

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Elective report

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Cardiology

Objective 1

What are the common cardiovascular conditions in Georgia and how do they differ from the UK?

Coronary heart disease is the most common cause of death in Georgia contributing to over 20,000 deaths per year.¹ Ischemic heart disease and heart failure is highly prevalent even in younger population. Such a high rate of cardiovascular diseases is mainly due to prevalence of risk factors such as diabetes, smoking, hypertension, obesity and poor diet. Primary and secondary prevention of the cardiovascular disease, although well adapted by Georgian cardiologists, are not commonly followed by the patients. Contributing diseases like diabetes and hypertension are poorly managed, with high numbers of non-compliance to the treatments for those. Most of the patients observed had many co morbidities and highly advanced diseases. Patients in Georgia present very late when symptoms become too bothersome and when it is already late to prevent damage. Ischemic heart disease and heart failure can be observed in patients as young as in their twenties and thirties. Very late presentation and poor compliance have resulted in these patients having advance stages of the disease with many having extremely poor ejection fractions. As I found out from the cardiologists in the clinic this also was the result from healthcare being not affordable and unavailable in previous years, not allowing these patients to get care earlier.

Coronary Heart disease is also a top cause in the UK. It accounted to 74,000 deaths in 2011. Health promotion strategies are directed to minimize the prevalence of CHD. Cardiovascular patients are closely followed and treated according to the latest guidelines. Due to the stable healthcare system in the UK most of the patients have had the treatment from early stages of the disease resulting in less advanced cases and better prognosis.²

Objective 2

How are the cardiovascular services organised and delivered in Georgia and how does it differ from the UK?

Georgian healthcare system is very complex. For many years healthcare in Georgia was available only on private or insurance bases. Recent change in government in 2012 has resulted in changes in healthcare department as well. After this healthcare for all Georgian citizens are funded by government, except people on private insurance. This funding fully covers the patients on benefits and only covers part of the costs for everyone else. Population not on benefits are usually funded for 50-70% of medical costs but only for acute cases. Chronic and outpatient medical costs usually need to be paid by patients themselves. This creates extra problems for healthcare staff as enormous amount of paperwork needs to be provided to receive the funding for the patient.

General practitioners are relatively new in Georgian healthcare system. They are able to manage most of the chronic condition in community, but very few people opt to receive cardiovascular care from GPs.

Outpatient cardiovascular care is provided by community cardiologists at polyclinics or cardiologists at specialist clinics. Patients usually prefer to visit the cardiologist privately and there are no waiting times or set outpatient clinics. It usually happens on the day, with all the investigation tests available on the premises and performed at the same time. According to the results of the investigation, cardiologist is able to give treatment and management plan to the patient immediately. This is much more time efficient as the whole process is done on the same day, but because patients don't have GPs and named cardiologist, care is dissociated. This contributes to patient seeing different cardiologists, non-compliance and certainly poor long term management.

Emergency cardiology services is usually provided by specialist cardiology clinics, and patients are brought in by ambulance services most often to the nearest available clinic.

The cardiology clinic I have had my elective at have adopted the European cardiovascular guidelines and advanced treatments strategies for many years. It provided 24 hour service in invasive therapies like angiography and per coetaneous intervention. PCI was performed immediately even with patients with NONSTEMI, improving the overall outcome in patients with MI.

Cardiology services in the UK are more organized and continuous, with most of the care provided by the GPs. Patients who need more specialist input are regularly seen by Cardiologist in an outpatient clinics. Emergency admissions are usually in cardiology departments of the hospital with specialist care available. As NHS operates on referral system, most of the investigations and outpatient clinics have much longer waiting times compared to Georgia.

Objective 3

Describe the health promotion strategies that was introduced to reduce the prevalence of the cardiovascular diseases in Georgia

Risk factors like diabetes, hypertension, smoking and obesity are very common in Georgia. None of these are targeted by the national campaigns. Smoking rates are extremely high in Georgia, and it still remains very popular. The messages about the risks of smoking have been put on cigarette boxes but it has not reduced the smoking rates significantly. Georgian diet is very high on saturated fat and salt, and alcohol consumption is very high. Diabetes and Hypertension are highly prevalent, but usually very poorly controlled, due to non-compliance or patients not consulting doctor at all. All these are usually targeted after patient has been diagnosed with CVD and doctors provide advice about minimizing risk factors. I was able to observe the advice given to the patients about reducing the exposure to the risk factors, but was told that this is hardly ever effective. I think there needs to be done more in primary prevention and public health campaigns need to be introduced to reduce the high rates of CHD in Georgia.

Objective 4

Gain further knowledge of cardiovascular diseases and it's management. develop understanding of Georgian healthcare system. Develop skills to work effectively with different healthcare professionals in the medical team

I found it very interesting to work in healthcare system so different from the UK. To see and acknowledge the difficulties doctors have to deal with in other countries. Availability and affordability of the treatments, funding problems are the everyday encounter for Georgian doctors, who try to deliver the best treatment for the patients on minimal funding. Whole team in Clinic "GULI" was very friendly and welcoming. I found it very easy to settle in. I was mainly based in intensive care department but was able to observe, outpatient consultations, ECHO cardiograms, PCIs, peripheral vascular Doppler investigations, cardiac Electrophysiology and rythmology clinics. I was able to see many aspects of the cardiology care in Georgia and was surprised that most of the treatment and management was according to the European guidelines and the medication was very similar. The advanced treatment strategies are also widely available in Georgia. All these will hopefully result in reduced Cardiac deaths and better outcome for patients.

References:

1. Health Profile:Georgia. (2010), Available at: <http://www.worldlifeexpectancy.com/country-health-profile/georgia>, last accessed 2nd June 2015
2. Epidemiology of Coronary heart Disease, (2014) Available: <http://patient.info/doctor/epidemiology-of-coronary-heart-disease> , Last accessed 2nd June 2015