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Re-exploration for bleeding after cardiac surgery: its subsequent impact on medium to long term outcomes

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Aims: Re-exploration for bleeding after cardiac surgery is known to be associated with increased in-hospital mortality and complications. However the influence of re-exploration on patients' survival and symptoms in the longer term is under reported. Our aim is to identify the impact of re-exploration on patients' CCS grade, NYHA status, quality of life and survival status over a follow up period of 3 to 7 years.

Methods: A prospectively maintained hospital database was interrogated to identify patients who underwent re-exploration for bleeding between 2002 and 2005 (n=91). A control group was systematically selected over the same time frame (n=82). Follow up data were collated using hospital records, telephone questionnaires and registry information

Results: Patients who were re-explored were older compared to the control (68.1yr vs. 62.8yr, p=0.001) and had longer bypass time (104.3min vs. 72.9min, p=0.02). Re-exploration was associated with increased use of inotropes (40.6% vs. 19.5%, p=0.003), arrhythmias (49% vs. 26%, p=0.03), renal complications (11% vs. 1.2%, p=0.02), prolonged hospital stay (22.8 days vs. 12.5 days, p=0.001) and hospital mortality (11.2% vs. 1.2%, p=0.02). Follow up over the medium to long term did not show a difference in actuarial survival (5.8yr vs. 6.4yr, p=0.14), CCS angina grade (p=0.65), NYHA dyspnoea status (p=0.94) and global health status (p=0.70).

Conclusions: Re-exploration for bleeding has its most significant impact on patients' health during the immediate post operative period. However, beyond the short term, the medium to long term symptoms, quality of life and survival did not differ significantly from patients who did not require re-exploration

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An assessment of quality of care in hypertension

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Aims: Hypertension is widely prevalent, and is a major cause of cardiovascular sequelae; it is well known that many patients fail to meet accepted targets. Access, adherence and the quality of the care process have all been implicated in improving control. Hypertension is a frequent cause for referral to Schedule V Clinics to access free treatment. Optimal management requires adequate assessment, and management of existing co-morbidities including coronary artery disease, diabetes mellitus and hyperlipidaemia. The aim of this study was to assess the quality of care hypertensive patients receive through this channel during routine care.

Methods: One hundred sequential patients attending Floriana and Gzira Health Centres for free medication under the Schedule V Act were assessed prospectively in April 2007. Evidence-based quality indicators were identified from the literature. These include confirmation of the diagnosis, identification of co-morbidities, (including coronary artery disease, diabetes and hyperlipidaemia), blood pressure readings, laboratory results including serum creatinine, lipid profile, sodium, potassium and urinalysis, prescriptions for antihypertensive agents, and counselling for lifestyle modification.

Results: 51% of hypertensives were controlled at presentation; Older age was associated with better blood pressure control. 2% were found to have white coat hypertension; 28% had not been investigated prior to referral; (or were inadequately investigated). 17% had coronary artery disease; 61% hyperlipidaemia; 58% hyperglycaemia; many were unaware of pre-existing co-morbidities. All patients received lifestyle modification information.

Conclusions: A surprisingly large cohort of patients were found to have undiagnosed co-morbidities, with diabetes and hyperlipidaemia being the most prevalent. Schedule V clinics are a good focal point to identify modifiable risk factors for preventive care.

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Election stress and mortality from coronary heart disease in the Maltese population

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Aims: General elections in Malta are high-stake political events that are a source of heightened emotions at a personal and population level. These are usually keenly contested with the 2008 election being particularly close. This study aims to investigate whether stress generated at a population level by a general election in Malta is associated with mortality from coronary heart disease (CHD).

Methods: A general election in Malta was held on 8 March 2008. Data on all Maltese residents who died from myocardial infarction (MI) and ischaemic heart disease (IHD) during the 6 weeks from 9 February to 22 March 2008 (period 2) were collected by reviewing records of death certificates from the national mortality registry. Similar data was collected in the 6 weeks during which the EURO 2008 football tournament was held (1 June-13 July 2008 (period 3)), and during two other control 6-week periods (1 October-12 November 2007 (period 1) and 9 February-22 March 2009 (period 4)).

Results: The Maltese population in 2008 stood at around 413,000 of which 312,687 were eligible to vote. There were 64, 107, 74 and 103 deaths among Maltese residents from MI and IHD during periods 1, 2, 3 and 4 respectively. Of these, there were 42 males (66%) and 22 females (34%) in period 1; 66 males (62%) and 41 females (38%) in period 2; 34 males (46%) and 40 females (54%) during period 3; 55 males (53%) and 48 females (47%) during period 4. Mortality was highest in the >75 year age group for all 4 study periods (p=0.007). During week 5 of period 2, corresponding to the week immediately following election day, 25 deaths were recorded, compared to 11, 13 and 11 for the same week during periods 1, 3, and 4 respectively.

Conclusions: There was a marked increase in mortality from CHD during the week immediately following the 2008 general election when compared to control weeks. This could be explained by an unusual level of stress that is customarily generated at both a personal and population level by general elections in Malta.