



Cardiologists

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Left to Right: Dr Mark Johnson, Dr Peter Larsen, Dr Frank Hetterich, Dr Stuart Butterly, Dr KK Lim and Dr Naresh Dayananda

The New SCHS Heart team and services at SCPH Buderim and SCUPH

Dear colleagues, we are excited to announce that Dr Frank Hetterich has joined the Sunshine Coast Heart Specialists (SCHS) team. Frank has been one of the leading Cardiologists on the Sunshine Coast for almost two decades. He will continue to consult and provide non-invasive Cardiac testing from Suite 9, Medical Centre, Sunshine Coast Private Hospital at Buderim. SCHS is the only comprehensive sub-specialized and general Cardiology practice operating at both major private Hospitals on the Sunshine Coast.

In other exciting news, Dr Mark Johnson has commenced regular weekly sessions at both SCPH Buderim and SCUPH Birtinya. He will now be able to provide Exercise Stress Echocardiography at our SCPH Buderim rooms in addition to all our

other cardiac testing services.

Also, please find enclosed our GP ACS Pathway which can be used to manage all patients presenting with suspected ACS (unstable angina through to NSTEMI and STEMI). Dr Peter Larsen and Dr Stuart Butterly provide the Sunshine Coasts only 24/7 365 on-call Private Interventional Cardiology on-call service. Call 5414 1146 – we will arrange direct admission to CCU at SCPH or SCUPH !

Lastly, we have welcomed Dr Naresh Dayananda to our SCHS Team. Naresh joins Dr KK Lim as part of our Electrophysiology and Cardiac Pacing Team and is now consulting and operating weekly at SCUPH. Naresh is highly skilled in cardiac rhythm management including complex ablation for SVT and AF.

Sitting around for a heart attack – would Rodin’s Thinker have had a MI?

*“Le Penseur”
Rodin, 1902*



Is “too much sitting around” a distinct risk factor for cardiovascular disease? To answer this quandary, the Dallas Heart Study (1) enrolled 2031 participants aged 20-76 years, with a mean age of 50. Over half (52%) were women. All participants had a Coronary artery calcium score

(CAC) performed. In addition, the participants wore a watch accelerometer for at least 4 days to measure body movements, which were classed as sedentary, light activity (nonexercise), or moderate to vigorous physical activity (continued page 2).



Cardiac Testing made simple

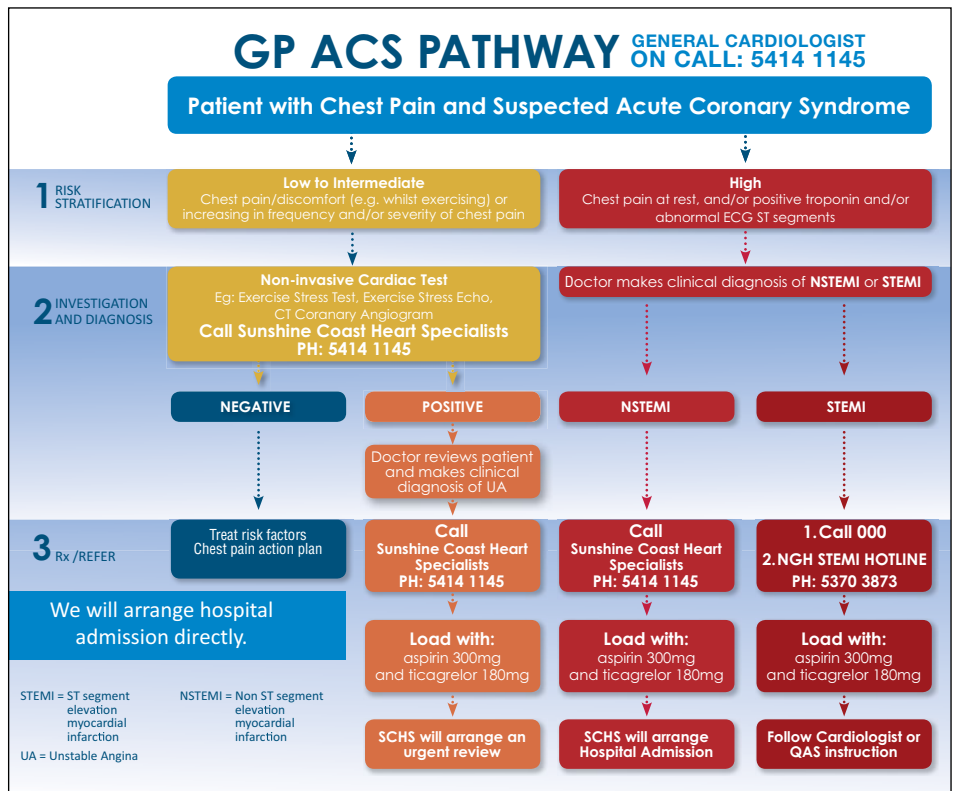
CV risk and chest pain assessment

As Heart Specialists we are often asked "what test would you do next? Here is a quick guide!

Asymptomatic Patients. For CV risk assessment we recommend a CAC score in addition to using an absolute Cardiovascular risk calculator. This has been shown to improve CV risk stratification and has the ability to "net reclassify" patients. This allows for treatment decisions to be "tailored" to each individual patient. Patients with severely elevated CAC scores (eg. >400) should be referred for further cardiac assessment as the likelihood of obstructive coronary artery disease is significant.

Patients with Chest Pain: The enclosed GP ACS Pathway can be used to quickly manage patients presenting with chest pain.

We recommend Exercise Stress Echocardiography (ESE), Exercise Stress Testing (EST), or CT Coronary Angiography (CTCA) in low-medium risk patients presenting with chest pain. SCHS now offers EST at all our testing centers and ESE with Dr Mark Johnson at both SCPH Buderim and SCUPH Birtinya. Dr Mark Johnson and Dr Peter Larsen are the only Cardiologist CTCA registered specialists on the Sunshine



Coast and both co-report CTCA studies with Sunshine Coast Radiology. Please call 5414 1100 to make a referral.

For patients considered high risk or unstable, we recommend urgent assessment. Please call our 24/7 Interventional Cardiology on-call service – 5414 1156

Walk and think!

Dallas Heart Study Results:

On average, participants were sedentary for 5.1 hours a day (range, 1.1-11.6 hours), with higher amounts of time in those with a higher BMI, diabetes, or hypertension. After adjustment for known CVD risk factors, each hour of sedentary time was associated with a 10% higher odds of having a raised CAC (adjusted odds ratio, 1.10; 95% CI, 1.01-1.21; P = .035). Study participants exercised only an average of 6 minutes a day!

Take home message: we should all consider levels of physical activity or fitness as a "vital sign". We suggest that as part of a CV risk assessment/treatment, that all patients be asked to consider daily exercise as if it were a medicine, similar to prescribing a "statin". Our key recommendation to patients is to simply move more often is better than sitting all day. "Set an alarm on your phone to get up every hour, take a conference call standing up, or stand in the yard to talk to a neighbor".

"L'homme qui marche"
Rodin, 1877



1. Kulinski J, et al. Sedentary behavior is associated with coronary artery calcification in the Dallas Heart Study. American College of Cardiology 2015 Scientific Sessions; March 14-16, 2015; San Diego, California.

