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COVID-19 Advice for Cardiac Patients

The rapid global spread of coronavirus COVID-19 is extremely concerning to everyone especially cardiac patients. Please see below some points of note and potential actions that you should take.

If you develop symptoms of COVID-19 (new dry cough, fever, sore throat) do not go to your GP or hospital but follow latest government advice. This is currently to self-isolate for 14 days in your home and to only contact 111 if you become more seriously unwell, in particular if you have increased difficulty breathing. Self-isolation applies for 14 days; also applies to all those who live in your household.

The situation is likely to change rapidly, and I will update this advice as required. In the meantime, please look at public websites for any changing advice.

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

Are cardiac patients more at risk from COVID-19?

Based on early reports, 40% of hospitalized COVID-19 patients had cardiovascular disease or cerebrovascular disease (which refers to blood flow in the brain, such as stroke). However, this statistic doesn't mean people with heart disease are more likely to contract the coronavirus it just means that those people are more likely to have complications once they do get it. *However, it is also important to remember that the vast majority of people who get COVID-19, including those with cardiac problems recover after just a mild flu-like illness.*

The advice is ***to try and avoid infection as far as you possibly can.*** The principles are logical and can be applied by all of us. Clearly if you are in a high-risk group such as those over 70yrs, especially if you have known cardiac problems then it is even more important, and the current thinking is to ***consider self-isolation for up to 12 weeks.***

I have had cardiac tests undertaken or need to be seen for follow up.

In this situation both in the NHS and private sector, tele-medicine protocols are being set up to reduce direct contact and unnecessary travel. Please contact my secretary to enable this. The private insurers have agreed by and large to reimburse for such consultations.

I am unwell with my heart condition and am concerned - What should I do?

Please contact my secretary to arrange an initial telephone consultation and then we can decide on further tests and review. In certain cases, a face to face consultation may be required. We may organise tests before the review to minimise repeated journeys and in some instances can follow up with a tele-video consult afterwards. *Please clear this with your insurers first. **If you develop severe cardiac symptoms such as chest pain, dizziness or blackouts or difficulty in breathing then you should call an ambulance directly.***

COVID-19 Advice for Cardiac Patients taking ACEi or ARBs

Please see below a statement [modified] from the European Society of Cardiology (ESC) 13th March 2020:

Based on initial reports from China, and subsequent evidence that high blood pressure, or hypertension may be associated with increased risk of mortality in hospitalised COVID-19 infected subjects, hypotheses have been put forward to suggest a potential adverse effects of angiotensin converting enzyme inhibitors (ACE-i), such as Ramipril or Perindopril, or, Angiotensin Receptor Blockers (ARBs), such as Losartan or Candesartan. It has been suggested, especially on social media sites, that these commonly used drugs may increase both the risk of infection and the severity of SARS-CoV2. The concern arises from the observation that, similar to the coronavirus causing SARS, the COVID-19 virus binds to a specific enzyme called ACE2 to infect cells, and ACE2 levels are increased following treatment with ACEi and ARBs.

Because of the social media-related amplification, patients taking these drugs for their high blood pressure and their doctors have become increasingly concerned, and, in some cases, have stopped taking their ACEi or ARB medications. This speculation about the safety of ACEi or ARB treatment in relation to COVID-19 does not have a sound scientific basis or evidence to support it. Indeed, there is evidence from studies in animals suggesting that these medications might be rather protective against serious lung complications in patients with COVID-19 infection, but to date there is no data in humans.

The Council on Hypertension of the European Society of Cardiology wish to highlight **the lack of any evidence** supporting harmful effect of ACEi and ARB in the context of the pandemic COVID-19 outbreak. The Council on Hypertension **strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACEi or ARBs should be discontinued because of the COVID-19 infection.**

This position is also shared by the British Cardiac Society (BCS), the British Society Hypertension (BSH) and the Renal Association in a statement dated 16th March 2020. Patients taking these drugs and presenting unwell with suspected or known COVID-19 infection should be assessed on an individual basis and their medication managed according to established guidance.

I hope that this advice helps. These are very uncertain times for all of us and the key advice is to do what you can to prevent infection both to yourself and others. Get in touch if you have any concerns that we can help with.

Stay safe.

Kind Regards

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