute. Patients underwent bicycle cardiopulmonary testing before and after conditioning while functional indices of cardiorespiratory system were measured with gaz-analyzer Oxycon Record with simultaneous ECG registration. With training resting systolic and diastolic arterial pressure diminished respectively 10,1% and 9,3% (p≤0.05). Maximal working capacity increased 23,7% (p≤0.05) and maximal ventilation 17,3% (p≤0.05). Mean oxygen consumption increased significantly by 16,3% (p≤0.05). There were no statistically significant changes in total serum cholesterol and triglycerides. No ST-segment changes were observable. According to questionnaire all patients confirmed in psychosocial general well-being.

The 12-weeks low-intensity training program improves significantly both objective indices of cardiorespiratory function and subjective perception of health-related quality of life. It is safe in patients with congestive heart failure.

CARDIOVASCULAR MEETING AROUND THE WORLD

YEAR 1997

MARCH
06-07, Paris, France: *Antitrombotic Drugs: from current knowleadge and therapeutic uses to future avenues.*
16-19, Anaheim, CA, USA: *46th Annual Scientific Session American College of Cardiology.*

APRIL
3-6, Hong Kong: *5th International Symposium on ace-inhibition & other inhibitors of the Renin-Angiotensin System.*
07-09, Paris, France: *New Concepts in Clinical Electrocardiology.*
11-12, Buenos Aires, Argentina: *New Approaches to Ischemia.*
23-25, Washington DC, USA: *4th International Symposium on Multiple Risk Factors in Cardiovascular Disease.*

MAY
02-05, Esfahan, Iran: *The First Eastern Mediterranean Congress on Preventive Cardiology.*
02-05, Esfahan Iran: *10th Annual Iranian Congress of Cardiovascular Diseases.*
04-06, Manila, Philippines: *The Second Pacific Rim Hypertension Conference.*
09-10, Dublin, Ireland: *Symposium on new Insights in Cardiac Rehabilitation.*
11-14, Washington DC, USA: *World Congress on Heart Failure - Mechanisms and Management.*
11-15, Honolulu; Hawaii: *2nd World Congress of Pediatric Cardiology and Cardiac Surgery.*
24-27, Cologne, Germany: *Heart Failure '97: 2nd International Meeting of the ESC W G on Heart Failure.*

JUNE
01-06, Jerusalem, Israel: *7th International Symposium on Cardiovascular Pharmacoterapy.*
06-12, Florence, Italy: *XVI Congress of the International Society of Thrombosis and Haemostasis.*
08-11, Athens, Greece: *Europace '97.*
11-13, Tampere, Finland: *XVI Nordic Congress of Cardiology.*
13-16, Milan, Italy: *8th European Meeting on Hypertension.*
15-21, Florence, Italy: *16th Congress of the International Society on Thrombosis and Haemostatis.*
24-26, Bratislava, Slovak Republic: XXVII International *Congress on Electrocardiology, XXXVIII Symposium on Vectorcardiography.*
25-27, Rotterdam, The Netherlands: *12th Symposium on Echocardiology and the 9th Meeting of The International Cadiac Doppler Society.*
27-30, Monte Carlo, Monaco: *International Congress on Acute Myocardial Infarction.*
27-01, High Tatra Mountains, Slovak Republic: *Myocardial Adaptation to Ischemia.*
29-03, Montréal, Canada: *4th International Conference on Preventive Cardiology.*
29-03, Ottawa, Canada: *Seventh World Congress of Intensive Care and Critical Care Medicine.*
30-03, Jerusalem, Israel: *2nd International Meeting on Interventional Cardiology.*

JULY
04-05, Eilat, Israel: *Satellite Symposium on «Stenting and Adjunctive Pharmaceutical Therapy».*
07-11, Jakarta, Indonesia: *11th Asian Congress of Cardiology.*
12-25, Thailand: *30th Ten-Day International Teaching Seminar on Cardiovascular Disease Epidemiology and Prevention.*

AUGUST
24-28, Stockholm, Sweden: *XIX Congress of the European Society of Cardiology.*

SEPTEMBER
04-06, Warsaw, Poland: *1st International Congress of the Polish Cardiac Society.*
14-18, Fajardo, Puerto Rico: *XVI Interamerican Congress of Cardiology.*
15-17, Zürich, Switzerland: *20 Years of PTCA.*
17-20, Smolenice, Slovak Republic: *Cardiology Update 1997, Meeting of Heart Friends Around the World.*
21-24, Prague, Czech Republic: *1st International Congress on Coronary Artery Disease - From prevention to Intervention.*
24-27, Bogotà, Colombia: *National Congress of the Colombian Society of Cardiology.*

OCTOBER
05-09, Paris, France: *11th International Symposium on Atherosclerosis.*
12-17, Sydney, Australia: *13th Biennial Asian Congress on Thoracic & Cardiovascular Surgery.*
15-17, Maastricht: *The Netherlands, Ist Congress of the European Federation of Internal Medicine.*
23-26, Rome, Italy: *European Congress of Angiology.*
25-28, New Delhi, India: *VI Asian-Pacific Symposium on Cardiac Pacing and Electrophysiology.*
26-30, New Orleans, USA: *63rd Annual Scientific Assembly, American College of Chest Physicians.*

NOVEMBER-DECEMBER
09-12, Orlando, USA: *70th Scientific Session of the American Heart Association.*
29-03, Surat, India: *First Asia-Pacific Congress on Hypertension.*

If you are interested in advertising your Congress or in having more detailed information concernin the meetings published into the journal, please get in touch with our secretary: tel. 39/35/24.43.35 - Fax 39/35/23.44.97 (ask after Veronica).

Welcome Address

Dear Colleague,
On behalf of the Organizing Committee and the Brazilian Society of Cardiology, we are honored to invite you to attend the **XIII World Congress of Cardiology, to be held in Rio de Janeiro, Brazil, from April 26-30, 1998** at the RioCentro - venue of «Earth Summit», the prestigious ecological conference held in 1992.
In a typically friendly Latin ambiance, we will discuss the contemporary aspects in diagnosis and management of cardiovascular diseases, as well as new techniques and technology, and the strategies for delivery of health promotion and quality of life to the third millennium.
The scientific activities will include Featured Lectures, Symposia, Controversies in Cardiology, Clinical Decision Making, Meet with Experts, Fireside Panels, Luncheon Panels, Free Communication Sessions (Oral and Posters), and a Foundation and Allied Health Professionals program.
An exceptional social and «Get-to-See Rio» program is being planned to give delegates and their guests an exciting opportunity to see why we believe this beautiful country is paradise on earth.
Come and discover for yourself, how wonderful Brazil is. Your heart will beat faster in Rio.

Màrio F. de Camargo Maranhão
President of the Congress



IRAN CASTRO MD,
SOCIEDADE BRASILEIRA DE CARDIOLOGIA
Rua Ipu 32, Botafogo,
Rio de Janeiro, Brasil

Dear Dr. Flavio Burgarella

As president of Brazilian Society of Cardiology and Vice President of XIII World Congress of Cardiology I would like to know more information about your program Heart Friends Around the World. Please send us as much material you can do. **About the area for exhibits in Rio 1998, let me know what space you need.**
Best regards

Iran Castro MD

WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

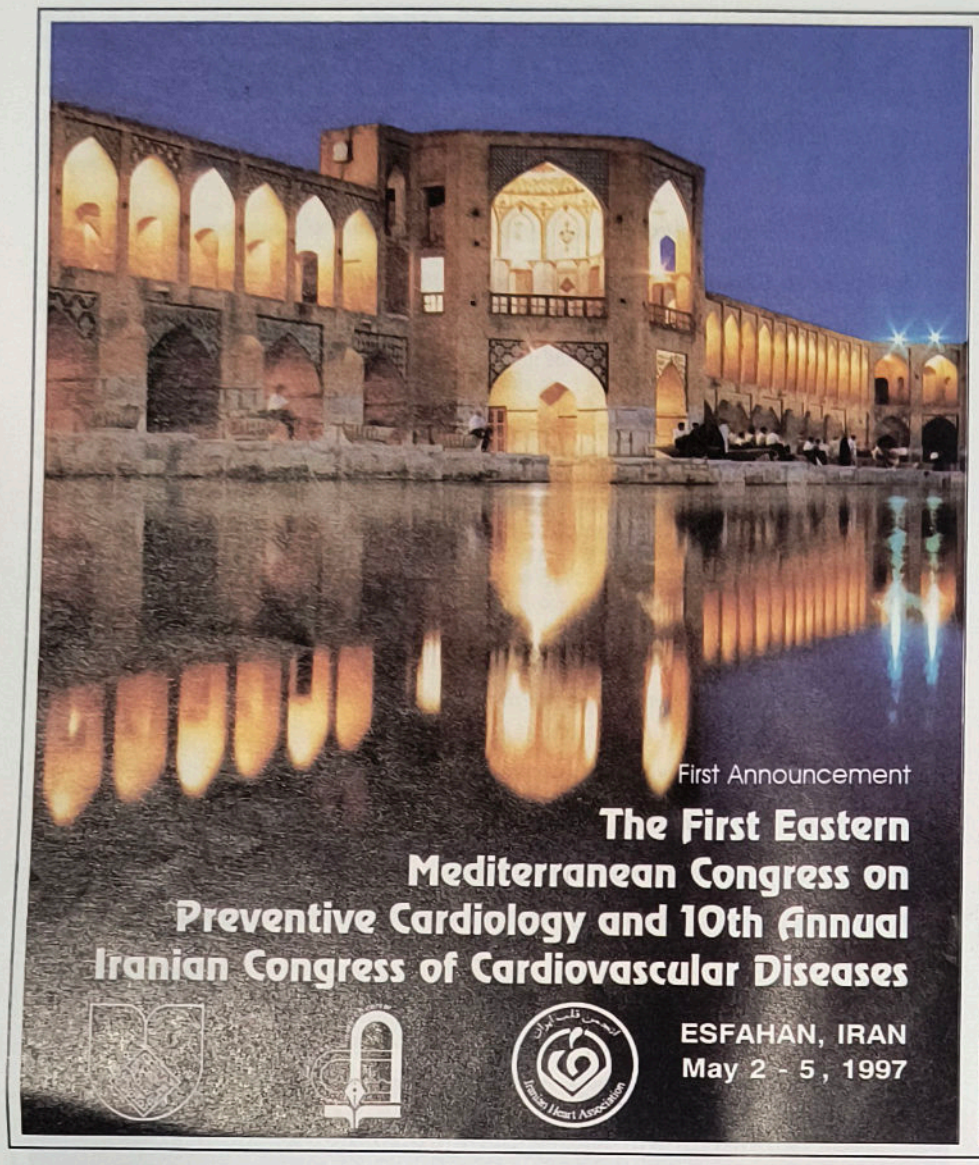
14 January 1997

Dear Dr Burgarella,

I congratulate you on the success of your Congress «Cardiology Update 1996».
As I have not received your letter with the statute and other relevant information about your association, I should be grateful if you could send it again.
Please find attached a copy of the «Principles governing relations between the World Health Organization and nongovernmental organizations». As you will see from paragraph 3.3, we would need a copy of your constitution or a similar basic document, and a description of your administrative structure. A list of your membership would also be required, together with the names of your Executive Board and any scientific advisory bodies.
I look forward to hearing from you.

Your sincerely,

Ingrid Martin, MD
Responsible Officer
Cardiovascular Diseases
Division of Noncommunicable Diseases



Dear Dr. Flavio Burgarella

As the First Eastern Mediterranean Congress on Preventive Cardiology and 10th Annual Iranian Congress of Cardiovascular diseases is going to be held in Esfahan Iran may 2-5, 1997 held, you are kindly informed that you have been officially invited and you can also have a booth to put forword your publications and membership for those who wish to be your members.
That would be a very nice opportunity to have more members as some of the participants are interested in starting their membership at the time the meeting.
At the moment the authorities are trying to draw the acceptance of ministry of health and medical education to make the process membership more facilitated at the time of the congress.
During the Congress we will arranging to have your comments in one of the congress symposia and/or how-to-sessions, the relevant schedule will be also informed in near future.
That would be greatly appreciated, if you would announce your interest as soon as possible to enable us to include your name to the list of having a booth at the time of congress.
Looking forward to hearing from you soon. With me very best regards



N. Sarrafzadegan M.D.
Vice president of the EMCPC

XIX[th] CONGRESS OF THE EUROPEAN SOCIETY OF CARDIOLOGY
August 24-28, 1997 - STOCKHOLM - SWEDEN
TOGETHER WITH
THE 32[ND] ANNUAL GENERAL MEETING OF THE ASSOCIATION OF EUROPEAN PAEDIATRIC CARDIOLOGISTS (AEPC)

Sophia Antipolis, January 27, 1997

Dear Doctor Burgarella,
Further to your letter dated January 16th to Prof. Erhardt, I have forwarded a copy to Prof. Erhardt himself so that he may send you the manuscript on the phases of the project «Quality Assurance - Secondary Prevention of CHD». Regarding your press registration for the ESC Congress in Stockholm, I kindly ask you to fill out the enclosed registration form and send it back to me, so that I can register you as press agent. Should you need any further information, please feel free to contact me.
Your sincerely,

Barbara Lefèvre
Press Department

SVENSKA CARDIOLOGFÖRENINGEN
SWEDISH SOCIETY OF CARDIOLOGY

February 3, 1997

Dear Dr Burgarella,
Thank you for your letter regarding our project "Quality assurance - secondary prevention of coronary heart disease".
I did read your full article and I appreciate your efforts to spread the message. I have received information from Barbara Lefèvre at ECOR that she will deal with your wish for press registration. As regards our project I can inform you about its present status.
We are currently running a pilot project along the lines described in Birmingham in three different hospitals in Sweden.
The database is being set up here in Malmö and data are being processed to test the system. In collaboration with the Swedish Society of Family Medicine we have a list of physicians from all regions of Sweden comprised of one doctor from the hospital and one doctor representing family medicine. We have arranged a meeting to occur on the 8th of April at Arlanda airport close to Stockholm. To that meeting representatives from all regions will be invited and the programme will finalise the protocol for our programme.
We will present the results from the pilot trial and discuss various aspects of implementation, collaboration and final version of the booklet to be used. We have invited David Wood to the meeting to present the latest data from Euro Aspire which we think are of interest in relation to our work. Should you wish to come to this meeting I may take care of all the local costs, hotel etc but due to our limited budget I am not able to take care of travel expenses. Your presence at the meeting could give you a direct input as how to this project is practically managed. Although the presentations mostly are in Swedish David Wood will be presenting his talk in English and you may certainly interview all the responsible persons to get an idea about the programme.
After the meeting I will be able to update you further as to the future progress of the programme.
Should you be interested in coming to the meeting please let me know and I make the proper arrangements.
Kind regards,

Leif Erhardt, M.D.
Ph. D., F.E.S.C.

PS I enclose one copy of the "Heart booklet" which gives you an idea of how the book looks that the patient carries around with him. DS

The 4th International Conference on Preventive Cardiology
Montréal, June 29 – July 3, 1997

December 4th, 1996

Dear Dr. Burgarella,
Thank you very much for your letter of October 24th and for the copy of the journal of your association. On behalf of the Organizing Committee I would like to thank you for including an announcement for our meeting in the September issue of the Journal of the Association «Heart Friends Around the World».
We would like to congratulate you on your association which will do much to improve the dissemination of the importance of health promotion and disease prevention worldwide.
We hope that several members of your organization will have the opportunity to come to Montreal in 1997 to participate in the 4th International Conference on Preventive Cardiology and look forward to productive and pleasant exchanges during the meeting.
Sincerely,

Gilles Paradis, MD
Secretary General

INTERNATIONAL SOCIETY OF HEART FAILURE, Inc.
5th WORLD CONGRESS ON HEART FAILURE - MECHANISMS AND MANAGEMENT
WASHINGTON DC, USA, MAY 11 - 14, 1997

December 18, 1996

Dear Dr. Burgarella,
The 5th World Congress on Heart Failure will take place in Washington, D.C., USA on May 11-14, 1997. Could you please publish the following announcement in your Meetings Calendar:
May 11-14, 1997: 5th World Congress on Heart Failure - Mechanisms and Management, Omni Shoreham Hotel, Washington, D.C., USA. Under the auspices of the International Society of Heart Failure, Inc. Abstract deadline: January 15, 1997. Inquiries: Asher Kimchi, MD and Basil S. Lewis, MD, Co-Chairmen, 5th World Congress on Heart Failure, PO Box 17659, Beverly Hills, CA 90209, USA; Tel+1 310 657 8777; Fax+1 310 275 8922.
With many thanks,
Yours sincerely,

* * *

The 6th World Congress on Heart Failure will take place in Geneva, Switzerland on May 17-20, 1998. Could you please publish the following announcement in your Meetings Calendar:
May 17-20, 1998; 6th World Congress on Heart Failure - Mechanisms and Management, Palexpo, Geneva, Switzerland. Under the auspices of the International Society of Heart Failure, Inc. Abstract deadline: January 15, 1998. Inquiries: Asher Kimchi, MD and Basil S. Lewis, MD, Co-Chairmen, 6th World Congress on Heart Failure, PO Box 17659, Beverly Hills, CA 90209, USA; Tel+1 310 657 8777; Fax+1 310 275 8922.
With many thanks,
Yours sincerely,

Asher Kimchi, MD, FACC
Chairman

Basil S. Lewis, MD, FACC
Chairman

PREVENTION OF RHEUMATIC FEVER: AN ATTAINABLE GOAL

EDWARD L. KAPLAN, M.D.
Department of Pediatrics
WHO Collaborating Center for Reference and Research on Streptococci,
University of Minnesota Medical School Minneapolis, Minnesota, USA

INTRODUCTION

It has been said that there is no more preventable cardiovascular disease than rheumatic fever and its sequel, rheumatic valvular heart disease. It is recognized that appropriate diagnosis and management of a preceding group A streptococcal upper respiratory tract infection can prevent first attacks of rheumatic fever. Additionally, the continuous administration of appropriate antibiotics can be extraordinarily effective in preventing recurrent attacks of rheumatic fever. Such a forceful statement can be made about very few, if-in fact-any, other cardiovascular diseases.

With these facts in mind, let us briefly review these two currently available techniques for prevention, primary and secondary prophylaxis.

PRIMARY PREVENTION OF RHEUMATIC FEVER

Group A ß-hemolytic streptococcal upper respiratory tract infection (pharyngitis or tonsillitis) is a very common illness, especially among children between the ages of five and fifteen years. It has been even referred to as an "occupational diesease of school children" but, at the same time, it also may affect adults. This is particularly true in crowded living or working conditions. Some of the most important studies describing the epidemiology of group A streptococcal infections have been carried out in adults who were military recruits.

Studies completed almost fifty years ago documented that the attack rate of acute rheumatic fever following undiagnosed and untreated streptococcal upper respiratory tract infection is approximately 3%. This percentage is in contrast to individuals who simply carry (or harbor) the organism in their upper respiratory tracts and do not represent bona fide acute infection (the group A streptococcal upper respiratory tract "carrier state"). For such individuals, the attack rate of rheumatic fever may be reduced at least ten fold.

These important studies documented that treatment of the group A streptococcal infection can essentially prevent rheumatic fever. Furthermore, they demonstrated that one has approximately 9 days after the onset of the upper respiratory tract infection to eradicate the organism from the upper respiratory tract and still prevent rheumatic fever.

As is shown in Table 1 (see below) the classic treatment for streptococcal upper respiratory tract infection has been penicillin. Studies have shown that group A streptococci remain uniformly sensitive to this antimicrobial drug; there has never been a clinical isolate of group A streptococci which has proven resistant to penicillin.

Penicillin for treatment is available in two forms, oral and intramuscular repository (benzathine) penicillin. Both may be effective although, because the oral form must be given for 10 days, patient compliance can be a problem. Studies have shown that because the clinical signs and symptoms of this infection often disappear after three or four days whether or not the patient is treated, patients tend not to complete the full 10-day course of oral therapy usually necessary to eradicate the organism from the throat.This problem of compliance, however, has been adeguately addressed by the use of intramuscular benzathine penicillin G. Adequate serum levels of penicillin are achieved for several weeks after the injection.

In individuals who are proven allergic to penicillin, erythromycin has been the drug of choice to treat streptococcal pharyngitis. Although there are some countries where resistance to erythromycin and other macrolide antibiotics as been documented, in most countries in the world resistance occurs in less than 5% of group A streptococci and erythromycin remains an acceptable alternative.

Other antibiotics which have been used to treat group A streptococcal upper respiratory tract infections (primary prevention of rheumatic fever) include many of the cephalosporins and some of the other macrolide drugs. Generally speaking, these drugs are no more effective than penicillin, and their cost is usually considerably higher. Tetracyclines and sulfa drugs should not be used to treat group A streptococcal infections.

Table 1.

ANTIBIOTICS FOR THE PRIMARY PREVENTION OF RHEUMATIC FEVER

Antibiotic	*Route of Administration*	*Duration of Therapy*
Penicillin V	Oral	10 days
Benzathine Penicillin G	Intramuscular	One injection
Erythromycin	Oral	10 days
Cephalosporins* and other macrolides*	Oral	Usually 10 days*

(* Some have been given for shorter periods of time, but the efficacy has been questioned).

Table 2.

SECONDARY PREVENTION OF RHEUMATIC FEVER

Antibiotic	*Route of Administration*
Benzathine Penicillin G	Intramuscular
Penicillin V	Oral
Sulfadiazine	Oral
Erythromycin	Oral

SECONDARY PREVENTION OF RHEUMATIC FEVER

For individuals who have already experienced an initial attack of rheumatic fever, continuously administered antibiotics are required to prevent colonization of the upper respiratory tract with group A streptococci leading to subsequent bouts of pharyngitis and to recurrences of rheumatic fever. This is known as **secondary prophylaxis**. Patients who have had an initial attack of rheumatic fever are quite susceptible to recurrences. With recurrences, there is the danger of increasing existing valvular heart disease or of inducing valvular heart disease.

There are several methods available for secondary rheumatic fever prophylaxis. Oral penicillin may be given daily. In this situation, as in primary prevention, patient compliance remains a major problem. Studies have shown that intramuscular benzathine penicillin G, 1,200,000 units, given every 3-4 weeks is more effective than oral penicillin. Recent studies also have demonstrated that, in high risk populations or in instances of high risk individual patients, there is more effective protection by giving the injection of benzathine penicillin G every 3 weeks rather than every 4 weeks.For those individuals who are allergic to penicillin, sulfadiazine remains the drug of choice for secondary prophylaxis. It should be noted that the sulfa drugs are not effective in treating streptococcal sore throat (primary prophylaxis), but are effective in preventing colonization with the organism when used as secondary prophylaxis. In individuals who have difficulty taking sulfa drugs and are allergic to penicillin, erythromycin can be offered (Table 2).

The duration of secondary prophylaxis varies. Generally speaking, the risk of recurrence of rheumatic fever decreases remarkably after five years from the most recent attack. However, it does not disappear completely.

Patients with established rheumatic heart disease and patients living or working in a high risk situation (e.g., school teachers, school children, health care workers, etc.) often are given secondary prophylaxis for many years; sometimes for live. Others without evidence of rheumatic heart disease and who have not had an attack in at least five years may not be required to take secondary prophylaxis. The situation varies and requires the judgment of the primary care physician or cardiologist in making a decision about duration.

It should be noted that in patients with documented rheumatic heart disease, secondary prophylaxis for prevention of recurrence of rheumatic fever is both inappropriate and inadeguate for prevention of bacterial endocarditis. Different doses of other antibiotics are required for endocarditis prophylaxis.

In summary, rheumatic fever is a theoretically and practically preventable cardiovascular disease. Adequate medical attention to group A streptococcal upper respiratory tract infection with effective antimicrobial therapy can prevent initial attacks. Furthermore, it has been convincingly demonstrated that continuous secondary prophylaxis can prevent recurrent attacks of rheumatic fever with their concomitant increase in morbidity and mortality due to chronic rheumatic heart disease.

ITALIAN CONSENSUS CONFERENCE ON CHOLESTEROL

In the headquarters of the National Researc Council (NRC) and under the patronage of the President of the Republic, it was held in Rome in May the Italian Consensus Conference, organized by Prof. Guido Ricci, titled "to lower cholesterolemia to reduce coronary disease", aimed to give to medical doctors and to the population the guidelines to control the cholesterol level and to explain its relation with cardiovascular diseases.

Among the associations, public bodies and institutions, both the Italian Association Friends of the Heart and Heart Friends Around the World have been invited to participate for their activities aimed to the primary and secondary prevention of heart disease through the health education and the voluntary work in the field of cardiology.

During the two days of the congressual works, before the final draft of the decisive document, it was discussed on the cholesterolemia among the Italian population, on the diet, on the advices concerning the individual and population strategies to lower the cholesterolemia, so to reduce the risk and the incidence of coronary diseases (which nowadays in Italy affects yearly more than 150.000 new patients).

At the end of the works the conclusion was that the prevention of coronary disease must begin from pediatric age and end at geriatric age, with a suitable diet and, if this doesn't prove to be sufficient, with pharmacological theraphies, even at these extreme stages of life.

In Italy the average level of the total cholesterol is decreasing, after the constant increase during the years '70 and '80; at the same time death rate caused by coronary disease and myocardial infarction has reduced.

It was deliberated that very low risky level of the total cholesterol should be less them 180 mg/dl (the former value was fixed in 200 mg/dl); for this reason the pharmacological theraphy has been judged suitable after myocardial infarction, if the patient, in spite of a prolonged diet, has a cholesterol value higher than that was agreed.

Besides, it was reaffirmed the necessity of the control of hypertension and obesity, of smoke cessation and of an increase of physical activity as important strategies to reduce coronary heart disease.

Saro Nicola

MEASURES TO PROTECT A COSMONAUT FROM CARDIOVASCULAR EFFECTS OF PROLONGED SPACE MISSIONS

ATKOV O. YU.
Cardiology Research Complex
Ministry of Health of Russian Federation

In accordance with current ideas, all functional and structural changes arising in weightlessness in human organism, can be the result of the three principal causes: the absence of the weight load on the musculoskeletal system, the absence of hydrostatic blood and other biological liquids pressure, as well as shifts in the work of the organs responsible for the body orientation in space. Following these primary effects, then develops a chain of interrelated changes thanks to which there is established a new level of correlation between the organism and specific conditions of the environment.

Adaptation to weightlessness is attached at the expense of the loss of tolerance to loads typical for the life and earth, and it is accompanied by some other unfavourable consequences. Unfavourable effects of weightlessness change as the *flight time progresses, they depend on the stage of the flight and expression of adaptational process.*

Increased excretion of liquids from organism is an important part of the adaptational process. Such excretion decreases the volume of circulating blood and so lessens blood shift headward, by the end of the first week, sharply expressed discomfort symptoms caused by blood shifting to the upper part of the body, wear off. This time-period is not long enough for the organism to develop adaptational changes, caused by the absence of the weight load on the musculoskeletal system. The organism still keeps the ability to withstand loads typical for the earthly life, and returning to the Earth after short-duration flights is usually not connected with medical restrictions. The principal medico-biological problem in spaceflights of such duration is to find measures for the cosmonauts to feel better and to work more productively.

In spaceflights of more than 2-3 month duration, decreased efforts to hold poses, and transfer things lead to gradual development of metabolic processes in bones and muscles; to alterations of protein and mineral metabolism and energy spending; and to the detrained cardiovascular system. In accordance with this, the mass of the body, power and tolerance to different extreme effects are reduced, with requirements to the organism's functioning heightened, asthenia consequences can reveal themselves either during a flight and after it.

After the flight, crewmembers' tolerance to gravitational effects can be considerably reduced. Also reduced is the ability to keep upright position; physical working capacity is worsened; more subtle coordination is partially broken; and the gait is changed. All that speak for the necessity to work out and introduce the preventive measures that make adaptational changes minimal during long-duration flights.

All said above results in two approaches to conducting preventive measures against unfavourable effects of weightlessness, the first is that the preventive measures should be actively applied from the very beginning of the flight to keep the organism from adapting to weightlessness. It is proved to be correct in short-duration flights, because for maintaining high working capacity of the crew, it is particularly important to avoid difficulties at the beginning of adaptation. As for long-duration flights, the second approach is used which permits *partial adaptation to weightlessness*, but envisages measures to control and regulate the condition of cosmonauts. The idea of these measures is to prevent deep, hardly reversible adaptational changes, to preserve the crew's ability to put up with different stress effects, and return safely on the Earth. In that case, preventive measures should be directed, first of all, to support a sufficient level of physical working capacity, motor coordination and orthostatic stability, as changing of these functions in the post-flight period is, according to the latest data, especially unfavourable.

The most radical solution of the problem would be to introduce artificial gravitation on spacecrafts; but because of possible side effects of a long-term stay in the constantly rotating system and technical complications connected with its design, there were found more single ways of preventing unfavourable effects of weightlessness.

Data and results of long-duration piloted spaceflights, theoretical considerations and experiments show that the measures of prevention unfavourable effects on the human organism should include:

— measures and physical exercises to prevent detraining to maintain working capacity and motor habits in long-duration flight;

— measures to create in weightlessness the effect of hydrostatic blood pressure to keep the organism's liquids and to increase the volume of circulating blood and to increase tolerance to overloads and upright position;

— pharmaceuticals to eliminate some symptoms or to adjust intermediate mechanisms of side effects development.

At present, physical training (PT) in long-term flights is started on the 10th day and is performed for the rest of the flight according to the scheme 3+1 (three days of training and one day of active rest). Adequacy of one-hour training twice a day is determined from the physiological equivalent of the work. One of the most important values is the heart rate (HR) which should remain in the range from 140 to 160 beats per minute.

Physical training comprises speed exercises, stress exercises and speed-and-stress exercises. A variety of training facilities are available on board the orbital complex, among them: a treadmill, a load space suit, a set of expanders and a bicycle ergometer. The training complex reproduce a static load of about 70% of the body weight (mass) in the direction of the head-to-toe axis providing the cosmonaut with support as well as with the possibility of walking, running, jumping and "weight lifting". In a sense, the mentioned exercises imitate fluctuations of the hydrodynamic pressure inside the vessels which is very essential for tonus regulation of the vessels in the lower extremities as well as for maintaining adequate orthostatics after the touch-down.

Bicycle ergometer is used as a means of training the cardiovascular system. It should be noted that the blood circulation system in conditions of a long-term flight reacts to a load in a different way which is manifested in reduced values of stroke volume (SV) and cardiac output (CO) at a peak load and immediately after the peak load, as well as in higher HR, systolic and diastolic arterial pressure (AP). The left ventricle contractility calculated values exceed, as a rule, the pre-flight ones. The CO values during exercise are lower than the pre-flight ones which may be caused not so much by a reduced pumping and contractile function of the heart as by somewhat limited venous return due to a lesser circulating blood volume (CBV).

A special LBNP device has been developed to increase cosmonaut's response to gravitational stress. LBNP tests mainly result in retaining some quantity of blood in the lower part of the body in proportion to the value of negative pressure. At LBNP being equal to 40 mm Hg, about 500-600 ml of blood are deposited which approximately corresponds to the conditions of man's upright position on the Earth. In this case, we can observe a decreased CBV, a higher HR, a reduced CO and stroke volume, a decreased systolic and an increased diastolic pressures, a reduced pulse pressure, activation of a neuroendocrinal regulation of the watersalt metabolism followed by retention of water and electrolytes. Reaction to LBNP effect in weightlessness manifests itself in a sensation of a habitual upright position of the body. LBNP can be applied at the initial stage of the flight for reducing blood rush headward; in the middle of the flight it can be used for assessing functional state of the cardiovascular system. At the end of a long-term flight LBNP can be employed to prevent a loss of orthostatic tolerance. LBNP used in dosage during the space flight and such values as HR and AP can help in judging regulatory possibilities of the blood circulation system as a whole, as well as in prognosing overload tolerance during the descent and the capability of keeping upright position after the return to the Earth.

In order to use LBNP as a training factor to advantage, one should be guided by the following principles: strictly individual training regimes; repeated stress accompanied by a gradual increase of negative pressure, alternation of high and low decompression values; the use of LBNP in conjunction with isotonic solution taken before physical training is started. The maximal negative pressure values are of the order of 45 millimeters of mercury. The total duration of the training is 30-40 minutes, the whole training program cycle being started 2-3 weeks before return to the Earth.

Postflight, the functional state of the cosmonauts' cardiovascular system is disturbed mainly due to the fact that gravitational force on Earth makes blood to shift from the upper to the lower part of the body. The intravascular fluid volume is decreased with the result that the vessel capacity does not correspond to the CBV. This hypothesis forms the basis for developing ways of preventing the reduction of orthostatic stability postflight which can be attained by means of making up for the intravascular fluid.

Peroral rehydration (saline ingestion) is to be given 24 hours before the return to the Earth. The maximal water and salts retention is observed after the salt water has been given in conjunction with the PT and 2-5 days' LBNP training cycle.

The nature of hemodynamics changes and hemodynamics regulation both in weightlessness and in model experiments determine the possibility of using medicines for the prevention and treatment of cardiovascular disturbances. The task has been set to develop and study the efficacy of various drugs beneficial for: normalizing circulating blood redistribution and reducing its mass; liquidating stagnation in pulmonary and brain circulation; preventing disturbances of the cardiovascular function; increasing orthostatic stability; and preventing detraining of the cardiovascular system. Special attention should be given to studying drugs application in conjunction with physical stresses and exercises, LBNP etc. which are aimed at stabilization of the most important homeostatic systems of the man in weightlessness. Thus, the strategy of *ensuring medical provision and safety of space flights for controlling cosmonauts state of health* or, to be more exact, for controlling adaptation processes so that a man could adapt himself for weightlessness without losing adaptation for habitual gravitational effects of gravites.

BAD HABITS IN THE DIET

Dear Doctor,

I'm sending You a brief note to express some remarks emerging from my personal experience and from that of other colleagues who are working in the field of cardiovascular and metabolic disorders at least for ten years. Such remarks refer to:

— the contents of messages concerning diet, aimed to the prevention and/or correction of hypercholesterolemia;

— the consequences that these messages have on the population's diet.

From our observation, we derive that the most acknoledged messages addressed to the population by the "insiders" belonging to the "world of health" and by the mass-media seem to consist in:

* maximum attention to the presence of cholesterol in the food;
* consequent discrimination and classification of the foods only on the basis of their supply of cholesterol;
* blanket fear for fats in general, apart from their quality;
* carefullness and fear for the food rich in calories, even vegetables.

Such messages, as far as we know, tend to produce the following behaviours:

— a exclusion of foods rich in proteins such as "red" meats, various kinds of cold meats and salami (also those poor in fats), eggs, cheese.

— a very limited consumption of cereals and pulses, as they are considered rich in calories.

Besides, at a psychological level, these messages seem to cause:

— a sense of frustration and intolerance;

— inconstancy in the diet;

— sense of guilt towards possible "transgressions", even though occasional;

— a concept of diet as a "special diet", correlated to the idea of illness, following a logic which is far from the concept of prevention.

The results deriving from this behaviour are some bad habits in the diet, such as:

— an excess in the consumption of animal proteins with frequent (also daily) consumption of the so called "lean cheese", as an alternative to meat and salami;

— an excess of saturated fat acids and an intake of polinsaturated and monoinsaturated fat acids inferior to the supply recommended;

— an inferior supply of fibres than that recommended.

Therefore, from these considerations, it becomes necessary for the future:

a) to redefine the contents of the messages concerning the diet, aimed to the prevention and correction of hypercholesterolemia, following recent guide-lines and the recommendations regarding the total protein supply (of both vegetal and animal origin) to be included in the diet;

b) to work out specific "guide-lines" addressed to both the insiders and the population, so to give them more detailed information about:

— the minimum and maximum daily foods intake, which have been proved to have an incidence on cholesterolemia;

— the frequency in the consumption of foods at high risk.

To this aim, we think that the contribution of the Dieticians will be usefull for their knowledge of the composition of the foods and for the role of trade-union among doctor, researcher and citizen.

Your sincerly

Giovanna Cecchetto
President
of The Italian Association
Graduates in Dietology

CONTRACT OF AFFILIATION

Contract of affiliation between Heart Friends Around the World, hereinafter called the **affiliating association,** represented by the President, dr. Flavio Burgarella, authorized by the decision of the Board of Directors on .... and the Association.....
hereinafter called the **affiliated association,** represented by its President .....

WHEREAS

• Heart Friends Around the World has the objective, among others, to promote contact with national and international Associations with the common goal of prevention and rehabilitation of cardiovascular disease.
• Heart Friends Around the World envisages the possibility of affiliation with other Associations with similar statutary aims;
• in compliance with their social aims, che undersigning Associations intend to establish a relationship of mutual collaboration;
• both above-mentioned Associations are non-profit making organization. The above being stated, it is hereby stipulated and agreed as follows:

1) The preliminary statements are an integral part of this document;
2) The Affiliated Association undertakes to use a statute in compliance with the clauses of the Heart Friends Around the World's Statute;
3) The Affiliated Association undertakes to pay Heart Friends Around the World a yearly membership fee of $ 100 (a hundred US dollars);
4) Heart Friends Around the World agrees that the Affiliated Association may have the words «affiliated to Heart Friends Around the World» following its name;
5) Heart Friends Around the World undertakes to send the Affiliated Association the number of copies requested by the Affiliated Association of their six-monthly journal against payment of US $ 1 (one US dollar) per copy;
6) Heart Friends Around the World undertakes to print the names of their affiliated associations and their main activities;
7) The Affiliated Association will see to the distribution of the journal and shall enter the request for the number of copies required by the month of April and October of each year;
8) The parties are requested to inform each other of the activities carried out to achieve the institutional goals and for coordination purposes;
9) The present agreement is an open-ended agreement and can be terminated by one of the two parties giving three month's notice thereof;
10) Without any prejudice to the right to terminate the agreement in case of unfulfilment, it is agreed that failure by the Affiliated Association to comply with claude no. 2 will determine the termination of the contract.
Signature of the parties hereinto

On behalf of Heart Friends Around the World
THE PRESIDENT

.....

On behalf
on the Association
THE PRESIDENT

.....

Payment of membership fees for the year 1997 to:

HEART FRIENDS AROUND THE WORLD

Also this year the membership fee has been fixed in 10 USD.
Please complete in capital lettes:

Family name _____

First name _____

Profession _____

Mailing address _____

_____

Fax _____

Send the completed form together with your contribution to:

Heart Friends Around the World
Via Cucchi, 6 - 24122 Bergamo - ITALY - Fax 39-35-234497

You will be sent a six-monthly journal together with the Association's membership card.

Fees may be paid by cheque in your local currency of by Credit Card without any additional charge.

• Send your cheque to Heart Friends Around the World: The Banca Popolare di Bergamo, Sorting code ABI 05428 - CAB 11101 - Current Account 40488.

• Please indicate the Credit Card you are using:

	MASTER CARD	VISA	AM. EXPRESS
Account n°	_____	_____	_____
Expiry date	_____	_____	_____

amount to be charged

☐ • USD 10 ☑ • 16.000 ITL

Your signature of authorization _____

Fitech

GENERALI
Assicurazioni Generali

CB CREDITO BERGAMASCO
GRUPPO CREDIT LYONNAIS



Heart Mail

PROF. SHANTHI MENDIS MD FRCP
HEAD DEPARTMENT OF MEDICINE
FACULTY OF MEDICINE
UNIVERSITY OF PERADENIYA,
Sri Lanka

August 26, 1996

Dear Dr. Burgarella

Dr K K Hyder Siddiqui from Calcutta India and Dr K Kothe from Germany visited Sri Lanka to hold a workshop on cardiac rehabilitation in Kandy Sri Lanka during the post congress session of the 3rd International Medical Congress. Dr Siddiqui very kindly gave me information regarding «Heard friends around the world». I have been working in the field of prevention cardiology for 22 years and am very interested in establishing a «Heart Friends Around the World-affiliated Sri Lanka Chapter».
I would very much appreciate your views and advice regarding this matter and look forward to hearing from you.
Yours sincerely.

Shanthi Mendis

DR. RICARDO RASMUSSEN,
INSTITUTO DE CARDIOLOGIA DE CORRIENTES «JUANA FRANCISCA CABRAL»
Corrientes
Argentina

29 Agosto 1996

Egregio Dott. Burgarella

Abbiamo il piacere di rivolgerci alla S.V. nella Vostra qualità di presidente dell'Associazione «Amici del Cuore» allo scopo di farvi pervenire l'invito per assistere e partecipare alla II Marcia Aerobica che avrà luogo il giorno 13 ottobre a Corrientes, Argentina, su cui obiettivi e caratteristiche Vi abbiamo già commentato in occasione del Congresso Mondiale di Riabilitazione Cardiaca tenutosi a Buenos Aires, Argentina, nel giugno 1996.
Nel caso confermiate la Vostra presenza Vi faremo pervenire un programma di visite ai mass media, alle autorità locali e di eventuali conferenze sull'importanza nel mondo intero dell'Istituzione che Voi presiedete.
Nello stesso modo Vi invieremo il biglietto pertinente con tutti i collegamenti, per assicurarVi un felice arrivo alla nostra città.
Nell'attesa di contare sulla Vostra pregiatissima presenza cogliamo l'occasione per porgerVi cordiali e distinti saluti.

Ricardo Rasmussen
Reynaldo J. Badaracco

* * *

NIGAR T. ALIEVA, M.D.
G. Djavida 9-51
Baku 370002
Azerbaijan

September 30, 1996

Dear Dr. Burgarella

Thank you very much for your letter about acceptance my abstract for oral presentation. Unfortunately, I can't to take participation in work of this Congress in your beautiful country, because I am expecting a child. I sincerely hope to visit your country next year.
I would like to ask you about a very great favour.
Could you send me a copy of Abstract Book of this Congress or a copy of Journal «Heart Friends Around the *World*».
Thank you for your attention and hospitality once more.
Yours sincerely

Nigar T. Alieva

* * *

PROF. DR.
BRANEA IOAN DOREL
CLINICA DE RECUPERARE CARDIO-VASCULARÁ, SI NEURO MOTORIE
POLICLINICA ASCAR
B-Dul C.D. Loga nr. 49
Timisoara
Romania

15.X.1996

Dear Sir

Thank you very much for the invitation to partecipate at your Meeting. Unfortunately I can not have the possibility to come, but a part of me, my son Horea, will meet you.
He will present a study made in our Clinic. Our main interest in the cardiac rehabilitation and our results were accepted as oral presentation at the European and World Congresses: Berlin 1994, Amsterdam 1995, Buenos Aires 1996.
I am the president of cardiac rehabilitation section within the Romanian Society of Cardiology, and if is possible, I want to be member of the Scientific Committee of Heart Friends Around the World.
I sustained and I will sustain you, I appreciate your work and I admire your unfinished energy.
We need your help to develop the cardiac rehabilitation in Romania.
I consider that is useful for my young colleagues to spend a couple of weeks in a rehabilitation clinic in Wester Europe and also I invite you to visit our clinic in Timisoara. Thank you once again for your great amability and kindness, and I hope to see you soon.
Yours sincerely

Joan Branea

* * *

TANJA DE, MD
B.M. BIRLA HEART RESEARCH CENTRE
1,1 National Library Avenue, Calcutta - India

10/10/1996

Dear Dr. Burgarella

I was overwhelmed and deeply honoured to know that you appreciated my abstract, in collaboration with Dr. K.K. Hyder Siddiqui, which I sent alongwith my Curriculum Vitae, and found me suitable for the scholarship to spend 4 weeks into Dr. Kristian Kothe's Rehabilitation Centre in Essex (Germany). It will be a dream come true.
I shall be highly obliged if I could know some more details about this scholarship so that I could plan my dream trip to Germany for some heavenly experience.
Thanking you once again for the honour. I shall be eagerly waiting to hear from you.
Best regards

Tanuja De

* * *

DR . K.K. HYDER SIDDIQUI M.D. (CAL)
F.I.C.A. (U.S.A.)
F.C.C.P. (U.S.A.)
CONSULTANT CARDIOLOGIST
B.M. BIRLA HEART RESEARCH CENTRE 2-4 P.M.
1,1 National Library Avenue, Calcutta 700 027
India

27.10.1996
Dear Dr. Burgarella

Thank you very much for your kind message which I recieved just now after coming back from Capri. I have got no language to express my gratitude to you for your hospitality shown towards me during my stay at Capri. I was spellbound by your single handed enormous acitivity which I think like a Missionary work to make people aware about the Heart diseases all over the world. I am sure that your honest and sincere effort will get success. I again congratulate you for organising e successful conference at Capri and letting me a chance to have a glimpse to a dreamy paradise. Please convey my regards to Mrs. Burgarella and affection to your daughter.
Thanking you,
yours sincerely

K.K.H. Siddiqui

* * *

PROF. MUDR. ZOLTÁN MIKES, DRSC
KLINIKA GERIATRIE LEKÁRSKEJ FAKULTY UK A DNsP
DEPARTMENT OF GERIATRICS, FACULTY OF MEDICINE, COMENIUS UNIVERSITY
Dumbierska 3, Sk-831 01
Bratislava, Slovak Republic,

29 October 1996

Dear Friend

Thank you very much for your letter dated 24.10.1996 and for the photos. It was very nice to remember on the pleasant days, spent in Capri during Cardiology Update 96. I use this opportunity to thank you again for your hospitality in the name of my colleagues and myself.

JOHN MELLOR,
DIRECTOR
FITECH
Willow House,
Park West,
Sealand Road,
Chester
CH1 4RW. England

November 15th, 1996
Dear Flavio

On behalf of Julie and myself may I thank you and your Directors for your courteous hospitality in Capri.
We enjoyed ourselves and were particularly pleased with the interest shown by the conference delegates in our health promotion software.
We are hopeful that we can work with some of your colleagues to translate our programs into various languages. This will take time, of course, but Capri was the important first step.
Please find enclosed a cheque for £500.00 which I hope you will accept on behalf of Heart Friends Around the World.
It is a privilege for us to support you to the best of our ability.
Also, enclosed is Fitech logo.
Kind regards.

John Mellor

Concerning the meeting in Slovakia, I beg to inform You about our effort to make our best for the success. To this time, we had ensure a relative high support and I hope it will be raise in the future.
Looking forward to hear from you soon, I remain.
Yours sincerely

Z. Mikes

* * *

ESTER SUSIN
EXPERT IN NUTRITION FIELD
Montebelluna, Italy

15 Nov. 1996

Dear dr. Burgarella

You anticipated me: I was just writing to thank you when I received your letter.
What do I think about Cardiology Update '96? The interest in the scientific aspects together with the pleasure to stay in Capri isle gave an excellent result. Particularly, I've appreciated the interaction between different working realities.
This experience gave me new energies and enthusiasm for my work: you know very well how people working on public healthcare need this kind of stimolous.
You'll be able to read my best appreciaments regarding Cardiology Update '96 in the articles pubblished on Dietician Association Journal.
With best regards.

Ester Susin

* * *

PROF. MUDr.
JOZEF KOLLAR, PhD.,
ÚSTAV EXPERIMENTÁLNEJ MEDICÍNY
LF UPJS KOSICE, TR. SNP 1, 040 66 Kosice,
Slovak Republic

27 Nov. 1996

My dear friend,

I was very delighted by your letter and photographies. They are fantastic. I am very sorry for my delayed respond, but I have lot of work to do nowadays, because I am doing correction of the book with many pages, which is now being printed.
If I should present my point of view on the congress, I would set a few standpoints.
In the way of social activity, it was organized perfectly. I am truly convinced, that thanks to your effort and personal charm, which is your attribute, you could have been able to captivate and encourage all the event participants. I am going to remember this for a long time.
In the way of expert information exchange, the event was set on very high level, even if your idea was not fulfilled only by unique contributions. Thanks to your connivance, some of the foreign guests could present the result of their scientific and research work through the posters.
I really appreciate, that I have been permanent participant of the congresses and spiritually suited into this nice, but still small community. I wish your work successully continued and was followed up.
I perceived you are unifying personality, when you had been able not to divide members of former separated camps but unite them. You try to reach the soul solidarity in mutual companionship. You are truly interested in maintaining of friendly and working contacts among many collaborators in Europe, America and Asia. Only blinded one couldn't see your mission and I personally wish you to succeed in your work.
I suggest the international library of authors, participants of the meetings would be found. Even from the point of view, that some of the participants announced writting or preparations to write monographies. The collection, or books fund will document after years the people, who had to leave in spite of their effort to disseminate new acknowledges on friendship and mutual respect. There will remain their work contribution and proofs on their effort to maintain companionship, disseminate knowledges, friendship and understanding among nations.

Jozef Kollar

* * *

MUDR. IVO STOLZ
INSTITUT KLINICKÉ A EXPERIMENTÁLLNÍ MEDICÍNY
PRACOVISTÉ KLINICKÉ REHABILITACE
Praha, Czech Republic

3.XII.1996

Dear Friend

Thank you for your letter and nice pictures from the meeting in Bergamo. Both me and all my friends from Slovakia enjoyed the meeting you organized with excellent professionality. I hope the next conference in Slovakia will stimulate the activities of HFAW in central Europe.
It is very nice that our meetings visit physicians and patients. Probably a delegation of italian patients could come to Smolenice.
Sincerely yours

Ivo Stolz

DAVID ARONOV M.D., DEPARTMENT OF CARDIAC REHABILITATION AND SECONDARY PREVENTION NATIONAL RESEARCH CENTRE FOR PREVENTIVE MEDICINE
10, Petroverigsky Str., Moscow 101953, Russia

Dec. 06, 1996

Dear Flavio

With great pleasure and delight I recall the last Conference.
The venue choice was most auspicias and the Conference itself along with the General Assembly went smoothly and with great success, and were of great significance.
Especially I enjoyed your report on the Internet and its perspectives in medicine.
With warmest and sincerest congratulations.
I wish you further success.
Sincerely yours

David

* * *

MARINA BOUBNOVA M.D., NATIONAL RESEARCH CENTRE FOR PREVENTIVE MEDICINE
10, Petroverigsky Str., Moscow 101953, Russia

06/12/1996

Dear Flavio Burgarella

Thank you for your letter and photograph, and most importantly for the opportunity to participate in the Meeting on Capri. I was very impressed by the Meeting.
The Meeting on Capri was successful on both its social and scientific aspects. The reports, presented at the Congress, were of scientific interest.
They were skillfully put together, taking into account all the different aspects of prevention and rehabilitation of heart diseases.
At the Congress I was pleasantly surprised by the way of presenting the posters, that has not been encountered at other congresses.
This given an opportunity of closer communication between participants. At the same time, it was really nice that the scientific programme was not overly loaded and was aptly combined with the cultural part of the meeting. Very appropriate was the choice of the place - Capri - an island of incredible beauty.
I was interested in your ways of working with the patients. I hope in the future I will get to know them better and use them in my practice. I hope to become an active member of your Association and contribute to its further development together with my supervisor Professor Aronov D.M.
I am hereby sending you my curriculum vitae.
I hope to meet you and the other members of the association in the near future.
I hereby convey my best regards.

Marina Boubnova

JOSE A. DE VELASCO, JEFE SERVICIO CARDIOLOGIA, HOSPITAL GENERAL, G.V. Marques del Turia, 7
Valencia, Spain

8 de diciembre de 1996
Dear Flavio

Thank you for your last letter of 29.10.96 that arrived to my Hospital as usual with some delay. It should be much better if you write to my private address.
I am sending you here a shortened curriculum vitae to be included in the Directory Book and published in the Journal. You are also asking me for some comments about the last Congress in Capri. In general my impression was very favorable, mainly because of the reasons that you rise in your letter.
Concerning the scientific aspects, thus I believe that in my position of Vicepresident of the Association, this should be my preferential task, in my opinion we have to improve. For instance, before the Congress we have to give the participants the programme and the time table of the oral presentations and if possible the abstracts, in order to improve the discussions.
Concerning Capri's meeting, the invited lectures were very interesting and apropriate with only one exception. Especially your contribution and those of Atkov and Kaplan were very interesting. Some of the posters were more interesting than the oral presentations. I agree with you that we have to organice better the sessions to make the discussions more fruitful.
Looking forward to meeting you in another occasion.
Best regards

Jose A. de Velasco

* * *

DIMITER KARASTATEV, M.D. ASSOC. PROF. DEPARTMENT OF CARDIOLOGY, MEDICAL UNIVERSITY
9002, Varna "Marin Drinov" Str. 55, Bulgaria

15 Dec. 1996

Dear Dr. Burgarella

We congratulate you with Christmas and the coming New Year and we wish to you and your family health and a lot of successes.
We are very sorry that we have not been in Capri in October, but the heavy crisis in economy of our country did not make it available we to assure financially our journey.
Nevertheless we want you to believe that we are real fans of all of the activities of Heart Friends Around the World and we hope that we shall have the opportunity of participate in the Third Meeting of Heart Friends in Bratislava. There we shall pay our fees for 1996 and 1997.
We shall be very grateful if you continue to send us information about the work of Heart Friends Around the World during 1997.
Our best wishes and kindest regards!
Yours sincerely

Dimiter Karastatev
Vladimir Kadinov

* * *

DR. MOHAMAD SUHAIMI MOHAMAD UDA TENANG, Bsc (HON) M.D. MRCP (UK), THE STRAITS HOSPITAL
37-A, Jalan Parameswara, 75000 Malacca, Malaysia

December 11, 1996
Dear Miss Veronica

I shall be very grateful if your could send me details of the following meetings:
1. March 6-8/1997 - Paris, France: Antithrombotic-Drugs: from current knowledge and therapeutic uses to future avenues.
2. May 11-14/1997: Washington D.C. Usa. World congress of Heart Failure - Mechanisms and Management.
3. August 23-24/1997: Stockholm, Sweden: XIX Congress of the European Society of Cardiologist.
4. October 5-9/1997: Paris, France: 11th International Symposium On Artherosclerosis.
Thank you very much.
Warmest regards

Mohamad Suhaimi Mahamad Uda Tenang

* * *

PIETER VAN DER HORST
Bunnik, Germany

December 12, 1996

Dear Dr. Burgarella

I received my copy of the Journal and read it, again with great pleasure. I also showed some of the articles and photo's to a good friend that would be most obliged to receive his own copy of your Journal, and also the issue of September 1996.
His name and address is:
Dieter Beck
Truchtelfingerstrasse 17
D-72475 Bitz
Germany
Thanks for your consideration.

Pieter van der Horst

* * *

ILGAR G. ALIZADE, M.D.
NIGAR T. ALIEVA, M.D.
G. Djavida 9-51
Baku 370002
Azerbaijan

20/12/1996

Dear colleague

We would like to ask you about a very great favour.
We are members of the «Heart Friends Around the World».
Recently we have received a copy of this Society's Journal, where was printed the list of Cardiovascular Meeting Around the World.
Could you send us more information about these Meetings. (Omissis).
We sincerely hope you will be able to help us in this metter.
Yours faithfully

Ilgar G. Alizade
Nigar T. Alieva

* * *

THE OFFICE OF THE MINISTER OF HEALTH
Parliament Buildings, Wellington, New Zealand

10 January 1997

Dear Dr. Burgarella

On behalf of Hon Bill English, Minister of Health, thank you for your letter of 24 October 1996.
Yours sincerely

Kiri Rikihana

* * *

N. SARRAFZADEGAN M.D.
DIRECTOR OF CARDIOVASCULAR RESEARCH CENTER
VICE PRESIDENT OF THE FIRST EASTERN MEDITERRANEAN CONGRESS ON PREVENTIVE CARDIOLOGY
ESFAHAN UNIVERSITY OF MEDICAL SCIENCES AND HEALTH SERVICES
Esfahan, Iran

16 Jan., 1997

Dear Dr. Burgarella

Many thanks for your kind fax of Dec. 5th.
I appreciate your helpful action to mention our congress in your issue.
That would be very kind of you to inform me if the subscription fee is ten US$ and if I can have a subscription for a period of three years.
Looking forward to having you further help.
With best wishes

N. Sarrafzadegan

KRISTIAN KOTHE M.D.
Rehabilitations Klinik ELBE-SAALE GmbH, Schlosstrasse, 42
D-39249 Barby, Germany

16/01/1997
Dear Flavio Burgarella

Thank you for your Fax from 16th of Jan. 1997.
I wish you a very happy and prosperous New Year.
During the 6th World Congress of Cardiac Rehabilitation 1996 in Buenos Aires Dr. Flavio Burgarella and Dr. Kristian Kothe met once more in a sunny afternoon; talking, brainstorming and planing. Thus a new idea was born. We should grant a scholarship to young doctors to go to different countries and learn about different approaches to cardiac rehabilitation. As a world wide association to promote the prevention and rehabilitation of chronic cardiovascular diseases - as our logo says - we should have an exchange of younger doctors too.
In Capri during the meeting «Cardiology Update» of Heart Friends Around the World in october 1996 the President and the Board of Directors accepted more than 35 papers. After a selection the winners of the scholar ships were communicate and gave their oral presentation: Dr. Branea, Clinic of Cardiac Rehab., TIMISOARA, Romania "Effects of exercise training versus therapy with Enalapril in patients with chronic heart failure". Dr. Lietava, 2nd Dept. Internal Medicine, Comenius Univ. BRATISLAVA, Slovak Republic, "Risk factors of CHD in populations of three selected districts of Slovakia". Dr. Tanuja, B.M. Birla Heart Research Centre, CALCUTTA, India, "Relation of peri-infarction block to ventricular late potentials in patients with inferior wall myocardial infarction". **The scholar ship will be start in April this year and cover:** 2 weeks of a technical and practical seminar related to secundary prevention-focus on congestive heart failure - sponsor is Ergolin-company, together with a trip through Germany (2-rehab. center in the south, technical seminar in the company, than 2 rehab.-center in the east and experiences in the weekly work of ambulatory heart groups (AHG) in Germany, participation in a weekend-seminar for doctors of the AHG and a training course for exercise therapy in CHF too. Today I had send to Prof. Dr. Zoltan Mikes my best regards to the new year together with my proposals for our meeting in September this year in Smolenice.
Hope You will have in the near future also close contacts to Prof. Mikes preparing our anual meeting, especially our foot-race in promoting the worldwide association in the different countries.
Your sincerely

Kristian Kothe

Riga, Latvia

20 Jan. 1997

Dear Flavio

Many thanks for you nice letter! We are very glad to have received the photos which remind us of the wonderful days spent in Capri. We are really deeply grateful to you for the possibility of participating at the Congress for your moral and material support! These days offered us a chance of making the acquaintance with colleagues from different countries of exchanging our points of view of getting deeper insight in various spheres of our profession. It is thanks to your efforts and sponsorship that we could meet the third time and feel now like members of a team since we share common interests both in scientific work and practice.
Nothing to speak of the fantastic rest, both for the eye and the body... Thank you very much! Sincerely yours,

Ingrida, Mara, Lilita

* * *

E-MAIL

EDWARD L. KAPLAN, M.D.
DEPT. OF PEDIATRICS, BOX 296 UMHC
420 DELAWARE ST. SE
UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
Minneapolis, Mn 55455
USA

21 Oct. 1996

Dr. Burgarella and Veronica:

My very sincere thanks for the opportunity to attend the meeting in Capri this past week. It was a wonderful experience, both professionally and personally. You both have invested so much to make this successful, and it showed! The number of new colleagues that I met was rewarding. I hope to continue our collaboration in the future. I had a good trip back to Minnesota. Thank you again.
Very best regards

Ed Kaplan

* * *

MARIELBA CORDIDO ASCARDIO, ASOCIACION CARDIOVASCULAR
Venezuela

29 Nov. 1996

Dear Dr. Burgarella

We want to congratulate you and the people who works in the journal Heart Friends Around the World. We think is a very good idea to promove. We have recived the two numbers and we want to thanks. We will in touch.
Regards

Marielba Cordido

* * *

KEN ROSS CONGRESS MANAGER ICU 97 SECRETARIAT
275 Bay Street
Ottawa, Canada

5 Dec. 1996

Dear Dr. Burgarella

Thank you for the September issue of Heart Friends Around the World.
We appreciate the inclusion of ICU 97 in your meeting section.
I have added you to our list journals and publications which will ensure you receive on a regular basis information about ICU 97. In the new year, we will be sending out press releases and ad formats to promote ICU 97 which you may want to include in your publication.
We have a home page (www.relative.com/icu 97). Please list us on the interesting web sites for cardiologists. If I can be of further assistance or you require additional information, please contact me.
P.S. I will forward a copy of your letter to the Executive Committee.
Sincerely

Ken Ross

Directory book

SHANTHI MENDIS
MBBS., MD., FRCP (LOND.), FRCP (Edin.) Associate Fellow of The American College of Cardiology
Department of Medicine
Faculty of Medicine
University of Peradeniya
Peradeniya
Sri Lanka.
Female
Date of birth: 15 November 1950

Distinctions and Awards
1974 - First Class Honours - Final MBBS.
1974 - Distinction pass in Internal Medicine, Distinction pass in Surgery. Distinction pass in Paediatrics. Distinction pass in Obstetric and Gynaecology.
1974 - First in the order of merit Final MBBS combined merit list of Peradeniya and Colombo Medical Faculties (All Island).
1972 - Distinction in Bacteriology - 3rd MBBS.
1972 - 2nd Class Honours - 3rd MBBS.
1970 - Distinction in Biochemistry.
1970 - 1st Class Honours - 2nd MBBS.
1968 - Distinctions in Physics and Chemistry. CGE-Advanced level, 1st attempt.
1966 - Distinction passes in five subjects and credit passes in three *subjects - CGE-Ordinary level.*
1989 - Commonwealth Medical Fellowship.
1987 - Sir Nicholas Attygalle Award-Sri Lanka Medical Association.
1995 - Elected Fellow of the Royal College of Physicians of Edinburgh.
1995 - Elected Associate Fellow of the American College of Cardiology.
1996 - Zonta International award for first woman cardiologist in Sri Lanka.
1996 - Elected Fellow of the Royal College of Physicians of London.
1996 - G.R. Handy award for best research paper in Cardiology 1996.

Present Appointments
Consultant, Teaching Hospital, Peradeniya - From 1980 to date.
Visiting Research Associate, Institute of Fundamental Studies, Kandy, Sri Lanka - From 1986 to date.
Associate Professor, Department of Medicine - From 1990 to date.
Head, Department of Medicine - 1991/1992 1994 to date.
Clinical Coordinator - From 1991/1992 1994 to date.
Director, Centre for Research in Tropical Medicine.

Membership in Professional Organizations:
Member of the Royal College of Physicians of the UK Nov. 1977.
Member of the Sri Lanka Medical Association.
Member of the Ceylon College of Physicians.
Member of the Sri Lanka Association for the Advancement of Science.
Member of the Kandy Society of Medicine.
Founder Member of the Physiological Society of Sri Lanka.
Member of the Third world Organization for women in Science.

Research Grants Awarded
World Health Organization grant «Investigation of risk factors of coronary atherosclerosis» 1983.
World Health Organization grant «Intervention study on Smoking» 1987.
World Health Organization grant Pathobiological Determinants of Atherosclerosis in Youth 1988.
University of Loyola, Chicago, USA Research Grant 1994.

Pubblications
42 Full Papers.
5 Books.
108 Abstracts.

* * *

DR. TANUJA DE
M.D.
Hospital: B.M. Birla Heart Research Centre 1/1,
National Library Avenue
Calcutta - 700 027 - India.
M.D. examination in May 1994 (Session: 1991-1993).
Sex: Female. Date of birth: 23.06.1969.

Working as a registrar in the department of Cardiology in B.M.Birla Heart Research Centre, Calcutta from 15.06.'95 till date with rotations through Invasive Caridology. Intensive Coronary Care Unit, Non-Invasive Cardiology, Emergency and Wards.
Participated in several health camps under the leadership of our Clinical Director, Dr. Devi Shetty.

* * *

DAVID M. ARONOV
M.D., PH.D.
Office address: National Research Centre for Preventive Medicine, Petroverigsky Lane, 10, 101953 Moscow, Russia.
Tel. (095) 923 59 17,
Fax: 928 50 63 or 923 59 17.
Born in 30.10.32 in Bukhara (Uzbekistan).

1955 - Graduated from Tashkent state Medical Institute.
1955-1959 - Worked as a physician at the Bukhara regional hospital.
1959-1962 - Complete postgraduate residency of Internal Medicine of Acad. Med. Sci. (Moscow).
1962-1988 - Worked at the Institute of Cardiology (Moscow) (since 1968 - All Union Research Centre of Cardiology).
1989-present - Head of the Clinical Cardiology Department at the National Research Centre for Preventive Medicine (Moscow).
1963 - Detended the thesis for M.D. degree, and 1971 - for Ph.D. degree (Doctor of Medical Sciens).
1989 - Received the title of professor.
D. Aronov has published more then 200 articles and 4 books. He is a member of the Council on Cardiac Rehabilitation of ISFC and a member of the board of the Association «Heart Friends Around the World».

* * *

ANGELO PSAILA D.J.
Born 25.6.1937
M.D. D.C.H. (London),
M.R.C.P. (VK), F.R.C.P. (Ediu.)
Adress: Peace
Villa Rosa Estate
St. Andrews - Malta.
Clinical Cardiologist at St. Luki's Hospital.

Present Position
Professor of Medicine University of Malta.
Deputes Directors, Department of Medicine, St. Luki's Hospital.

Other activities
President World Medical Tennis Society.
Broadcaster: Regular Educations Radio and TV Programmes an Preventive Medicine particularly cardiology on Malta Super I Radio and TV.

* * *

SUSIN ESTER

I was born in Caerano/Treviso Italy in 1959.
After dietician diploma, in 1981 in Padova, I worked in dietetic units on different areas of nutrition: from diet formula in intensive therapy to alimentary educational programs, from individual approach with diabetics or cardiopatics to group therapy activity for the weight control. I contributed to a study presented on "Giornate Torinesi di Dietoterapia". I took a part in a national study on Italian's food intake habits with the support of National Institute of Nutrition. Some articles have been published on «Giornale di Clinica Medica", "Medico e Paziente", e "Argomenti di Cardiologia".
Since 1995 I am a member of technical scientific committee of A.N.D.I.D. Dietitian Italian Association.

* * *

MARINA BOUBNOVA
M.D.

I, Marina Boubnova, was born in Moscow, Russia. I graduated from the First Moscow Medical Institute.
During the period 1987-1989, I was a resident at the First Moscow Medical Institute.
During the period 1989 to 1992, took a full-time postgraduate course at National Research Centre for Preventive Medicine in the speciality of "cardiology".
My dessertation topic was "Effect of dietary fat load and physical exercise on the lipid transport system in coronary heart disease".
I am a senior researcher in the Department of Rehabilitation and Secondary Prevention of CVD at the National Research Centre for Preventive Medicine from 1993 onwards.
My main research field is on: atherosclerosis, lipid transporting system, physical exercise, coronary heart disease (pathogenesis, diagnosis, treatment and rehabilitation).
I have published 30 articles so far. I had received presentations at various international and Russian-based symposium. During 1993,1994 I received a prize at the competition of young cardiologists at the Russian Academy of Medical Sciences.

* * *

INGRIDA TAMBORA
M.D.,
Office adress: Department of rehabilitation P. Stradins hospital. Pilsonu street, 13
Riga, LV - 1002 Latvia
Fax 371 - 2 - 7611168.
Born: 1957, December 30, in Latvia, region Bauska.
Education: University of Tartu, Estonia, graduated in 1983
Medical faculty, department of Sport medicine
1983-1984 specialisation in therapy Riga Medical Institute.
Work career: 1984-1988 sport doctor in the Republic prophylactic centre.
Since '89: the head of the department of rehabilitation at the Latvian Medical Academy, P. Stradins hospital, specialist of physical rehabilitation.
'95-'96: graduated correspondence course in physiotherapy organized by school of Physiotherapy in Copenhagen, Denmark.
Since '95: a part time - lecturer on rehabilitation at the Academy of Medicine and school of physiotherapy.
Credentials Committee
Member of the Association «Friends of the Heart» - since 1994.

* * *

JOSE A. DE VELASCO
M.D.

Degree of Medicine at the University of Valencia, 1962.
Specialist in Cardiology, 1967.
Doctor Award at the same University, 1973.
Associate Professor of Medicine, Cardiology, 1987.
Postgraduate training in Germany, 1963-1965.
Cardiologist at the Department of Cardiology of the University General Hospital in Valencia, since 1967.
Head of the Section of Functional Evaluation and Rehabilitation in the same Department since 1974.
Head of the Deparment of Cardiology, since 1987.
Temporary Adviser of the World Health Organization for Cardiac Rehabilitation, 1974-1978 and 1982-1986.
Member of the Scientific Council on Cardiac Rehabilitation of the International Society and Federation of Cardiology, 1980-1988. Vicepresident of the Council, 1988-1992.
President of the Section of Preventive Cardiology and Rehabilitation of the Spanish Society of Cardiology, 1992-1996.
Member of the Spanish Society of Cardiology and the European Society of Cardiology.
Member of the board of the Spanish Heart Foundation since 1992.
Vicepresident of Heart Friends Around The World since1994.
Member of the Editorial Committee of Revista Española de Cardiologia and of Revista Latina de Cardiologia.
Reviewer of the European Heart Hournal and of the British Heart Journal (Heart).
Author of more than 80 scientific articles and 3 monographs.
Lectures in many national and international Congresses.
Topics of interest: IHD, secondary prevention, cardiac rehabilitation, exercise testing.

YEAR 3 N° 1 MARCH 1997

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WORKPLACE

This issue of the Heart Friends Around the World Journal is also aimed to promote our clinical activity, our every day work, in those places where we are protagonists in the fight against cardiovascular disease. In this survey, we will try to dedicate a large space to the photographs which I believe are very effective and characterize the Heart Friends Around the World Journal among the international magazines of cardiology.

Introduction and the biography of Cardiovascular Research Center, Esfahan-Iran

IRAN is located in the center of Middle East region having high variation in climate from boiling hot in the south to mild and wet in the north, restricted to Persian Gulf in the south and to Caspian sea in the north surrounded by its neighbors in the west and east.

Its population is nearly sixty milion being composed of different Islamic Cultural Bases.

Esfahan located in the center of the province by the same name is a prosperous city on a broad ferrile plain in the central plateau of Iran with an area of 190 Km2 and population of 1.2 milion. Esfahan province have nearly 4 milion.



N. Sarrafzadegan M.D. Director of Cardiovascular Research Center.

Zayandehrud river, which flows through it, is the main source of water in the area. This city with its numerous cultural treasures and historical splendors comprising palaces, mosques, churches, bridges, bazaars and other sorts is one of the most beautiful cities in Iran which is visited and admired by millions of local and foreign tourists every year.

History of Esfahan dates back to ancient times but the monuments preserved mostly gate in the Islamic are when it was the capital of Iran in times from (7-17th century) and flourished as a centre of sophisticated culture and goverment.

Althouth, Iran concerning the health indexes had little to present during post years but in recent years, there has been high program in the above fields due to the great effort of the authorities mostly for infections communicable disease such as poliomyelitis which has been completely disappeared or overpopulation control.

On the other hand, by the present increase of cardiovascular disease all over the country and the noticeable decrease in the age at which occurs, the problem of cardiovascular disease has been considered as a serious problem so that in 1990, 23% of CCU hospitalization is made by patients less than 50 years of age and this figure has increased to 30% in 1996, so the performances of some serious actions seemed necessary to the authorities.

After carrying out some not well co-ordinated actions, in 1990 the cardiovascular research center by the approval and supervision of Ministry of Health and Medical Education led the project of the prevalence and means of cardiovascular risk factors in Isfahan as well as some other cities, in order to investigate the cardiovascular risk factors and to control them if possible.

Following this initiation, the establishment of a research scientific institute focusing mainly on prevention of CVD in Esfahan seemed essential.

2. The active units and Personnel

As mentioned before, the units of this center include nutrition, epidemiology and statistics, mental health, hypertension, cardiac rehabilitation, pediatrics, biochemistry lab, HPLC lab, serology, hematology as well as library, computer and public education units.

At the present time about 50 employees work in the fields of cardiovascular,epidemiology, nutrition, mental health, pediatrics, lab, pharmacognosy, biochemistry, rehabilitation, sport etc. mostly concluding some members of university scientific committee, cardiologists, experts and technicians.

Each member not only gives services to the center but has a field of research concerning primary, secondary and tertiary prevention of cardiovascular diseases as well.

In addition to this, some interested people such as university professors or some other scientific institutes have an active par time cooperation with this center.

3. Some results of epidemiologic investigations

Cardiovascular research center has some activities concerning coronary heart disease risk factors and CHD and up to now has had an extensive epidemiologic investigation in relation with CHD risk factors in Esfahan population in various fields such as people's food habit, nutrition, hyperlipidemia, obesity, pediatric hypertension, smoking and physical activity. Some studies have been carried out on the adults and children separately and important results regarding the prevalence of above factors, cardiovascular discases and CHD have been obtained.

These epidemiologic results show an inappropriate prevalence of risk factors in Esfahan so that the prevalence of systemic hypertension (BP>160/95 or using antihypertensive drugs) has been 21% for the young, 17% for the men and 24% for the women. Declaring a real danger comparing these figures with the ones obtained by western countries, we face a real danger fo this city.

The prevalence of hypercholesterolemia was defined as 25% in women 15% in men and 21% in the whole population.

Studies have shown that 49% of the whole consumed energy in the population studies has been from fat and the average amount of daily intake cholesterol has been about 430 mg/day showing the inappropriate food habit of our population.

On the other hand, when studies investigating the physical activities of this population showed that only 9% of the people had appropriate physical activity (at least 2 times weekly and each time 20-30 times) so B.M.I.>=25 Kg/m2, 58% (48% for men and 66% for women) showed by other studies are absolutely likely.

The preliminary results obtained from a survey aiming of coronary heart disease prevalence being carried out on 8250 samples 35.70 years selected and classified by Minnesota coding show the prevalence of coronary disease as 4% in our population.

The research of pediatric unit which is one of the active research unit showed that the prevalence of hypercholesterolemia, hypertriglyceridemia, LDL≥110 mg/dl and HDL≤35 in children at the age of 6 to 18 is respectively in female: 29%, 24%, 28%, 19% and in male; 29%, 39%, 32%, 30%.

Units and Scientific committee:
The fields of activities are classified as follows:

A) Performance of basic and community based research projects.

This center at the first step focused its activities on basic research projects to have a background about the society. Then the performance of interventional projects was also aimed (the list of the research projects carried out up to the end of 1996 enclosed).

B) Picking up research issues and sending them to different scientific magazines:

Parallel to performance of a research project, its results should be also announced to authorities, public and other researches by picking up some research articles. This center has up to now published some articles classified in three phases, printed up to the end of 1996, prepared but not published up to now and on going projects mentioned in the enclosed list.

C) Rehabilitation unit activities:

The cardiovascular research center has acted not only on primary prevention but on secondary and tertiary fields as well. Not only the patients but the complete healthy persons referring to this center can have the services of the center. These services include primary prevention and risk factor modification for healthy but high risk persons and medical treatment and rehabilitation for the patients.

This center has established the first cardiac patients rehabilitation unit in which different cardiac patients such as coronary, heart failure, valvular or patients undergone cardiac interventional procedures or surgeries are well rehabilitated with various methods in IRAN. As mentioned, Cardiovascular/Rehabilitation unit/was established in Cardiovascular Reserach Center for the first time in IRAN.

This unit aims at putting forward rehabilitation services to patients who are in post MI or post open heart surgery periods. This center acts not only to prolonge the survival of the patients with MI or open heart surgery but tries to enhance the Public Health as well.

Rehabilitation standard services:

Patients refering to this unit are mostly either those discharged from open heart surgery departments, CCUs or those refered by general physicians.

Up to now different seminars such as rehabilitation one day seminar for the general physicians and some cardiologists in Esfahan have been held and some of cardiologists in country have already visited this unit to establish the same center in other cities.

This center has tried to be an active subscriber of different issues.

D) Holding seminars, workshops and congresses.

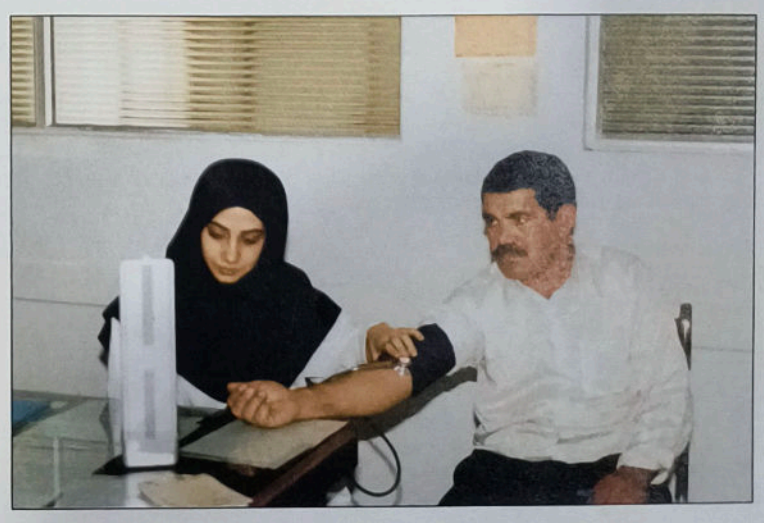
E) Teaching the medical students and related courses. How to prepare, performe and write thesis, hold research studies and educating the students some related fields.











HEART FRIENDS AROUND THE WORLD
CARDIOLOGY UPDATE 1997

UNDER THE AUSPICES AND SPONSORSHIP OF INTERNATIONAL SOCIETY AND FEDERATION OF CARDIOLOGY

SMOLENICE - SLOVAK REPUBLIC
SEPTEMBER 17-20,1997

Dear Colleague:
It is great pleasure for me to invite you on behalf of the Organizing Committee to take part in the International Conference of «*Heart Friends Around the World*», CARDIOLOGY UPDATE 1997 which will be held in Smolenice Castle near Bratislava, Slovak Republic.
The neogothic style Castle of Smolenice is situated at the foot of Small Carpathian Mountains, about 60 km northeast of Bratislava, the capital of Slovak Republic. The Castle was built at the beginning of this century by count Palfy. The castle is surrounded by a vast and beautiful park. It has been adapted by the Slovak Academy of Sciences to host scientific meetings. Bratislava is situated about 60 km from Vienna and it can be reached from Vienna International Airport Schwechat (40 km). It is also possible to reach Bratislava from Prague (350 km) or Budapest (200 km) by plain, train or bus. Free transportation for Conference attendees will be organized on the firts and last days of the meeting.Each participant will obtain at the registration a book of abstracts. The special package price of US $ 250 offered by organizers includes conference fee, accomodation for three nights, full board, social program, transportation from Bratislava to Smolenice and back by bus and farewell party. The first 80 people who will book their participation in the congress will have their accomodation inside the Castle of Smolenice, venue of the meeting. Meeting point will be Bratislava Bus terminal. There are convenient buses coming from Schwechet-Vienna airport to Bratislava.
We are looking forward to meeting you in Smolenice.

Ján Slezák
On behalf of the Organizing Committee

FOR FURTHER INFORMATION CONTACT.
Dr. Ján Slezák (President) - Institute for Heart Research, SAS - Dúbravská 9, 842 33 Bratislava, Slovak Republic - Tel.: (427)374405 Fax: (427)376637 - E-mail: USRDSLEZ@SAVBA.SK

Dr. Zoltán Mikeš (Gen. Secretary) - Dept. of Geriatrics - Dumbierska 3, 831 01 Bratislava, Slovak Republic - Tel./Fax: (427)373628 - E-mail: MIKES@CTV.STUBA.SK

ORGANIZING COMMITTEE

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R.J. Viskoper (IL)

PROGRAMME

WEDNESDAY 17th
Arrival and Registration.
19.00: Get-together Reception

THURSDAY 18th
Morning:
9.00-10.00 a.m.: Workshop on Cardiac Failure and Rehabilitation with K. Kothe and K. Ullmann (Germany) (I Part).
10.00-13.00 a.m.: Symposium on «Cardiac Rehabilitation in the Middle and Eastern European Countries: past, present and future», with the participation of: S. Rudnicki (Poland), A. Hoffamn (Hungary), I. Stolz (Czech Republic), D. Aronov (Russia), D. Vasiliauskas (Lithuania), I.D. Branea (Romania), L. Putane (Latvia), A. Arak (Estonia), D. Dorossiev (Bulgaria), Z. Mikeš (Slovak Republic).

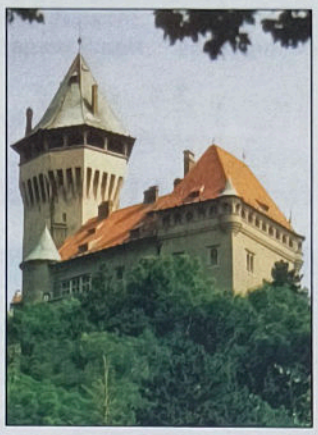
Afternoon:
15.00 p.m.: Posters and free communications session (chair J. A. De Velasco Spain)
18.00 p.m.: Meeting of the Board of Directors and Board of Trustees.
19.00 p.m.: Banquet Dinner.

FRIDAY 19th
Morning:
9.00-10.00 a.m.: Workshop on Cardiac Failure and Rehabilitation with K. Kothe and K. Ullmann (II Part).
10.00-12.30 a.m.: Round table on «Health Promotion in Primary and Secondary Prevention of Coronary Artery Disease», with the participation of: A.S. Shatchkute (WHO), F. Burgarella (Italy), J. A. De Velasco (Spain), K.K.H. Siddiqui (India), D. Dugmore (GB), H. Sarrafzadegan (Iran), I. Stolz (Czech Republic), J. Slezak, Z. Mikeš, I. Riecansky, A. Egnerova, I. Bacharova (Slovak Republic).

Afternoon:
14.00-14.30 p.m.: Trip to the spa Trecianske Teplice.
19.30 p.m.: Outdoor barbeque.

SATURDAY 20th
Morning:
9.00-10.00 a.m.: Posters and free communications session (chair I. Gara Ungary)
10.00-12.30 a.m.: General Assembly of Heart Friends Around the World;
14.00 p.m.: Departure.

1997 HEART FRIENDS AROUND THE WORLD YOUNG INVESTIGATOR AWARD



To recognize outstanding endeavors by new investigators in Promotion of Prevention and Rehabilitation of Heart Disease around the world and to encourage continued research careers bradly related to cardiovascular diseases, Heart Friends Around the World organized an Award for a young Cardiologist under 35 years.
Applications are accepted from junior independent investigators and there are not citizenship requirements. Selection of the candidate is based primarily on scientific excellence of each manuscript and abstract sent to the Secretariat of Cardiology Update 1997 within the foreseen deadline.
The award is represented by a sponsorship given by our Organization to cover the winner's travel and stay expenses during the Heart Friends Around the World Meeting, that will be held in the Smolenice Castle-Slovak Republic on September 17-20/1997.

Flavio Burgarella

ABSTRACT SUBMISSION FORM

Instructions for preparing abstracts - Typing instructions.
Letter front: 12 Times New Roman, single line spacing (whenever possible). Title CAPITALIZED, bold. Authors: new line, last name followed by initial(s). Presenting author should be underlined. Affiliation(s): Institute, City, Country. Use (*, **, ***) to indicate different affiliations. For style please refer to the example:
Sleák J., Mikes Z., Riecansky I.*, Styk J.
Institute for Heart Research SAS, Bratislava, Slovak Republic
* Cardiological Center, Bratislava, Slovak Republic
Abstracts submitted through FAX will NOT be accepted. However, original abstract forms may be reproduced by photocopy. Send original abstract form with two copies.

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Mail Abstract form to the Congress Secretariat:
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