

# Windsor Heart Institute

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## Choosing To Care

You may notice we look a little different. Our revised logo still has the same spirit, but with a more modern feel to better reflect our offerings. Speaking of new, we are excited to invite you to visit our new website. Your patients can find information about our diagnostic testing services and cardiac consultation. More specifically, they can find information regarding how to prepare for their visit. It's important to us that we are a trusted partner in every patient's health journey.

During the process of developing our website, we wanted to ensure referral forms were easily accessible to referring physicians. As such, you can now choose between three different referral options: print, online, and Ocean (e-referral) to access our team of experienced professionals.

In the issue, Dr. Jeffrey Anchan shares his insights on advances in heart failure therapy and the treatment of dyslipidemia. We'd also like to welcome two new physicians to our practice, as well as say goodbye to Dr. Wong.

Stay healthy and happy reading,



**Dr. Roland Mikhail**  
MD, FRCP(C)



**Dr. Dhssraj Singh**  
MD, FACC

# Advances in Heart Failure Therapy and Treatment of Dyslipidemia

Dr. Jeffrey Anchan, Cardiologist  
Windsor Heart Institute

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It is an exciting time for Cardiology, with new guidelines outlining the latest treatment options available this year! Therefore, I have decided to touch on some notable updates in the new Heart Failure and Dyslipidemia guidelines that would be relevant for clinical practice.

The new guideline-directed “quadruple therapy” for heart failure with reduced ejection fraction (HFrEF) contains the following components, for use in patients with an LVEF  $\leq 40\%$  - 1) a beta-blocker, 2) an MRA (Spironolactone, Eplerenone), 3) an ARNI (“Entresto,” or Sacubitril/Valsartan), and 4) an SGLT2 inhibitor (Empagliflozin, Dapagliflozin).

The most recent additions to therapy are the sodium-glucose transport protein 2 inhibitors (SGLT2is), which have shown dramatic effects in heart failure. These agents were initially developed as diabetic medications and act by reducing renal tubular glucose reabsorption. Their benefits had initially been noted in heart failure outcomes during initial trials and were later specifically studied in HFrEF. The DAPA-HF trial showed a reduction in heart failure hospitalizations and CV deaths in patients with HFrEF when treated with Dapagliflozin 10 mg daily, with 55% of the patients not having diabetes at baseline.

The EMPEROR-Reduced trial similarly showed these benefits with the use of Empagliflozin 10 mg daily in heart failure patients, in addition to a reduced rate of GFR decline. Furthermore, a meta-analysis of these results showed a reduction in morbidity and mortality in symptomatic heart failure patients with or without diabetes, making this a mainstay in the treatment of HFrEF.

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### Some important notes about these medications are worthwhile:

- **They are contraindicated in critical limb ischemia and eGFR  $< 25$ , and are not approved in Type I diabetes.**
- **They can cause DKA with mild or no elevation in blood sugars in diabetics; symptoms of DKA should be investigated with serum ketones.**
- **Due to their mode of action, they can predispose patients to volume depletion/dehydration.**
- **They should be held in the setting of dehydrating illness.**
- **They can increase the risk of genital mycotic infections, particularly in female patients.**

Switching gears, the new CCS Dyslipidemia guidelines outline new evidence for icosapent ethyl, or IPE (trade name “Vascepa”), a purified ethyl eicosapentaenoic acid (an omega-3 fatty acid). The REDUCE-IT trial showed a reduction in major adverse cardiovascular events and CV death with the use of IPE 2 g BID in patients with diabetes and at least one other cardiovascular risk factor, or in patients with established atherosclerotic CVD, with triglycerides  $\geq 1.5$  mmol/L despite maximal statin therapy. Thus, this has become a strongly recommended agent for patients with persistently elevated triglycerides despite statin treatment. The major barrier to its widespread use is cost; many private insurers are starting to provide coverage. However, if private insurance does not apply, HLS Therapeutics has an assistance program to reduce the cost.

I hope this quick update is helpful to shed light on new evidence, which continues to improve the care we can offer to our patients.

## NEW OFFERINGS

### Home Holter Program

In the current environment, many patients prefer to stay in the safety of their own homes. Our holter monitors can be delivered directly to your patient and returned, postage paid, to our office.



The DR400 is lightweight and waterproof

### Pediatric Diagnostics

We are pleased to offer pediatric Echocardiography, EKG, and Holter monitors to our youngest patients. Our specialty-trained staff perform the exams here in Windsor, and a Pediatric Cardiologist interprets out of London.



# Windsor Heart Institute Welcomes New Cardiologists



Dr. Brian Hachey

Dr. Brian Hachey is a Windsor native specializing in General Cardiology and Advanced Cardiovascular Imaging. He completed his internal medicine residency at Henry Ford Hospital in Detroit, Michigan, and his Cardiology fellowship in Chicago. Dr. Hachey is trained in level III echocardiography and holds additional board certifications in nuclear cardiology, adult echocardiography, and cardiac CT.



Dr. Jeffrey Anchan

Dr. Jeffrey Anchan joined the WHI team in the fall of 2020. He came to us from Alberta and has been practicing medicine since 2015. He graduated medical school from the University of Calgary, followed by six years of residency in Internal Medicine and Cardiology at the University of Saskatchewan.

## Happy Retirement, Dr. Wong!

Dr. George Wong has long been known for his dedication to the health and wellbeing of his patients and his great sense of humour. Dr. Wong started cardiology in Windsor and was the first physician to perform a catheterization in the late 70s/80s. His commitment to helping others and his kind-hearted mannerism brought healing and comfort to thousands of patients throughout his career. Dr. Wong retired in January and is enjoying his time with his six children and nine grandkids.

To commemorate Dr. Wong's 50 years of outstanding contributions in the field of cardiology, St. Clair College has established the **Dr. George Wong Cardiology Scholarship**. The \$1000 scholarship will be awarded annually to students enrolled full-time in either the Cardiovascular Technology or Cardiac Sonography programs.

