



# Listen to the heart

Over 97,000 Australians  
have severe Aortic stenosis<sup>1</sup>

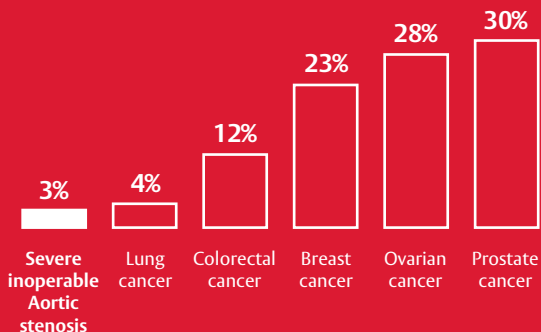
**Your next patient may  
be one...**



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Approximately **50% of patients may die** within 2 years of symptom onset.<sup>10</sup>



**Aortic stenosis is a life-threatening valvular heart disease.** Untreated, survival rates for severe Aortic stenosis are worse than several metastatic cancers.<sup>11,12</sup>



**4 in 10 Australians** over 60 say they have **never or rarely have their hearts listened to** with a stethoscope.<sup>13</sup>

# Suspect

## Aortic stenosis in patients 65 and above

What symptoms may your patient present with?<sup>2</sup>



Chest pain or angina



Palpitations



Shortness of breath



Fainting or syncope



Reduced physical activity



Fatigue

### Other risk factors<sup>3</sup>

- Chronic kidney disease
- Coronary artery disease
- Diabetes
- Smoking
- Hypertension

### Causes<sup>4</sup>

- Most common: calcification
- Rheumatic heart disease
- Congenital (e.g. bicuspid valve, William's Syndrome)

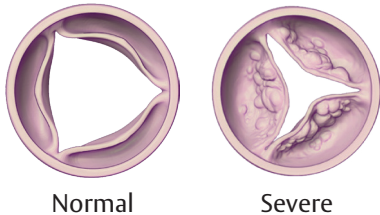
What should my patient's journey look like?



**SUSPECT**  
Aortic stenosis

# Listen

## Heart auscultation is the critical first step in the diagnosis



### Aortic stenosis progresses rapidly<sup>3</sup>

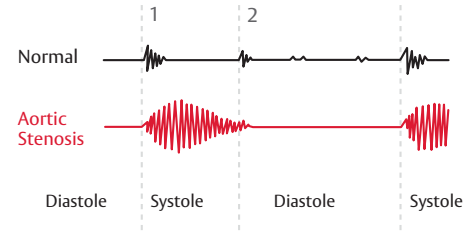
Aortic stenosis progression can occur rapidly. If undetected and untreated, Aortic valve area (AVA) can significantly decrease by up to 1cm<sup>2</sup>/year.

### Clinical examination

#### Key findings<sup>6</sup>

In patients with significant Aortic stenosis, the carotid pulse may be weak and rise slowly with a delayed systolic peak. The absence of this finding does not exclude AS.

- A prominent heaving apex beat may also be present
- Low blood pressure with narrow pulse pressure
- Signs of cardiac decompensation



### Heart auscultation

#### Key findings<sup>7</sup>

- Harsh systolic ejection murmur heard at the base and the right sternal border, 2nd intercostal space
- Onset of the murmur occurs shortly after S1 and ending before S2
- Radiates to both carotid arteries

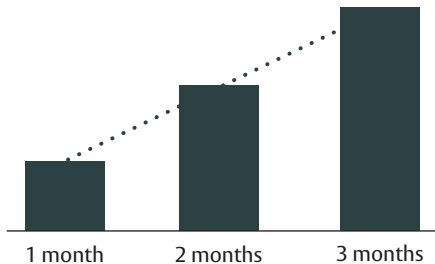


**LISTEN**  
GP detects  
heart murmur



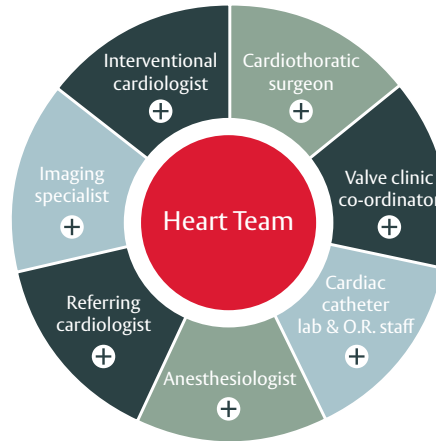
Scan QR code to listen  
to a systolic murmur

# Refer to a cardiologist



**Identify a murmur.  
Refer immediately.**

The risk of death for patients with severe Aortic stenosis increases three-fold while waiting for treatment.<sup>8</sup>



## Let the team decide

A multidisciplinary team leveraging the expertise of each team member to ensure the best treatment plan for your patient following the latest guidelines.

## Suspect. Listen. Refer.

- Aortic stenosis is a life-threatening valvular heart disease affecting over 97,000 Australians
- Aortic stenosis can progress rapidly, and early intervention is key
- Listening to the heart with your stethoscope is key to identifying Aortic stenosis
- If you hear a murmur, refer immediately

**REFER**  
directly to  
cardiologist



Echocardiogram performed

**Aortic stenosis**  
confirmed by  
cardiologist

**Referral to Heart Team**  
for treatment

# Suspect Aortic stenosis. Listen to the heart. Refer to a cardiologist.



Scan the QR code or visit [heartvalves.com/au/generalpractitioner](https://heartvalves.com/au/generalpractitioner) for more information

**References:** 1. Strange, Geoff et al., 2021. Uncovering the treatable burden of severe Aortic stenosis in Australia: current and future projections within an ageing population. BMC health services research, 21(1), pp.1–790. 2. Carabello, Blase A, 2013. Introduction to Aortic Stenosis. Circulation research, 113(2), pp.179–185. 3. Kamath, A.R., Pai R.G, 2018. Risk factors for progression of calcific Aortic stenosis and potential therapeutic targets. International Journal Angiology, 17, pp.63-70. 4. Longmore, J.M. et al., 2017. Oxford handbook of clinical medicine 10th ed., Oxford: Oxford University Press. 5. Leon MB, Smith CR, Mack M, et al. Transcatheter aortic-valve implantation for Aortic stenosis in patients who cannot undergo surgery. N Engl J Med. 2010;363(17):1597-1607. 6. Morris P, Warriner D, Morton A. In: Eureka: Cardiovascular Medicine. JP Medical Ltd. 2015. London, England. 7. Grimard BH, Larson JM. Aortic stenosis: diagnosis and treatment. Am Fam Physician 2008;78:717-24. 8. Malaisrie SC, McDonald E, Kruse J, et al. Mortality while waiting for Aortic valve replacement. Ann Thorac Surg. 2014;98(5):1564-1571. 9. Nkomo VT, Gardin JM, Skelton TN et al. Burden of valvular heart diseases: a population-based study. Lancet 2006;368:1005–11. 10. Otto CM. Timing of Aortic valve surgery. Heart 2000;84:211-8. 11. Watanabe Y, Kozuma K, Hioki H, et al. Comparison of Results of Transcatheter Aortic Valve Implantation in Patients With Versus Without Active Cancer. Am J Cardiol. 2016;118(4):572-577. 12. National Cancer Institute. Cancer statistics based on data from the Surveillance, Epidemiology and End Results (SEER) program SEER 19 2009-2015. Volume 2019. Available at: <https://seer.cancer.gov>. 13. According to a survey Heart Health - Australia conducted by YouGov (2020) of 2077 Australians over the age of 60 years old, commissioned by Edwards Lifesciences on 6-19 October 2020 [unpublished raw data].

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