



Heart Failure & Co

XV INTERNATIONAL
SYMPOSIUM



Thesaurus anatomicus Frederik Ruysch
Amsterdam - 1729

THE ENEMY IN THE HOME



10th - 11th
APRIL
2015

MUSEO NAZIONALE
DELLA SCIENZA
E DELLA TECNOLOGIA
LEONARDO DA VINCI DI MILANO

ATTRIBUITI N. 7,5
CREDITI FORMATIVI
E.C.M. NAZIONALE

precedenti edizioni - *previous editions*
WWW.HEARTFAILURE.IT

PRELIMINARY PROGRAM



BACKGROUND

Data on the epidemiology of contemporary pathologies reveals that cardiovascular diseases account for 40% of deaths and 30% to 40% of healthcare spending worldwide.

These conditions began emerging, and then became prevalent with the growing affluence of Western populations after the morbidity and mortality due to infectious diseases drastically declined.

Among the causes of their unrelenting spread, which started after WW2, the introduction and burgeoning consumption of industrially produced food which is especially affordable for less affluent social classes.

In order to generate constantly growing profits, industrialization of food production has aimed at reaching as many consumers as possible and meeting their needs.

To achieve this goal, the food industry has developed products intended to enhance taste, which for consumers typically requires three characteristics:

- to be sweet
- to be salty
- to contain fat which blends the basic flavours making the eating experience more pleasurable.

In turn over the years habituation to these types of flavours has dictated the industrial policy of major food companies which is specifically aimed at enhancing taste through sophisticated processes of selection of consumers' preferences. This approach has created true addictions, particularly to those foods attractive because, due to their organoleptic features, force consumers to seek them.

Three features are specifically targeted in the production of foods for retailing on a large scale:

- addiction to specific tastes
- low prices
- convenience

These factors have led to the production of high-calorie foods due to their high concentration in refined sugars and low-cost fats (the latter due to the preferential use of saturated fats such as palm oil), both frequently associated with high sodium content, a factor especially conducive to the development of addiction to unhealthy foods.

The poorly balanced characteristics of these products are recognized as the cause of the exponential growth of the most frequent cardiovascular pathologies including obesity, diabetes, hypertension and dyslipidemias.



The availability of affordable tasty processed foods has produced a pathological behaviour among consumers, who are constantly encouraged to ingest an excessive amount of calories.

All this has led not only to the above-mentioned pandemics, but also to the emergence of previously absent clinical syndromes including severe obesity, metabolic syndrome, and resistant hypertension.

These clinical conditions are all closely correlated to the progression of the most severe cardiovascular diseases such as acute and chronic ischemic heart disease, heart failure and stroke.

The American Heart Association has recently published a position paper which specifically addresses the excess of sodium in industrially produced food for private consumers and restaurants alike.

In this paper, addressed to the 30 major food multinational companies, the AHA has stressed the urgent need to shift research and development investments toward the production of healthier foods. This is an essential prerequisite to significantly impact the cardiovascular pandemics which are at the forefront of the American Health Care Bill because they account for the enormous social

costs occurring as a result of these cardio-metabolic diseases on productivity, family life, and social fabric as a whole.

Therefore, the 2015 Heart Failure & Co. meeting, **The Enemy in the Home**, focuses on the consequences of an unhealthy diet rich in sodium, carbohydrates and fatty acids on the most widespread cardiovascular diseases.

These three factors are common pathogenic stimuli that, through engrained nutritional habits, harm the cardiovascular system in a pervasive and durable way and cause life-threatening conditions like stroke, atrial fibrillation and myocardial infarction, on top of chronic disorders such as diabetes mellitus and/or kidney disease.

The Congress will analyze the multiple metabolic factors involved in the genesis of cardiovascular diseases, from structural to functional cell damage, and the solutions currently available or under investigation to treat the complex pathologies triggered and maintained by the metabolic factors mentioned above.



PRELIMINARY PROGRAM

Venerdì, 10 aprile 2015 / Friday, 10th April 2015

- 9.00 a.m. Benvenuto/*Welcome*
E. GRONDA – L. PADELETTI
- 9.15 a.m. **Lettura/Lecture**
Apporto di sodio ed attivazione del simpatico: le implicazioni cardiovascolari
Sodium uptake and sympathetic system activation: cardiovascular implications
G. GRASSI

SESSIONE I - SESSION I IL SODIO: UN AMICO, MA PER "POCO" SODIUM: A FRIEND, BUT NOT FOR LONG

- 9.45 a.m. La potassiuria un indicatore dell'equilibrio tra cuore e rene
Kaliuria as an indicator of balance between heart and kidneys
S.V. BERTOLI
- 10.00 a.m. L'ipertensione arteriosa e l'alimentazione: dove finisce il buon vivere e comincia la cattiva salute?
Arterial hypertension and diet: when does a bon vivant become a patient?
D. GRASSI
- 10.15 a.m. La dieta a basso contenuto di sodio: OFFESA alla qualità di vita o DIFESA della vita?
Low-sodium diet: detrimental to quality of life or life-saving?
S. TADDEI
- 10.30 a.m. Discussione/*Discussion*
- 11.00 a.m. **Lettura/Lecture**
Rivaroxaban: dai registri Real Life le conferme per la pratica clinica
Rivaroxaban: Real Life registry data confirms efficacy and safety for clinical practice
G.L. BOTTO
- 11.30 a.m. Break



SESSIONE II - SESSION II
SCOMPENSO CARDIACO E TERRITORIO
HEART FAILURE AND REAL WORLD FOLLOW-UP

- 12.00 p.m. L'home monitoring della pressione polmonare
The home monitoring of pulmonary pressure
P.B. ADAMSON
- 12.15 p.m. Dall' "IN-TIME" al "SELENE"
From "IN-TIME" to "SELENE"
L. PADELETTI
- 12.30 p.m. L'integrazione dei segnali del monitoraggio del paziente ambulatoriale con insufficienza cardiaca
The integration of monitoring signals in outpatients with heart failure
A.I. COSTEA
- 12.45 p.m. Discussione/*Discussion*
- 1.00 p.m. Break

LUNCHEON PANEL
SLEEP APNEA: IL KILLER CHE COLPISCE NEL BUIO
SLEEP APNEA: THE KILLER IS CRAWLING IN THE DARKNESS

Moderatori/*Chairpersons*: C. ANZÀ – M. EMDIN

- 2.00 p.m. Panoramica sui disturbi respiratori durante il sonno
Overview of respiratory disorders during sleep
M.R. COSTANZO
- 2.15 p.m. Un difficile caso di apnea notturna ostruttiva
A difficult case of obstructive sleep apnea
S. HARARI
- 2.30 p.m. Approccio multidisciplinare all'apnea nel sonno nei pazienti con pacemaker
Multidisciplinary approach to sleep apnea in paced patients
A. BRAGHIROLI
- 2.45 p.m. Trattamento dell'apnea nel sonno e scompenso cardiaco
Sleep apnea treatment and heart failure
A. AURICCHIO
- 3.00 p.m. Discussione/*Discussion*



SESSIONE III - SESSION III

IL MOLTEPLICE RISCHIO DEL PAZIENTE OBESO THE MULTIPLE RISK PROFILE OF THE OBESE PATIENT

- 3.30 p.m. Obesità e sleep apnea: da dove comincia la cura?
Obesity and sleep apnea: where does treatment start?
M.T. LA ROVERE
- 3.45 p.m. Il cardiopatico obeso: cosa può e non può fare il cardiocirurgo?
The obese cardiac patient: what does a heart surgeon do and what he/she cannot do?
L. MENICANTI
- 4.00 p.m. Obesità e chirurgia non cardiaca quando si rischia troppo?
Obesity and non-cardiac surgery: when is risk too high?
R. DE GAUDIO
- 4.15 p.m. Discussione/*Discussion*
- 4.30 p.m. Break
- 4.45 p.m. **Lettura/*Lecture***
Dabigatran: conferme della pratica clinica quotidiana e nuovi scenari terapeutici
Dabigatran confirms efficacy and safety in daily clinical practice while new therapeutic perspectives are opening
R. CALABRO'

IV SESSIONE - SESSION IV

SCOMPENSO GARDIAGO E PROFILO ENDOCRINO DEL CUORE HEART FAILURE AND CARDIAC ENDOCRINE PROFILE

- 5.15 p.m. Scompenso cardiaco nell'obeso una prognosi migliore: perché?
Heart failure in the obese patient: why is prognosis better?
M. EMDIN
- 5.30 p.m. Endocrinologia dello scompenso cardiaco
Endocrinology of heart failure
M.R. COSTANZO
- 5.45 p.m. La formula per curare lo scompenso a bassa frazione d'eiezione? LCZ 696.
The formula to treat low-ejection fraction heart failure? LCZ 696.
M. JESSUP



- 6.00 p.m. L'inibitore dell'angiotensina-neprilysina perché potrebbe non funzionare nei pazienti più gravi?
Angiotensin-neprilysin inhibitor: why it may not be effective in the sickest patients?
A. GAVAZZI
- 6.15 p.m. Discussione/*Discussion*
- 6.45 p.m. Fine della prima giornata
End of the first day

Sabato, 11 aprile 2015 / Saturday, 11th April 2015

V SESSIONE - SESSION V
TRATTAMENTO DELLO SCOMPENSO CARDIACO:
SEGNALI NEURONALI E EQUILIBRIO
NEURO-ENDOCRINO
HEART FAILURE MANAGEMENT: NEURAL SIGNALS
AND NEURO-ENDOCRINE BALANCE

- 9.00 a.m. Sodio e scompenso cardiaco: controversia risolta?
Sodium and heart failure: has this controversy been put to rest?
M. JESSUP
- 9.15 a.m. Neuromodulazione del sistema autonomico per il trattamento dello scompenso cardiaco: siamo alla svolta o siamo all'angolo?
Neuromodulation of the autonomic system for the treatment of heart failure: are we at a turning point or are we backed up into a corner?
E. GRONDA
- 9.30 a.m. Nerve Growth Factor: un messaggero con molte informazioni sul danno miocardico
Nerve Growth Factor: a signal providing important information on myocardial injury
E. VANOLI
- 9.45 a.m. Discussione/*Discussion*
- 10.00 a.m. **Lettura/Lecture**
Dal fenotipo tanzaniano alla sindrome metabolica quanto e cosa passa nella dieta e nello stile di vita?
From tanzanian phenotype to the metabolic syndrome: how much and what goes into diet and lifestyle?
M.T. BEVILACQUA
- 10.30 a.m. Break



VI SESSIONE - SESSION VI
DIETA E METABOLISMO:
IL BUONO, IL BRUTTO E IL CATTIVO
DIET AND METABOLISM:
THE GOOD, THE BAD AND THE UGLY

- 10.45 p.m. Zucchero o colesterolo cos'è più letale?
Sugar or cholesterol: which is the most lethal?
S. GENOVESE
- 11.00 a.m. Perché la glicemia alta è nemica della
pressione arteriosa?
*Why is high glucose the enemy of arterial
pressure?*
L. BUCCIARELLI
- 11.15 a.m. Terapia con statine: un buon alibi per un
cattivo stile di vita
*Statin treatment: a good alibi for a bad life
style*
N. MARCHIONNI
- 11.30 a.m. L'uricemia nel paziente cardiovascolare: non
solo gotta!
*High uric acid levels in the cardiovascular
patient: not only gout!*
C. BORGHI
- 11.45 p.m. Discussione/*Discussion*
- 12.15 p.m. Fine del Simposio
End of Symposium

FACULTY

P.B. ADAMSON	Oklahoma (USA)
C. ANZA'	Milano
A. AURICCHIO	Lugano
S.V. BERTOLI	Milano
G.L. BOTTO	Como
A. BRAGHIROLI	Veruno (NO)
M.T. BEVILACQUA	Roma
C. BORGHI	Bologna
L. BUCCIARELLI	Milano
R. CALABRO'	Napoli
M.R. COSTANZO	Chicago (USA)
A.I. COSTEA	Cincinnati (USA)
R. DE GAUDIO	Firenze
M. EMDIN	Pisa
A. GAVAZZI	Bergamo
S. GENOVESE	Milano
D. GRASSI	L'Aquila
G. GRASSI	Milano
E. GRONDA	Milano
S. HARARI	Milano
M. JESSUP	Philadelphia (USA)
M.T. LA ROVERE	Pavia
N. MARCHIONNI	Firenze
L. MENICANTI	Milano
L. PADELETTI	Firenze
S. TADDEI	Pisa
E. VANOLI	Milano



Steering Committee

EDOARDO GRONDA
EMILIO VANOLI

Unità di Cardiologia
IRCCS MultiMedica
Via Milanese, 300
20099 - Sesto San Giovanni (MI)
www.multimedica.it

GIAN FRANCO GENSINI
LUIGI PADELETTI

Dipartimento di Area Critica
Medico – Chirurgica
Università degli Studi di Firenze
Viale Morgagni, 85
50134 - Firenze
www.med.unifi.it

Segreteria Organizzativa



GASTALDI CONGRESSI

Mura di Santa Chiara, 1
16128 Genova
Tel. 010 5999 500
Fax 010 5999 499
e-mail: heartfailure@gastaldi.it
www.heartfailure.it

Informazioni Generali

SEDE

Museo Nazionale della Scienza
e della Tecnologia Leonardo Da Vinci
Via San Vittore, 21 – 20123 Milano

ISCRIZIONI

Medico Chirurgo € 250,00 IVA inclusa
Specializzando € 150,00 IVA inclusa
Infermiere € 100,00 IVA inclusa

La quota d'iscrizione comprende:

- partecipazione a tutte le sessioni scientifiche
- entrata nell'area espositiva
- kit congressuale
- attestato di frequenza
- attestato E.C.M.
- colazione di lavoro
- coffee break

Sarà possibile iscriversi on line tramite il sito internet www.heartfailure.it oppure inviando la scheda di iscrizione debitamente compilata alla Segreteria Organizzativa.

ANNULLAMENTI

- Per gli annullamenti ricevuti prima del 20 marzo la quota d'iscrizione sarà rimborsata al netto del 20% dei costi amministrativi.

Dopo tale data non è previsto alcun rimborso. Tutti i rimborsi verranno effettuati dopo il Simposio.

LINGUE DI LAVORO

- Le lingue ufficiali di lavoro sono italiano e inglese.

E.C.M.

- Il Simposio verrà accreditato nell'ambito del Programma Nazionale E.C.M. per le seguenti categorie:

medici chirurghi (Cardiologia, Cardiochirurgia, Diabetologia, Ematologia, Geriatria, Malattie Metaboliche, Medicina Interna, Nefrologia) e **infermieri**.