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Cardiomyopathy Centers in Greece

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Cardiomyopathies compose a disease group affecting the myocardium; they are very often genetically determined and are characterized by mechanical or electrical cardiac dysfunction. The clinical course of cardiomyopathies is variable, ranging from a benign course throughout life to severe heart failure or the more devastating consequence, i.e. sudden death.¹

Cardiomyopathies, indeed, are the main cause of sudden death in young individuals, including trained athletes.² It is not rare to see in the media cases of young teenagers collapsing suddenly in school, or professional athletes dying suddenly in the field. In the vast majority of victims the diagnosis of cardiomyopathy is confirmed post mortem. These dramatic events raise the concern of the community, while the State announces measures to prevent them. However, public concern soon fades and State pronouncements vanish into thin air as soon as such events are forgotten, only to appear again when the next dramatic event occurs.

Cardiomyopathies are a rapidly evolving part of clinical cardiology. Most cardiologists, especially the older ones, have incomplete knowledge of the entity. On the other hand, the trainee cardiologist does not have the appropriate scientific background in this field, since cardiology clinics lack departments specialized in this topic.

How can this problem be resolved and what, exactly, is the role the Hellenic Cardiological Society is called on to play towards this end? Our Society will focus on three points. First of all, the organization of specific seminars for cardiologists is considered essential in order to raise awareness amongst specialized scientists. However, our goal is not only to sensi-

tize the experts, but to raise public awareness as well. Considering that we are dealing with a major public health issue, it is of great importance to establish a network of constant communication, so that the community becomes aware of all the aspects of a problem that concerns everybody. It seems even more crucial to inform the public on such a matter, if we take into account that cardiomyopathies are a deadly threat for young people.

The third and most important step is the creation of two specialized cardiomyopathy centers, one in Athens and one in Thessaloniki. These centers must be staffed by cardiomyopathy specialists, assisted by the latest equipment and methods for investigating cardiomyopathies. Specifically, the medical staff should include cardiologists, pathologists, and geneticists. Moreover, a radiology laboratory should be easily accessible so that cardiac MRI can be performed. In addition, it is important that the center is supported by a cardiac surgery clinic, so that operations such as myectomies, implantation of left ventricular assist devices, etc., can be carried out at any time when needed. A catheterization laboratory and a department of electrophysiology are also considered of great importance for the implantation of defibrillators and biventricular pacemakers. Most of the requirements mentioned above are already fulfilled within the corresponding departments of the University clinics of Athens and Thessaloniki. Finally, the centers should have constant interaction and full basis contact with the primary health care hospitals in rural areas. This way a proper disease scan and surveillance project can be realized, which will provide us with full scale reports of the epidemiological characteristics of cardiomyopathies within Greek population.

At this point, great emphasis should be placed upon the State's responsibilities considering the matter. The State's assistance is necessary if we want to stop losing young people from a cause that can easily be detected. Let us just think of how many deaths could have been prevented; let us just think that we owe it to our children.

References

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2. Efthimiadis GK, Mezilis N, Meditskou S, et al. Preparticipation cardiovascular screening in competitive athletes: the case in a Greek population. *Scand J Med Sci Sports*. 2009; 19: 297-298.