Are your severe aortic stenosis (SAS) patients really asymptomatic?

A significant number of patients reveal symptoms upon further evaluation¹

The early warning signs of aortic stenosis (AS) can be deceptive²

Are your patients truly lacking these signals, or are they simply failing to recognize or report them?



were discovered to be symptomatic

once functional testing was performed – despite not reporting any symptoms prior to testing¹

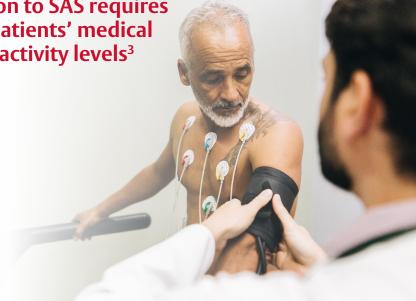
According to a retrospective cohort study that evaluated 316 patients with moderate and severe AS who underwent echocardiography and exercise tests at a heart valve clinic¹



According to the 2020 ACC/AHA Guidelines,

in SAS patients with no reported symptoms, intervention should be considered³:

- when the patient shows reduced exercise tolerance during an exercise test
- when the patient has an LVEF <50% (Stage C2)



Not an actual patient.



Symptom recognition and prompt referrals for evaluation are critical to your SAS patients' survival.⁴



Earlier evaluation from a Heart Valve Team is crucial to ensuring optimal outcomes for your SAS patients⁴

Your patients trust you to know when to act

- Patients who were followed in heart valve clinics experienced lower risk of sudden cardiac death and better overall survival than patients who were not⁴
- Referring to a Heart Valve Team and engaging in shared decision-making ensures your patients' individual needs are thoroughly considered⁴⁻⁶

If you suspect AS in any of your patients, ask them for details about changes in their activities and whether they're continuing to participate in their hobbies³

"We know that failing to recognize these symptoms for what they actually are can have consequences. Because as time goes on, outcomes worsen."



- ANDY Y. LEE, MD | CARDIOLOGIST

Watch how Dr. Lee uncovers hidden symptoms.

Visit <u>TreatHeartValveFailure.com/hcp/risks-of-sas/recognizing-the-signs</u>

References

1. Saeed S, Rajani R, Seifert R, Parkin D, Chambers JB. Exercise testing in patients with asymptomatic moderate or severe aortic stenosis. Heart. 2018;104(22):1836-1842. 2. Otto CM. Timing of aortic valve surgery. Heart. 2000;84(2):211-218. 3. Otto CM, Nishimura RA, Bonow RO, et al. 2020 ACC/AHA Guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2021;143(5):e72-e227. 4. Lancellotti P, Magne J, Dulgheru R, et al. Outcomes of patients with asymptomatic aortic stenosis followed up in heart valve clinics. JAMA Cardiol. 2018;3(11):1060-1068. 5. Coylewright M, O'Neill E, Sherman A, et al. The learning curve for shared decision-making in symptomatic aortic stenosis. JAMA Cardiol. 2020;5(4):442-448. 6. Nkomo VT, Gardin JM, Skelton TN, Gottdiener JS, Scott CG, Enriquez-Sarano M. Burden of valvular heart diseases: a population-based study. Lancet. 2006;368(9540):1005-1011.

