ESC 2014: Five New Practice Guidelines

This year's ESC Congress will see the launch of five new ESC Guidelines: Non-Cardiac Surgery, Acute Pulmonary Embolism, Hypertrophic Cardiomyopathy, Aortic Diseases and Myocardial Revascularization. The first was developed jointly with the European Society of Anesthesiology and the last with the European Society of Thoracic Surgery. The guidelines were developed by expert Task Forces under the governance of the ESC's Committee for Practice Guidelines. All in all, more than 100 experts are involved in the development of each one.

This year's **ESC/ESA Guidelines on Non-Cardiac Surgery** , chaired by Steen Dalby Kristensen and Juhani Knuuti, cover surgical risk assessment, preoperative evaluation and optimal perioperative management and also address cardiological and anesthesiological issues in patients with specific cardiac diseases and common co-morbidities. The use of perioperative beta-blocker treatment is complex and has received much attention.

The **Hypertrophic Cardiomyopathies** Task Force led by Perry Elliot will spark considerable interest with advice based on real estimates of risk rather than relative risks as in all previous guidelines. One of the most important innovations in the guideline is a new risk calculator which uses simple clinical measures to estimate the five-year risk of sudden cardiac death in such patients.

Stavros Konstantinides and Adam Torbicki's team have written the first recommendations on **new oral anticoagulants in Pulmonary Embolism**. These guidelines provide the most comprehensive recommendations ever for the diagnosis and treatment of PE. Clinicians can confidently stratify risk in their patients with suspected PE and provide appropriate treatment.

The 2001 version of the **Guidelines on Aortic Diseases** were restricted to the diagnosis and management of aortic dissection. Now, the 2014 Guidelines also cover aneurysms, calcifications, congenital diseases leading to aneurysms, aortic inflammation (aortitis) and aortic tumors. The 2001 document focused on diseases in the thoracic aorta, but now the guidelines also include diseases in the abdominal aorta. The Task Force developed a flow chart for acute aortic syndrome which will lead to earlier diagnosis and rapid treatment with improved patient outcomes.

Our joint **ESC/EACTS Guidelines on Myocardial Revascularization** based its 2014 recommendations on a systematic review of 100 trials in 93,553 patients. The key findings were that, among patients with stable CAD, coronary artery bypass grafting reduces the risk of death, myocardial infarction and repeat revascularization compared with medical treatment. Notably, all stent-based coronary revascularization technologies were found to reduce the risk of repeat revascularization, whereas new generation drug-eluting stents - but no other percutaneous revascularization technology - improved survival when compared with medical treatment.

As ever, these latest guidelines summarise all the available information and will provide an invaluable resource. Their derivative products, such as the **free ESC Pocket Guidelines Application** , also provide a range of interactive tools to help apply the guidelines in daily practice. The Essential Messages and Summary Cards summarise the main points and enable students, teachers and non-cardiologists to get to the essentials.

You can find out more in the Guidelines area on the ESC stand, where, if you have not yet downloaded the ESC Pocket Guidelines App, you can be shown how to do so. Here you can also pick-up this year's new printed Pocket Guidelines - free for ESC members while stocks last. Other derivative products (summary cards, essential messages) will also be distributed free to all those visiting and we will answer any questions you may have on our world renowned ESC Clinical Practice Guidelines.

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