

## **1- AHA/ASA Science Advisory Recommends Use of tPA Between 3 and 4.5 Hours After Stroke**

A new science advisory from the American Heart Association (AHA) / American Stroke Association (ASA) has given the green light to the use of tissue plasminogen activator (tPA) to treat acute ischemic stroke between 3 and 4.5 hours after symptom onset. However, the advisory, published online **May 28 in *Stroke***, still emphasizes that time is of the essence when it comes to treatment of stroke

## **2- A new warning on the possible interaction between clopidogrel and omeprazole**

The statement, released last week by the US Food and Drug Administration (FDA), warns of new data showing that concomitant use of the drugs reduced the effectiveness of clopidogrel. Patients at risk for heart attacks or strokes who use clopidogrel to prevent blood clots will not get the full effect of this medicine if they are also taking omeprazole

## **3- The American Heart Association (AHA) and the American College of Cardiology (ACC)**

The AHA and the ACC have issued fast-track updates to the guidance for treatment of ST-elevation MI (STEMI) and for PCI incorporating the latest evidence in these fields [1]. An overview of the guideline updates was presented today at the American Heart Association 2009 Scientific Sessions

## **4- ADA 2009: Expert Committee Recommends Use of Hemoglobin A1C for Diagnosis of Diabetes**

The American Diabetes Association (ADA), the International Diabetes Federation (IDF), and the European Association for the Study of Diabetes (EASD) have joined forces to recommend the use of the hemoglobin A1C assay for the diagnosis of diabetes.

## **5- AHA/ASA Science Advisory Recommends Use of tPA Between 3 and 4.5 Hours After Stroke**

A new science advisory from the American Heart Association (AHA) / American Stroke Association (ASA) has given the green light to the use of tissue plasminogen activator (tPA) to treat acute ischemic stroke between 3 and 4.5 hours after symptom onset. However, the advisory, published online **May 28 in *Stroke***, still emphasizes that time is of the essence when it comes to treatment of stroke "A1C values vary less than FPG [fasting plasma glucose] values and the assay for A1C has technical advantages compared with the glucose assay. A1C gives a picture of the average blood glucose level over the preceding 2 to 3 months, The patient doesn't need to fast, and measuring A1C is more convenient and easier for patients who will no longer be required to perform a fasting or oral glucose tolerance test.... And it is correlated tightly with the risk of developing retinopathy a disadvantage is the cost. "It is more expensive July issue of *Diabetes Care*.

## **6- Treatment with intravenous ferric carboxymaltose in patients with**

**chronic heart failure and iron deficiency**, with or without anaemia, improves symptoms, functional capacity, and quality of life, the FAIR-HF **study** has found. The study results suggest that in the assessment of ambulatory patients with symptomatic heart failure and systolic dysfunction,

laboratory investigations to detect iron deficiency may be useful in routine practice to decide whether symptom management, by means of IV iron, is indicated,” the authors concluded. New Engl J Med 2009; published online before print