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CT perfusion imaging in cerebral ischemia

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News From the American Heart Association

AHA Issues New Products

The following new products for the public and the healthcare professional are available through your local American Heart Association or call 1-800-AHAUSA1.

AHA Scientific Statements

- *Physical Activity and Exercise Recommendations for Stroke Survivors.* Stroke remains a leading cause of long-term disability in the United States. Consequently, stroke survivors are often deconditioned and predisposed to a sedentary lifestyle that limits performance of activities of daily living, increases the risk for falls, and may contribute to a heightened risk for recurrent stroke and cardiovascular disease. Clearly, stroke survivors can benefit from counseling on participation in physical activity and exercise training. However, most health care professionals have limited experience and guidance in exercise programming for this diverse and escalating patient population. This scientific statement is intended to help bridge the current knowledge gap. 71-0259
- *AHA Conference Proceedings: Atherosclerotic Vascular Disease Conference.* The AHA organized a conference on atherosclerotic vascular disease (AVD) which convened in Boston in June 2002. The purposes of this meeting were to review our current understanding and knowledge of atherosclerotic vascular disease, exclusive of that affecting the coronary arteries, to develop a strategy to increase awareness of atherosclerotic vascular disease among clinicians, and to identify important gap areas in our knowledge that require further clinical investigation and research support. The conference was divided into 6 major themes for atherosclerotic vascular disease: 1) epidemiology, 2) risk factors, 3) pathophysiology, 4) diagnostic imaging, 5) decision making and medical therapies, and 6) revascularization. For each theme, an invited panel of experts was asked to provide commentary on the current state of knowledge and provide suggestions for program development. This panel included cardiologists, vascular medicine physicians, epidemiologists, vascular surgeons, and interventional radiologists. 71-0287
- *AHA Policy Recommendations: Improving Quality of Care Through Disease Management.* Private and public policy-makers and health insurance plans increasingly are examining and introducing disease management programs to help treat chronic illnesses such as cardiovascular disease and stroke. The term "disease management programs" typically refers to multi-disciplinary efforts to improve the quality and cost-effectiveness of care for select patients with chronic illness. This trend highlights the importance of assessing the clinical and public policy implications of this phenomenon from the perspectives of patients' best interests and quality of care. To address the complex issues surrounding disease management, the AHA assembled a multidisciplinary Advisory Working Group on Disease Management in 2002 to offer ongoing guidance in this evolving area. The Advisory Working Group developed a working definition of disease management, and established core

principles for the application of disease management to cardiovascular disease and stroke, which are the subject of this report. 71-0288

- *The Clinician As Investigator: Participating in Clinical Trials in the Practice Setting.* There is an increasing need for investigators to assist in the growing number of clinical trials evaluating the many new drugs, therapies, and devices currently under examination. Clinicians in private practice, who see many eligible patients, need to join in participating in these trials. This paper aims to encourage clinicians by reviewing the requirements for an investigator as well as discussing the ethical, regulatory, financial, and other logistic issues relevant to participating in a study at their institution or facility. 71-0284
- *Air Pollution and Cardiovascular Disease.* The purpose of this statement is to provide healthcare professionals and regulatory agencies with a comprehensive review of the literature on air pollution and cardiovascular disease. In addition, the implications of these findings in relation to public health and regulatory policies are addressed. Practical recommendations for health care providers and their patients are outlined. In the final section, suggestions for future research are made in order to address a number of remaining scientific questions. 71-0289
- *Recommendations for Physical Activity and Recreational Sports Participation for Young Patients With Genetic Cardiovascular Diseases.* A group of relatively uncommon but important genetic cardiovascular diseases (GCVDs) are associated with increased risk for sudden cardiac death during exercise, including hypertrophic cardiomyopathy, long QT syndrome, Marfan syndrome, and arrhythmogenic right ventricular cardiomyopathy. These conditions, characterized by diverse phenotypic expression and genetic substrates, account for a substantial proportion of unexpected and usually arrhythmia-based fatal events during adolescence and young adulthood. Guidelines are in place governing eligibility and disqualification criteria for competitive athletes with these GCVDs (eg, Bethesda Conference #26 and its update as Bethesda Conference #36 in 2005). However, similar systematic recommendations for the much larger population of patients with GCVD who are not trained athletes, but nevertheless wish to participate in any of a variety of recreational physical activities and sports, have not previously been available. The practicing clinician is frequently confronted with the dilemma of designing non-competitive exercise programs for athletes with GCVD following disqualification from competition, as well as for those patients with such conditions who do not aspire to organized sports. Indeed, many asymptomatic (or mildly symptomatic) patients with GCVD desire a physically active lifestyle with participation in recreational and leisure-time activities in order to take advantage of the many documented benefits of exercise. However, to date, no reference document has been available for ascertaining which types of physical activity could be regarded as prudent or inadvisable in these subgroups of patients. Therefore, given this clear and present need, this AHA consensus document was constituted, based largely on the experience and insights of the

expert panel, to offer prudent recommendations governing recreational exercise for patients with known genetic cardiovascular diseases. 71–0286

- *Preventing Cancer, Cardiovascular Disease, and Diabetes: A Common Agenda for the American Cancer Society, the American Diabetes Association, and the American Heart Association.* In this publication, we announce a new collaborative initiative by the ACS, AHA, and ADA to create a national commitment to the prevention and early detection of cancer, cardiovascular disease, and diabetes. Our goal is to stimulate substantial improvements in primary prevention and early detection through collaboration between key organizations, greater public awareness about healthy lifestyles, legislative action that results in more funding for and access to primary prevention programs and research, and reconsideration of the concept of the periodic medical checkup as an effective platform for prevention, early detection, and treatment. 71–0291
- *ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction—Executive Summary.* Although considerable improvement has occurred in the process of care for patients with STEMI, room for improvement exists. The purpose of the present guideline is to focus on the numerous advances in the diagnosis and management of patients with ST elevation myocardial infarction (STEMI) since 1999. This is reflected in the changed name of the guideline: “ACC/AHA Guidelines for the Management of Patients with ST Elevation Myocardial Infarction.” 71–0294
- *ACC/AHA 2004 Guideline Update for Coronary Artery Bypass Graft Surgery: Summary Article.* The ACC/AHA Guidelines for Coronary Artery Bypass Graft Surgery published in 1999 have now been updated. The full-text

guidelines incorporating the updated material are available on the Internet (<http://www.americanheart.org>). This article describes the major areas of change reflected in the update in a format that we hope can be read and understood as a stand-alone document. Please note we have changed the table of contents headings in the 1999 guidelines from roman numerals to unique identifying numbers. Interested readers are referred to the full-length Internet version to completely understand the context of these changes. 71–0281

- *NCEP Report: Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines.* The Adult Treatment Panel III (ATP III) of the National Cholesterol Education Program issued an evidence-based set of guidelines on cholesterol management in 2001. Since the publication of ATP III, five major clinical trials of statin therapy with clinical endpoints have been published. These trials addressed issues that were not examined in previous clinical trials of cholesterol-lowering therapy. The current document reviews the results of these recent trials and assesses their implications for cholesterol management. 71–0292
- *Antioxidant Vitamin Supplements and Cardiovascular Disease.* At this time the scientific data do not justify the use of antioxidant vitamin supplements for CVD risk reduction. This position is consistent with recommendations that have been made by the AHA in 2004 for the prevention of CVD in women as well as by the ACC/AHA in 2002 for patients with chronic stable angina. CVD risk reduction can be achieved by the long term consumption of diets consistent with the AHA Dietary Guidelines, the long term maintenance of a healthy body weight through balancing energy intake with regular physical activity, and achieving desirable blood cholesterol and lipoprotein profiles, and blood pressure. 71–0295