

European Nursing Congress

March 04-05, 2019 | London, UK



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Acute Coronary Syndromes – From Eisenhowers Heart Attack to the Future of Cardiology

Acute myocardial infarction (AMI) is known to physicians for just a little more than hundred years. While it was obvious that people die suddenly, it remained unclear what the cause might be. At the beginning of the last century Russian scientists described the clinical entity of AMI, but for decades no effective treatment was available. In 1955 when Pre-sident Eisenhower had his heart attack not much was at hand to treat this patient. In 1956, Paul Zoll developed the external defibrillator which for allowed to effectively treat ven-tricular fibrillation, a major cause of death in AMI. Later, betablockers, aspirin and thrombolysis allowed for a more effective management. In 1977, Andreas Grüntzig developed coronary angioplasty which eventually allowed to reopen occluded coronary arteries, the underlying cause of AMI, using urgent cardiac catheterization. Thanks to the availability of platelet inhibitors and later stents, in-hospital mortality of acute myocardial infarction has dropped from over 50% to 7-10% currently. However, cardiogenic shock remains a major challenge with in-hospital mortality rates of around 40% in spite of acute cardiac care and ventricular assist devices. Modern acute management of AMI requires an effective coordination and teamwork of highly trained paramedics, nurses and emergency physicians and cardiologists.

After an AMI, the event rate remains around 15% in the

first year requiring effective secondary prevention involving statins and Niemann-Pick-transporter inhibitors to lower LDL-cholesterol, antihypertensives, modern antidiabetics and platelet inhibitors to lower cardiovascular events. Furthermore, ACE-inhibitors must be considered to prevent left ventricular remodeling and heart failure. Thus, AMI patients must remain in close supervision of competent nurses and physicians even after the event to reduce the ongoing risk of another myocardial infarction, heart failure and death. New lipid-lowering and anti-inflammatory drugs among others are at the horizon to further improve prognosis of these patients.

Speaker Biography

Thomas F Lüscher studied at the University of Zurich, trained in cardiology at the Mayo Clinic in the USA and was Professor of Pharmacotherapy at the University of Basel, Professor of Cardiology at the University of Berne and Professor and Chairman of Cardiology at the University Hospital Zurich. He is now Director of Research, Education & Development at the Royal Brompton & Harefield Hospitals and Professor at Imperial College in London. He is a general and interventional cardiologist with a broad clinical scope and large experience. His research focuses on coronary artery disease and acute coronary syndromes. He has published extensively research articles and reviews and the ESC Textbook of Cardiovascular Medicine. By the Institute for Scientific Information he has been rated as one of the 0.5% most cited scientists worldwide. He has obtained numerous awards and is editor-in-chief of the European Heart Journal, currently Nr. 1 worldwide in cardiology.

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