



**Association of Haitian
Physicians Abroad
New York Chapter**

Cardiovascular Symposium In The Heart Of Brooklyn

Saturday March 7th, 2015

2:30 p.m. - 7:00 p.m.

Interfaith Medical Center

1545 Atlantic Avenue, Brooklyn, NY 11213

Purpose

Over the last three decades, we have witnessed major advancements in the management of cardiovascular (CV) diseases. Despite these achievements, the prevalence of CV diseases has remained disproportionately high in the African American community. Many life-saving procedures-including renal transplant, percutaneous revascularization, implantable defibrillators-are not widely performed in our community.

Target Audience

This conference is intended for actively practicing physicians of all specialties as well as nurse practitioners, physician assistants and nurses.

Learning Objectives

As a result of attending this symposium, the audience will be able to:

- Latest Guidelines for treating Hyperlipidemias.
- Recognize the different features of Obstructive sleep apnea.
- New ways to treat Atrial Fibrillation
- Understanding the pathophysiology of Peripheral Artery Disease.
- Differentiate between NSTEMI versus STEMI
- Evaluate the different pathologies associated with Sudden Cardiac Death

Commercial Support

This symposium has received an unrestricted educational grant from Boston Scientific Company.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the State University of New York (SUNY) Downstate Medical Center, and the Association of Haitian Physicians Abroad NY Chapter.

SUNY Downstate Medical Center designates this live activity for a maximum of 3.75 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

SUNY Downstate Medical Center Office of CME (OCME) and its affiliates are committed to providing educational activities that are objective, balanced and as free of bias as possible. The OCME has established policies that will identify and resolve all conflicts of interest prior to this educational activity. All participating faculty are expected to disclose to the audience, verbally or in writing, any commercial relationship that might be perceived as real or apparent conflict of interest related to the content of their presentations, and unlabeled/unapproved uses of drugs and devices. Detailed disclosures will be made verbally and/or in writing during the program.

ADA Statement

In accordance with the American with Disabilities Act, Interfaith Medical Center seeks to make this conference accessible to all. If you have disability which might require special accommodations, please contact 718-613-4063 or email your needs to kttheodore@interfaithmedical.com

Some striking differences with JNC7 included the recommendation to ease the BP threshold for patients older than 65, to treat most patients including the ones with diabetes and kidney diseases to a goal of 140/90. Four classes of drugs were selected as part of the initial therapy: thiazide-type diuretics, calcium channel blockers, angiotensin converting enzyme inhibitor and angiotensin receptor blocker. For the African-American patients-including those with Diabetes, initial treatment should include a diuretic or a CCB.

Joint Providership Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education(ACCME) through the joint providership of State University of New York (SUNY) Downstate Medical Center and The Association of Haitian Physicians Abroad/AMHE. The State University of New York Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide contiuing medical education for physicians.

Agenda

Saturday, March 7, 2015

2:20-2:40: Registration

2:40-2:43: Welcoming Address

Dr. Micheline Dole MD, M.P.H, FAAP

N.Y. Chapter President

2:43-2:46: Welcome Dr. Maximes Coles,

Executive committee, president

2:50- 3:20: Francois Dufresne

Recent Guidelines in the approach to Hyperlipidemias

3:25-3:55: Dr. Rakesh Vadde

Impact of Sleep Apnea on Cardiovascular diseases

4:00-4:30: Dr. Sanul Corrielus

Atrial Fibrillation: Classification and Management including stroke prevention

4:30-4:50: Questions and break

4:55-5:25: Dr. Patel

Diagnosis and treatment of Peripheral Vascular Diseases

5:25-5:55: Dr.Thierry Momplaisir

2015 Management of NSTEMI

5:55-6:25: Henock ST Jacques

Cutting edge advances in the approach to Sudden Cardiac Death

6:25-6:40: Questions and Answers

Dr. Francois Dufresne, M.D., Lutheran Medical Center

Abstract Title: Recent guidelines approaching Hyperlipidemias.

Guidelines for the treatment of Hyperlipidemias have been updated with the goal towards reducing atherosclerotic cardiovascular (ASCVD) risk. Four major groups of patient have been identified in whom significant benefit has been demonstrated. Patient with clinical ASCVD, patient with primary elevation of LDL-C greater than 190 mg/dl, diabetic patients aged 40 to 75 with LDL-C between 70-189 mg/dl and patient without clinical ASCVD or Diabetes with LDL-C between 70-189 mg/dl and an estimated 10-year risk ASCVD equal or greater than 7,5%. Depending on the risk level, patients should be treated with high-intensity statin (lipitor 40 mg or Crestor 20 mg); or with moderate or low-intensity statin. Specific recommendations have been made to maximize the safety of the medications including when to request liver function test or when to look for new-onset Diabetes Mellitus.

Dr. Vadde, M.D.

Abstract Title: Recognize the different features of obstructive sleep apnea.

Obstructive sleep apnea (OSA) has been linked to common cardiovascular pathologies. It is known to be associated with CV risk factors including insulin resistance, dyslipidemia and obesity. OSA has been connected to resistant hypertension, both systolic and diastolic heart failure, cardiac arrhythmias, pulmonary hypertension and strokes. It is therefore important to make a prompt diagnosis of this common pathology so that appropriate treatment can be applied.

Dr. Corriellus, M.D.

Upon completion of this course, participants will be able to:

- Integrate state-of –the-art cardiovascular advances into practice.
- Develop strategies to counsel cardiovascular patients and their families on the management and treatment of atrial fibrillation.

- Identify those patients with atrial fibrillation at high risk for thromboembolic disease (using the CHADS2 and CHADS2-VASc scoring system) and more like to benefit from anticoagulation therapy.
- Determine appropriate management of atrial fibrillation, including a detailed discussion of the novel oral anticoagulation drug treatment options.
- Utilize new drugs and treatments that are available for the treatment of atrial fibrillation.

Dr. V. Patel, M.D.

Abstract Title: Abstract Title : Diagnosis and Treatment of Peripheral Artery Disease.

Peripheral Artery Disease (PAD) affects about 8 to 12 millions of Americans and its prevalence increases with age. Cerebrovascular, coronary artery disease, PAD represent the major clinical manifestations of Atherothrombosis. Worse outcomes have been shown in diabetic women and in the African-American population. The care of patients has been affected by the absence of disease recognition and the underuse of safe and effective therapies. Advanced age-over 60-, cigarette smoking and Diabetes Mellitus are the strongest associated risk factors. The femoral and popliteal arteries are involved in 80% to 90% of symptomatic patients. It is important to consider this diagnosis in patients with other manifestations of atherosclerosis disease and perform an ankle-brachial index. The treatment involves risk factor modification, pharmacotherapies and revascularization.

Dr. Monplaisir, M.D.

Abstract Title: Management of NSTEMI.

NSTEMI is known to occur as a result of a partial occlusion of a major coronary artery or complete occlusion of a minor coronary artery over the years.

NSTEMI has become more prevalent than STEMI. The most common mechanism is a rupture or erosion of an atherosclerotic plaque. Symptoms are variable with chest pain being present in most cases. The diagnosis is made on the basis of abnormal EKG changes-ST-T segment depression and inverted T waves-and elevated cardiac biomarkers. Different risk scoring systems have been developed-TIMI score, GRACE score- that help establish the mode and intensity of therapy.

Dr. Henock St. Jacques, M.D.

Abstract Title: Cutting Edge advances in the Approach to Sudden Cardiac Death.

Sudden Cardiac Death (SCD) accounts for about 300,000 to 400,000 deaths in the USA every year. It is responsible for about 50% of the mortality from cardiovascular diseases in the developed countries. Although the incidence of SCD attributed to coronary disease has been on the decline, heart failure-related sudden death is on the rise. Coronary artery disease, cardiomyopathies, left ventricular hypertrophy represent the most common cardiac pathologies associated with SCD. Primary electrophysiologic abnormalities - the so-called channelopathies-should also be considered in that setting. It is important to stratify patients as to their risk for sudden death. The use of Implantable Cardioverter Defibrillator has showed significant improvement over medical therapies and is now the mainstay of treatment.



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