

4th International Conference on **Clinical & Experimental Cardiology**

April 14-16, 2014 Hilton San Antonio Airport, TX, USA

Building a consensus for more flexible guidelines in heart failure with comorbidities: Why this is important for remote Australian patients

Pupalan lyngkaran
Flinders University, Australia

Hear Failure is a leading cause of morbidity and mortality in the Northern Territory and developed world. In many cases the diagnosis and management is straight forward. In these cases HF guidelines are relevant and helpful. The Northern Territory has a unique multiethnic demography spread over large geographical distances. The multiethnic demography includes a sizeable Indigenous population. Sixty percent live in 2 major towns serviced by 2 major public hospitals. Additional factors that can affect heart failure management are prevalent in remote areas and are not well addressed within randomized controlled trials. In particular associated co-morbidities such as DM, CRF, IHD, HT, RHD, staffing issues and geographical limitations are for regular specialist review. This talk is focused on building a case for widening the therapeutic paradigm for heart failure with comorbidities. The focus is on a brief overview of epidemiology of heart failure with comorbidities, the common overlapping physiological processes, the interpretation of the external validity of trial evidence, and finally exploring the available evidence for the important therapies within the guidelines. A need to consider a wider therapeutic paradigm may also have relevance for clients in other health systems.

Biography

Pupalan lyngkaran is a Consultant Cardiologist with subspecialty training in Heart Failure and Cardiovascular Imaging. He is also Senior Lecturer in Cardiology at Flinders University. He started his cardiology training at the Queen Elizabeth Hospital, South Australia. He spent part of his training at the National Heart Centre, Singapore. He completed his cardiovascular training with additional subspecialty training in echocardiography at the Flinders Medical Centre, South Australia. Upon completing cardiology training he spent several years at the Department of Epidemiology and Preventive Medicine, Monash University, Melbourne. Under guidance of Professor Henry Krum he was involved in basic science work on uremic toxins in cardiomyocytes and setting up several heart failure databases on novel renal injury biomarkers in acute heart failure admissions and chronic heart failure. During this time he completed courses on clinical trial design, good clinical practice and gained additional clinical skills in Cardiac MRI and CTCA. With his research interest in heart failure he took a clinical and research position at the Royal Darwin Hospital, Northern Territory. He spends his time equally between clinical work across urban and remote centers in the Northern Territory and heart failure research. He is currently involved with several ongoing studies exploring the quality of care and outcomes of acute heart failure admissions, chronic disease and comorbidities management and improving patient journey for Indigenous clients. He has received governmental and non-governmental competitive funding and has published in peer review journals on these topics. He was also a contributor to the Northern Territory Heart failure treatment manual.

balaniyngkaran@hotmail.com