2024 ANNUAL GENERAL & SCIENTIFIC MEETING

THEME: Atherosclerotic Cardiovascular Disease: A Silent Killer
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Participating in the Annual General and Scientific Meeting of the Ghanaian Society of Cardiology offers a valuable platform to stay informed about the latest advancements in the field of cardiology, both at the local and global levels.

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2024 ANNUAL GENERAL & SCIENTIFIC MEETING

THEME: Atherosclerotic Cardiovascular Disease
EXECUTIVE SUMMARY

This seminar addresses the silent yet pervasive threat of Atherosclerotic Cardiovascular Disease (ASCVD). Delving into its intricate mechanisms, risk factors, and preventive strategies, the event aims to raise awareness among participants. With insights from leading experts, the seminar navigates through diagnostic advancements, treatment modalities, and emphasizes the crucial role of lifestyle interventions. By fostering a deeper understanding, the seminar endeavors to empower healthcare professionals and the community in the ongoing battle against this silent killer.
MAIN TOPICS TO BE DISCUSSED

01 ASCVD: Epidemiology, Risk Factors, Pathophysiology, Primary and Secondary Prevention

02 Chronic Coronary Syndrome

03 Carotid Artery Disease and Stroke

04 Erectile Dysfunction

05 Peripheral Artery Disease

06 Imaging in ASCVD

2024 ANNUAL GENERAL & SCIENTIFIC MEETING
SPEAKERS & TOPICS

DR. ALFRED DOKU
ASCD: Epidermology, Risk Factors, Pathophysiology, Primary and Secondary Prevention

PROFESSOR JOSEPH ATIAH AKAMAH
Chronic Coronary Syndrome

PROFESSOR MAYOWA OWOLABI
Carotid Artery Disease and Stroke

PROFESSOR NICHOLAS OSEI-GERNING
Erectile Dysfunction

DR. FAFAXEXEMEKU
Imaging in ASCVD

DR. LILY WU
Peripheral Artery Disease

DR. EUGENE AMABLE

PROFESSOR I. K. OWUSU
Message from the LOC Chairman

It was an honour for me to chair the LOC to organise the 2024 AGSM of our noble society. This year’s event is indeed novel, as we bring together a multidisciplinary faculty of distinguished local and international experts to dive into our theme: Atherosclerotic Cardiovascular Diseases: A Silent Killer, from various contexts. We are privileged to have for the first time a scientific component to our AGSM with the presentation of scientific abstracts by some of our esteemed members. We have also leveraged on long-term partnerships with industry to make this AGSM a reality.

I wish to appreciate the executives of the GSC, LOC members, our industry sponsors, and all members of the GSC for their valuable support towards a successful AGSM. May this AGSM be a fruitful event where we will gain more knowledge to better care for our patients with cardiovascular diseases. May we also build meaningful bonds that will catalyse collaborations towards advancing cardiovascular care in Ghana and beyond.

Thank you.
Dr. AnthonyNsiah-Asare is presently the Presidential Advisor on Health, at the Office of the President of Ghana. Having worked in leadership roles as Medical Superintendent at District hospital, Medical Director at the Regional hospital, Chief Executive Officer at the Teaching Hospital, and Director General of Ghana Health Service, Dr.Nsiah-Asare has created a balance of strategic, operational, business, clinical and health system reform expertise. Dr. Nsiah-Asare qualified from the University of Ghana Medical School with MB,ChB in 1980.

Dr. Nsiah-Asare is a Consultant General Surgeon. He is an alumni of the Boston University, School of Public Health in USA where he obtained his Certificate in Management Methods in International Health. He is a Fellow of the West African College of Surgeons (FWACS), a Fellow of Ghana College of Surgeons (FGCS), a Fellow of International College of Surgeons (FICS) and a Fellow of Ghana Medical Association (GMA). He serves as a Member of the Ghana COVID-19 Taskforce, Presidential Vaccine Production Committee, Garden City University College Council, Kumasi, Chairman of the Cosmopolitan Health Insurance Board and Chairman of Health-GIIF Board for the implementation of Agenda 111. He served on the Ghana Health Service Council, the Ghana College of Physicians and Surgeons Council, National Health Insurance Board and Ghana AIDS Commission. Dr. Nsiah-Asare was honored as one of the distinguished health professionals in the country with Presidential Awards as a Member – Order of the Volta in August 2008 and Companion- Order of the Volta in March 2023. Dr. AnthonyNsiah-Asare is happily married with four children.
OPENING CEREMONY

8:00AM - 9:30AM
- Arrival of Participants
- Welcome Address by Planning Committee and Chairman/Chairman's Remarks
- Welcome Address by President of GSC
- Key Note Address by Guest of Honour
- Fraternity Message from Other Societies

DAY 1

THEME: Atherosclerotic Cardiovascular Disease (A Silent Killer)

9:30AM - 10:00AM
ASCVD: Epidemiology, Risk Factors, Pathophysiology, Primary and Secondary Prevention
DR. ALFRED DOKU

10:00AM - 10:30AM
Chronic Coronary Syndrome
PROFESSOR JOSEPH ATIAH AKAMAH

10:30AM - 10:45AM
Presentation by Sponsor
AstraZeneca

10:45AM - 11:15AM
Carotid Artery Disease and Stroke
PROFESSOR MAYOWA OWOLABI

11:15AM - 11:25AM
Presentation by Sponsor
Boehringer Ingelheim

11:25AM - 11:45AM
Q & A Session

11:45AM - 12:00PM
COFFEE BREAK

12:00PM - 12:30PM
Erectile Dysfunction
PROFESSOR NICHOLAS OSEI-GERNING

12:30AM - 12:40PM
Presentation by Sponsor
Novartis

12:40PM - 1:00PM
Q & A Session

1:00PM - 1:10PM
Chairman's Closing Remarks

1:10PM - 2:00PM
LUNCH BREAK

4:00PM - 6:00PM
Workshop 1: BLS & ACLS
Workshop 2: Basic ECG Reading

6:00PM - 7:00PM
Closing

Novartis Satellite Event 7:00PM
**Program Schedule: Day 2**

**8:00AM - 9:20AM**
- Arrival of Participants
- Opening Prayer & Introduction of Chairperson
- Chairman’s Remarks

**9:20AM - 9:50AM**
- Presentation by Sponsor

**9:50AM - 10:00AM**
- Presentation by Sponsor

**10:00AM - 10:15AM**
- Coffee Break

**10:15AM - 10:45AM**
- Imaging in ASCVD
  - Dr. Fafa Xexemeku

**10:45AM - 10:55AM**
- Presentation by Sponsor

**10:55AM - 11:25AM**
- Q & A Session

**11:30AM - 12:40PM**
- Abstract Presentations

**12:40PM - 12:50PM**
- Presentation by Sponsor

**12:50PM - 2:00PM**
- Lunch

**2:00PM - 4:00PM**
- AGSM

**4:00PM**
- Closing
Dr. Eugene Amable is a Consultant Cardiologist and a Fellow of both the Ghana and West Africa College of Physicians. He has worked in the Korle-Bu Teaching Hospital where he has served in various capacities including lecturing in the School of Medicine and Dentistry, and heading the Cardiology Unit in the Department of Medicine.

He has previously held the position of Chief Examiner for the Faculty of Internal Medicine of the Ghana College of Physicians. He has served in many other capacities on a national scale and has been instrumental in training many physicians and cardiologists in this country.
Professor Isaac Owusu is a Consultant Cardiologist and the Head of the Department of Medicine, School of Medicine and Dentistry, College of Health Sciences, Kwame Nkrumah University of Sciences and Technology, Kumasi, Ghana. He is a Fellow of both the Ghana and West Africa College of Physicians and an Associate Professor of Medicine.

He is an astute researcher with publications in several journals on subject areas such as Hypertension and Heart Failure in Ghana. He has been instrumental in establishing Cardiology as a subspecialty in Ghana, having trained many Cardiologists locally. He is a past president of the Ghanaian Society of Cardiology, and has been very instrumental in building the society from its inception to date.
Dr. Alfred Doku trained in SMS, KNUST and graduated in 1997 with MBChB. He joined the Korle-Bu Teaching Hospital in 1999 and has worked there for 23 years. He had his Cardiology Fellowship training in Ghana and Germany, and is now a Consultant Cardiologist, Internist and Senior Lecturer with the University of Ghana Medical School (since 2016). For over twenty years, Dr. Doku has been in the forefront of the fight against cardiovascular diseases.

He partnered with senior colleagues to form the Ghanaian Society of Hypertension and Cardiology (GHASHCAR) in 2003 for which he became the maiden Secretary General. Through this society, he organized nationwide campaigns to fight cardiovascular diseases through World Heart Day celebrations, International Update Courses in Cardiology, cardiology seminars and symposia to create awareness among both the general public and the staff of the health systems to fight CVD by mobilizing the media, cooperate Ghana with their CSR, pharmaceutical companies, the MOH/GHS, WHO, the National Cardiothoracic Centre, Ghanaian Medical Students Association, etc.

Through the initiative, National Guideline for the Management of CVD, training manual and facilitators guide for CVD, Akomacare APP for ease of use of CVD guidelines, training of health professionals in BLS/ACLS and CVD as well as equipment support that will improve CVD care in over 190 health facilities and involving close to 2000 health workers.
Professor Mayowa Owolabi is an eminent scholar with a stroke phenotyping software patent and over 400 publications in peer-reviewed reputable journals. He is a recognized global leader in medicine, neurology, cardiovascular diseases, neuro-rehabilitation, global health, brain health, community-based genomic epidemiology of stroke in Africa, clinical trials and implementation science. He is an outstanding scientist with several inventions and innovations including the ‘Seed of Life Model’ a conceptual model of holistic essence and quality of life; the HRQOLISP, a multiculturally-validated quality of life measure for stroke, amongst several others.

He unraveled the dominant risk genetic and non-genetic risk factors for stroke in Africa and discovered the protective effect of green leafy vegetables against stroke and hypertension. He led the SIREN team as the first to discover the association between APOL 1 and small vessel disease stroke. He also led the discovery of genome-wide association of microRNA and stroke in Africans and the development of prediction models for stroke and hypertension in Africa.

He is among the global top 2% scientists (2023) and the winner of the 2021 World Stroke Organization Global Award for Outstanding Contributions to Clinical Stroke Research. He is currently leading the implementation call for action against hypertension in Africa working with the World Hypertension League, World Health Organization and Resolve To Save Lives.
Dr. Lily Pincho Wu is a Consultant Vascular Surgeon and Endovascular Interventionist at the Korle Bu Teaching Hospital (KBTH). She is also a part-time lecturer in Surgery, School of Medicine and Dentistry, College of Health Sciences, University of Ghana and Accra College of Medicine, Ghana. She is a member of the European Society of Vascular Surgery, Vascular Society of Southern Africa, the Health Professionals Council of South Africa, a fellow of the WACS and a member of Ghana college of Surgeons and Physicians. She also holds an MPhil in Vascular Surgery from the University of Cape Town.

She is a member of the National Medicines Selection Committee for the drafting and review of essential drug list. From 2013 to 2015 she was the Chairperson of the Ethics and Professionalism Committee, a member of the Senior Staff Disciplinary Committee, and a member of the Quality Assurance Committee at the Korle Bu Teaching Hospital.

She has won a number of awards including the Gold medal award for Innovation at the maiden edition of the KORLE BU INNOVATION SUMIT in 2020. She also won a gold medal for the Best Performing Candidate in the Vascular Surgery Examinations, South Africa, VASSA – 2017 and Gold medal for best performance in General Surgery- FWACS – 2011. As a medical student, she was the best over-all student, MBChB Part 1, SMD, CHS, Univ. of Ghana, 2001 and was honoured with the University of Ghana Vice-chancellor’s recognition for outstanding performance, 1997.
Fafa Xexemeku is a board-certified multimodality cardiovascular imaging cardiologist at the Mercyhealth Heart and Vascular Center in Janesville, Wisconsin where he started and directs the Cardiovascular Magnetic Resonance and Computerized Tomography Programs.

He also serves as head of the Echocardiography Laboratory. Dr. Xexemeku received his medical degree from the University of Ghana Medical School. He completed an internal Medicine residency in Ghana and is a member of the West Africa College of Physicians. After moving to the United States, he trained in internal Medicine and Cardiovascular Medicine at Bridgeport Hospital/Yale University.

Dr. Xexemeku then completed a Cardiac MRI fellowship at the Barts Heart Centre/University College of London. Prior to his current position, he established and directed the adult Cardiovascular Magnetic Resonance Program at the Crouse Hospital Miron Cardiac Care Center in Syracuse, New York.

Dr Xexemeku holds board certifications in Cardiovascular Medicine, Echocardiography, Nuclear Cardiology, Cardiovascular Magnetic Resonance, Cardiovascular Computed Tomography, and Vascular Ultrasound.
Dr. Joseph Atiah Akamah is the Medical Director for Cardiovascular and Interventional Cardiology Services at the Nashville General Hospital, Tennessee, USA. He is an Adjunct Associate Professor at the Department of Medicine, Meharry Medical College, where he is engaged in helping with cardiovascular medicine training and mentorship for medical students and residents.

Dr Akamah graduated from UCMS in 1993 with two top awards in Surgery. After 2 years of surgery and emergency medicine in the UK, he moved to the USA where he trained and worked at Cook County Hospital in Chicago before moving to Nashville in 2007. In 2013, Dr Akamah left USA on a mission to help train cardiologists and middle level personnel in his native country, Ghana. He rose to the rank of Head of Cardiology at the University of Ghana. During his tenure as Head of Cardiology and together with his colleagues, he revamped and reshaped both general cardiology and interventional cardiology training and practice in Ghana. Prior to this he served as consultant cardiologist at the Ministry of Health and Deputy CEO of the National Ambulance Services. Dr Akamah chaired the maiden HeFRA committee for the certification of cardiology clinics in Ghana.

He is experienced, well-trained, board certified and licensed in multiple medical and cardiovascular specialties and recognized internationally. Dr Akamah is a fellow of the Society for Cardiovascular Angiography and Interventions, American College of Cardiology, and the American College of Physicians and internationally, he is a fellow of Ghana College of Physicians and Surgeons. He is a member of the Ghana Physicians and Surgeons Foundation of North America and the Association of Black Cardiologist. Dr Akamah loves to teach, share, guide and innovate in resource poor situations. His self-sacrificing and receptive personality to all has earned him admiration from both peers and subordinates, drawing many close to him for mentoring and guidance. He sees all patients with heart problems ranging from blood pressure to heart failure as well as those with clogged arteries. His work as an interventionalist; unclogging arteries with angioplasty and stents, is impeccable. His student pool is vast, ranging from emergency technicians, critical care nurses and cardiac catheterization laboratory staff to medical students, doctors and trainee interventional cardiologists. Above all, his patients love him.
Professor Nick Osei-Gerning is an accomplished Ghanaian Interventional Cardiologist working with Gloucestershire Hospital Foundation NHS Trust and a faculty of the Ghanaian Society of Cardiology. He has played a key role in advancing cardiovascular care in Ghana, Africa, and internationally through his clinical expertise and speaking engagements. He is a leading authority on vasculogenic erectile dysfunction (ED) and a member of the British, European and International Societies for Sexual Medicine and was also elected to be a member of the International Consultation for Urological Diseases. As an Interventional Cardiologist, he has travelled extensively - both nationally and internationally, to speak on the same.

He is a regular faculty member of the British and European Cardiac Interventional Societies and a Co-Course Director of Africa Percutaneous Revascularisation. He plays many other roles both nationally and internationally, in line with his passion for improving cardiovascular care locally and globally.

**PROFESSOR NICK OSEI-GERNING**

MD, FRCP, OBE  
Professor of Practice, University of Wales, TSD  
Professor of Cardiology and Pudendology UCC, Ghana  
Consultant Interventional Cardiologist, The Grange University Hospital, South Wales  
New Year King’s Order of the British Empire

**2024 ANNUAL GENERAL & SCIENTIFIC MEETING**  
**THEME:** **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
RESULTS
The prevalence of left ventricular hypertrophy (LVH), left ventricular diastolic dysfunction (LVDD), left atrial enlargement (LAE), and pericardial effusion were significantly higher in patients with CKD stages 3 to 5 compared to patients with hypertension. There was no disparity in the prevalence of pulmonary hypertension (PH) and LVSD among patients with CKD or hypertension. Increasing CKD stage increased the prevalence of LVH and LAE but not LVSD and PH. Patients with stage 5 CKD had a more severe form of diastolic dysfunction, grade 2 and 3 LVDD, though it did not meet statistical significance.

CONCLUSIONS
Participants with CKD showed a higher prevalence of LVH, particularly concentric LVH, than those with systemic hypertension.
QUALITY OF CARE AND INPATIENT OUTCOMES OF PATIENTS SEEN WITH ACUTE CORONARY SYNDROME AT TAMALE TEACHING HOSPITAL

Abdul-Subur Yakubu, Dzifa Ahadzi
1Department of Internal Medicine, Tamale Teaching Hospital, Tamale, Ghana

Background
African countries are facing an epidemic of cardiovascular diseases. Information on the quality of acute coronary syndrome care offered in underserved communities in Ghana is limited. Using objective criteria, we examined the quality of care offered to patients presenting with acute coronary syndrome to a tertiary referral centre in Northern Ghana.

METHODS
We conducted a retrospective review of patients ≥ 18 years old with acute coronary syndrome managed in Tamale Teaching Hospital from January 2021 to December 2022. We assessed in-hospital outcomes and the extent of compliance to key performance and quality indicators as contained in the 2017 American Heart Association/American College of Cardiology guideline for adults with myocardial infarction.

RESULTS
62 patients with a mean age of 56.0 ± 16.1 years were recruited. The median delay to presentation was 24 hours (IQR 15-96 hours). 33.9% had ST-elevation myocardial infarction, of which only 14.3% received reperfusion therapy. About three-quarters of patients received dual antiplatelet therapy at discharge, with fewer patients receiving recommended high-intensity statin therapy (65.5%) or beta-blockers (69.1%). Only 38.2% of patients had their left ventricular ejection fraction documented. No cardiac rehabilitation program existed.

Risk stratification of patients with non-ST-elevation myocardial infarction or stress testing for conservatively managed patients was not part of routine practice.

CONCLUSION
Acute coronary syndrome management remains a challenging issue in Northern Ghana. Several gaps exist in the quality of care, timeliness of interventions and rehabilitation of affected patients.

Keywords: Acute coronary syndrome, Ghana, Myocardial infarction, Performance measure, Quality indicators
SCIENTIFIC ABSTRACT 3

EVALUATION OF CARDIAC STRUCTURE AND FUNCTION AMONG STUDENT-ATHLETES AT THE UNIVERSITY OF GHANA, LEGON

Richard S. Dey, Joseph A. Akamah, Alfred Doku, Francis Agyekum, Setor K. Kunutsor, Robert Ayree, Gloria Ansa

1University of Ghana Hospital, Accra
2Nashville General Hospital, USA
3University of Ghana Medical School, Accra
4University of Leicester, UK
5University of Ghana Medical Centre, Accra

INTRODUCTION:
Electrocardiographic and echocardiographic changes are expected in athletes, reflecting structural and electrical remodelling due to physiologic adaptations in the heart to cope with increased demand. Cardiac screening remains rare among athletes in sub-Saharan Africa. This study aimed to assess the electrocardiographic (ECG) and echocardiographic (ECHO) patterns and factors associated with changes in the patterns among student-athletes at the University of Ghana, Legon.

METHOD:
A comparative cross-sectional study was conducted among student-athletes, and age and sex matched control. Baseline demographic and clinical characteristics of participants were obtained. Focused history, physical examination, ECG, and ECHO examination were performed on each participant to determine the pattern and the prevalence of ECG and ECHO changes among student-athletes. The variance of mean differences between the student-athletes and the controls was determined. Associations between categorical variables and factors associated with ECG and ECHO changes among the student-athletes were determined. Potential confounding factors were accounted for in the multivariate logistic regression models with adjusted odds ratio and confidence interval.

RESULTS:
About 47% of athletes had ECG changes, which consisted of PVCs, atrial fibrillation, ST-segment depression, T-wave inversion, bradycardia and LVH. Males were about 4.6 times more likely to have ECG changes than females in a fully adjusted model (p=0.001). The prevalence of concentric LV remodelling, concentric LV hypertrophy, and eccentric LV hypertrophy in the student-athletes was 36.5%, 33.9% and 8.7%, respectively, significantly higher (p<0.001) than in the control group. None of the factors in the models were significantly associated with abnormal LV geometry in the student-athletes.

CONCLUSION:
Student-athletes had abnormal ECGs, with the male gender being the only predictor of abnormal ECGs. Routine screening of athletes may detect life-threatening cardiovascular conditions that may predispose them to sudden cardiac death.

THEME: Atherosclerotic Cardiovascular Disease
SCIENTIFIC ABSTRACT 4

CLINICAL PROFILES OF HEART FAILURE IN PREGNANT AND POSTPARTUM WOMEN ADMITTED INTO A TERTIARY HOSPITAL IN ACCRA.

A. Bobbie- Sarfo, R. Aryee, C. Antwi- Bosiako, V. Canu, F. Agyekum, J. Akamah, A. Doku
1Greater Accra Regional Hospital, Accra
2University of Ghana Medical Centre, Accra
3University of Ghana Medical School, Accra
4Korle Bu Teaching Hospital, Accra

RESULTS
The prevalence of heart failure in pregnancy was 0.9%. The commonest risk factor for heart failure among the participants was a past history of PIH/pre-eclampsia/eclampsia. Peripartum cardiomyopathy was the commonest aetiology of heart failure. The commonest ECG finding was sinus tachycardia. Patients with peripartum cardiomyopathy predominantly had heart failure with reduced ejection fraction (HFrEF). The period of time from delivery to the end of puerperium was found to be a high risk period for cardiac decompensation.

CONCLUSION
Pregnant women with a previous history of PIH were at highest risk of developing heart failure within the puerperium; strict surveillance is needed on this patient population.
CARDIAC ABNORMALITIES AMONG SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS IN A TERTIARY HOSPITAL: A CROSS-SECTIONAL STUDY.

S. Atuquayefo, A. Doku², D. Dey³, F. Agyekum⁴, F.K. Akumiah⁵, A.G. Kwek⁶, U.M. Amaechî⁷, H.O. Aiwuyọ²

¹Internal Medicine, University of Ghana Medical Centre, Accra, GHA.
²Internal Medicine, Korle-Bu Teaching Hospital, Accra, GHA.
³Internal Medicine and Therapeutics, University of Ghana Medical School, Accra, GHA.
⁴Internal Medicine, University of Ghana Medical School, Accra, GHA.
⁵Internal Medicine/Cardiology, Colchester Hospital, East Suffolk and North Essex NHS Foundation Trust (ESNEFT), Colchester, GBR.
⁶Internal Medicine, Lagos University Teaching Hospital, Lagos, NGA.
⁷Internal Medicine, Brookdale University Hospital and Medical Center, Brooklyn, USA.

BACKGROUND

Systemic lupus erythematosus (SLE) is a multisystem autoimmune connective tissue disorder involving multiple organs and systems. Although cardiovascular involvement in SLE patients is a major cause of morbidity and mortality, they are rarely screened for. This study determined the prevalence of cardiac abnormalities among SLE patients and its association with the modified SLE Disease Activity Index 2000 (modified SLEDAI-2K).

METHODS

This was a cross-sectional study of SLE patients (≥18 years) with no known cardiac abnormalities at the KBTH, from June to December 2021. The baseline demographic and clinical characteristics were obtained. A detailed transthoracic echocardiogram was performed for all patients. The prevalence of common cardiac pathologies was determined and compared between those with a high modified SLEDAI-2K and those with a low modified SLEDAI-2K.

RESULTS

Ninety-nine SLE patients participated in the study with a mean age of 35.12 (±12.62) years. Majority of the participants (90.9%) were females. The mean modified SLEDAI-2K score was 9.1. Thirty-five percent (35%) of the patients had mild to moderately active disease and 39% had severely active disease. Sixty-six percent (66%) out of the severely active disease group had abnormal echocardiographic findings, while 28% of those with mild to moderate disease had abnormal echocardiographic findings. Echocardiographic abnormalities were found in 56 (47%) patients, of which 8.7% had valvular involvement, 15.7% had diastolic dysfunction, 5.2% had LVH, and 0.9% LVSD. About 12% had PH and 1% had pericardial involvement (pericardial effusion and pericardial thickening). The odds of echocardiographic abnormalities were 13.7 times higher in SLE patients with high disease activity compared to those with low disease activity (OR = 13.714, 95% CI=3.804-49.442, p < 0.001). There was no significant association between cardiac abnormalities and SLE duration, and modified SLEDAI-2K score.

CONCLUSION:

Cardiac abnormalities are common in SLE patients. Echocardiographic assessment should be considered in the management of SLE patients.
CONCLUSION:
Cardiac abnormalities are common in SLE patients. Echocardiographic assessment should be considered in the management of SLE patients.
LOC MEMBERS

DR. LAMBERT TETTEH APPIAH
LOC MEMBER

DR. ABA FOLSON
LOC MEMBER

DR. DZIFA AHADZI
LOC MEMBER

DR. FORSTER FOKUOH
LOC CHAIR

DR. EMMANUELLA NAA DEDEI TAGOE
LOC MEMBER

DR. FREDERICK ASOMANI AKOTO
LOC MEMBER

2024 ANNUAL GENERAL & SCIENTIFIC MEETING

THEME: Atherosclerotic Cardiovascular Disease
Protection never rests
The support your patients need day in and day out

Xarelto® globally approved in 9 indications including:

- Stroke prevention in atrial fibrillation (AF)
  - Around the world, there are 12.2 Million, new strokes per year, ONE EVERY 3 SECONDS³,
  - 101 Million people worldwide are living with stroke aftermath. THIS NUMBER HAS ALMOST DOUBLED OVER THE LAST 30 YEARS³

- Venous thromboembolism
  - There are 10 Million, cases of VTE worldwide each year³
  - In fact, every 37 seconds, someone in the western world dies of a blood clot³

References: ³Please refer to the scientific literature for more information.

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- No need for routine laboratory monitoring (INR), unlike VKA¹
- Superior safety and effectiveness profile, compared with warfarin and other VKAs¹³
- Significant relative risk reduction in major bleeding compared to Enoxaparin/Warfarin¹³
- Can be taken with or without food, has no specific food restrictions and may be crushed and suspended in water or juice for better patient compliance¹³

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ZONAL ACTIVITIES IN PICTURES

HO ZONE

ACCRA ZONE

TAMALE ZONE

TAKORADI ZONE

KUMASI ZONE