



Listen to the heart

1 in 8 people over the age
of 75 have severe Aortic
Stenosis.¹

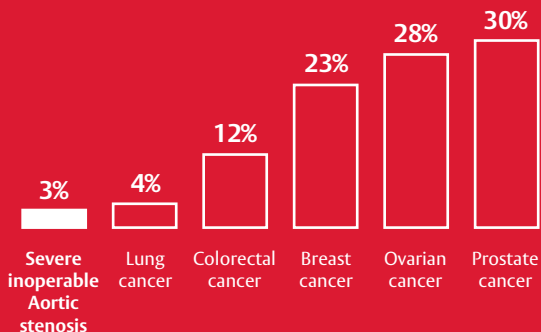
**Your next patient may be
one...**



Edwards



Approximately **50% of patients may die** within 2 years of symptom onset.⁹



Aortic stenosis is a life-threatening valvular heart disease. Untreated, survival rates for severe Aortic stenosis are worse than several metastatic cancers.^{10,11}



6 in 10 New Zealanders over 60 say they have **never or rarely have their hearts listened to** with a stethoscope.¹²

Suspect

Aortic stenosis in patients 65 and above

What symptoms may your patient present with?²



Chest pain or angina



Palpitations



Shortness of breath



Fainting or syncope



Reduced physical activity



Fatigue

Other risk factors³

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

Causes⁴

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

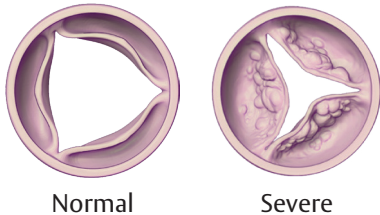
What should my patient's journey look like?



SUSPECT
Aortic stenosis

Listen

Heart auscultation is the critical first step in the diagnosis



Aortic stenosis progresses rapidly³

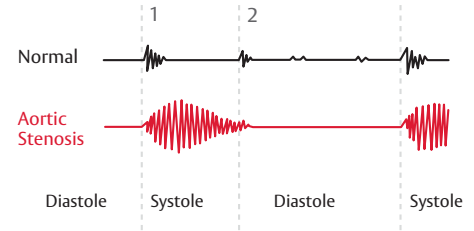
Aortic stenosis progression can occur rapidly. If undetected and untreated, Aortic valve area (AVA) can significantly decrease by up to 1cm²/year.

Clinical examination

Key findings⁶

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 findings⁷

- 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

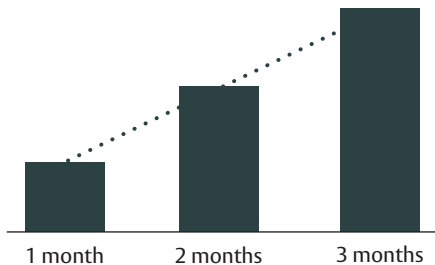


LISTEN
GP detects
heart murmur



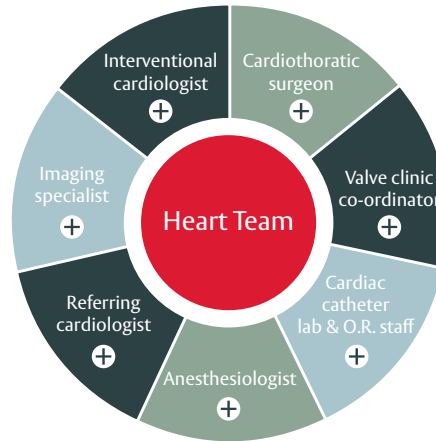
Scan QR code to listen
to a systolic murmur

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.⁸



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
- 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/nz/generalpractitioner for more information

References: 1. Nkomo VT, Gardin JM, Skelton TN et al. Burden of valvular heart diseases: a population-based study. *Lancet* 2006;368:1005–11. 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. Otto CM. Timing of Aortic valve surgery. *Heart* 2000;84:211-8. 10. 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. 11. 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>. 12. 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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