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Paper presented on Enhanced External Counter pulsation (EECP) treatment efficacy in heart failure in the American College of Cardiology 2020, Chicago

Press Release Chennai 30th March 2020

The American College of Cardiology, due to the circumstance and gravity of the COVID-19 situation and its many impacts on the entire health care community, has canceled the Annual cardiology conference 2020 in Chicago. The ACC.20/WCC has made the conference Virtual from 28th to 30th March 2020. As such, all live sessions are made available along with access to new videos, abstracts, and slides.

Dr.S.Ramasamy, a research fellow of Chettinad Hospital & Research Institute and director of heal your heart, presented the virtual poster presentation On 29th March.



"1355-75 / 75 - EFFICACY OF ENHANCED EXTERNAL COUNTERPULSATION; IN IMPROVING SIX MINUTES WALK TEST IN HEART FAILURE PATIENTS"

The study concluded that EECP significantly improves the six minutes walk test and ejection fraction in patients with heart failure with reduced ejection fraction. The treatment also has reduced the serum urea and LDL level significantly. The paper also points out the importance of P and A ratio as a measure of diastolic augmentation, which increases as the treatment progressed.

EFFICACY OF ENHANCED EXTERNAL COUNTERPULSATION; IN IMPROVING SIX MINUTES WALK TEST IN HEART FAILURE PATIENTS Ramasamy Subramanian, Ahmed Shiek, Chokkalingam Meyyappan, Chettinad Hospital & Research Institute, Chennai, India.			
Background Enhanced External Counterpulsation is an outpatient treatment to improve myocardial perfusion in chronic stable angina patients. We studied, the clinical response of symptomatic heart failure patients with reduced left ventricular ejection fraction improvement in the	Patient Dem Parameter	ographics Value	Sic Mineire Walt. Tert
exercise tolerance and functional class with EECP. Methods We prospectively analysed 26 patients, who had undergone EECP with pre and post 6 minutes wilk test, functional class assessed by the New York heart association classification, lipid profile, renal parameters and diastole to systole ratio in terms of Peak amplitude (P) and Area	Male Diabetic Mellitus Hypertension Smokers Triple Vessel Disease	81 % 50 % 30 % 30 % 61 %	
(A)under the curve value. Results The patients mean age of 56 yrs completed 35 sessions of EECP treatment. Patients demography includes 81% male, 50% DM, 30% HT, 30%smokers, 61% TVD and mean EF of 31.44± 5.5%. All these patients are high risk for invasive procedures and advised EECP	Results Mean EF 31.44 ± 5.5% n age of 56 yrs completed 35 sessions of EECP s demography includes 81% male, 50% DM, 30% 61% TVD and mean EF of 31.44± 5.5% Enhanced External Counterpulsation(EECP) can act as an adjuvant supportive treatment for patients in Ischemic Heart failure with reduced ejection		
irratment. The six minute walk test, pre and post EECP improved from 340.14 \pm 68.5 to 385.5 \pm 73.9 meters (P = 0.0004). All the patients improved at least in one NYHA class improvement, creatinine decreased from 4.6 \pm 8.0 to 3.76 \pm 5.1 mg/dL (P = 0.62). Urea decreased from 34.37 \pm 2.02 to 2.7.24 \pm 18.7 mg/dL (P = 0.002). In lipid profile, only LDL reduction from 94.41 \pm 38.66 to 80.51 \pm 35.09 mg/dL reached statistical significance (P = 0.03). In 18 patients, who had pre and post ECHO done, EF increased from 31.44 \pm 5.5 to 38.38 \pm 8.69 % (P=0.001). The P and A value measured during the start, mid and towards the end of EECP sessions show a linear increase in both	fraction(HFrEF). The treatment can significantly improve the HFrEF patients' exercise tolerance, left ventricular function, and quality of life. These benefits of EECP treatment can be directly attributed to improving myocardial blood flow and normalization of endovascular tone.		d functional class and ejection fraction significantly. The treatment has a positive effect on the serum urea and LDL levels. These observed effects may be due hyperdynamic circulation achieved by EECP and
parameters. P value from start to mid increase from 0.81 ± 0.24 to 1.14 ± 0.33 ($P=0.0001$), from mid to end increase from 1.14 ± 0.33 to 1.4 ± 0.39 , ($P=0.0001$), A value from start to mid increase from 0.98 ± 0.34 , to 1.44 ± 0.45 (P=0.0001), from mid to end increase from 1.44 ± 0.45 to end 1.96 ± 0.77 ($P=0.0005$).			increased ejection fraction. Disclosure Information Author Disclosure - None

For the full abstract, poster, presentation please click the link below.

https://www.ices.net.in/acc-2020/

ICES will work us an International organization through support from all countries who are utilizing non-invasive EECP/ECP treatment. It is our foremost objective to Standardize the EECP/ECP treatment facility with quality equipment, and Internationally certified Physician.

For more information : contact@ices.net.in