Norbert Smetak, MD, is a private consultant cardiologist with a clinic in Stuttgart, Germany, and has been president of the German Society of Cardiologists in Private Practice (Bundesverband Niedergelassener Kardiologen, [BNK]) since 2007. During his career, he has seen the German Society of Cardiologists in Private Practice become a highly respected professional organisation that offers mutual benefit to individual physicians and the wider cardiological community.

The BNK can trace its history to 1979 when the Task Force of Cardiologists in Private Practice (Arbeitsgemeinschaft Niedergelassener Kardiologen) was founded by 100 private practitioners. Günther Kersten, MD, from Cologne, Germany, was the first president. In 1994, under the leadership of Frank Sonntag, MD, from Hamburg, Germany, the group was integrated into the German Society of Cardiology (Deutsche Gesellschaft für Kardiologie) as an associate member. This enabled cardiological practitioners to take part in scientific groups of the German Society of Cardiology. The name was changed to the BNK in 1995.

Dr Smetak says, “The main reasons for its foundation was the growing number of cardiologists in private practice and the necessity for sufficient representation for their special interests. This included negotiations with health insurers and implementing a medical education system to meet the high standard of German cardiologists in private practice.”

Dr Smetak has been reelected president twice since he first took the role. He is supported by 4 vice presidents, whose involvement reflects the extensive responsibilities of the organisation. Jost Henner Wirtz, MD, is responsible for medical education; Stefan Perings, MD, is editor of the journal, Aktuelle Kardiologie (Current Cardiology), and is also responsible for the “chest pain ambulances,” which are organised and certified nationwide under his supervision; Franz Goss, MD, is executive manager; and Benny Levenson, MD, is responsible for invasive cardiology.

Funding: Swiss Heart Foundation Research Grants
David Conen, MD, MPH, assistant professor, University of Basel, Basel, Switzerland, attending physician, University Hospital Basel, and scientific director, Atrial Fibrillation Clinic, University Hospital Basel, and Giuseppina Milano, PhD, project leader, Research Laboratory, Department of Cardiovascular Surgery, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, describe their research funded by Swiss Heart Foundation research grants.
echocardiography, computed tomography, and magnetic resonance tomography. Each vice president has a working group to support him.

Scientific work within the BNK is supported by specialised cluster groups on angiology, electrophysiology, echocardiography, computed tomography, magnetic resonance tomography, and gender. Many of the groups are involved in the task forces and clusters of the German Society of Cardiology. Vice president Dr. Wirtz was the president of the last annual autumn meeting of the German Society of Cardiology.

Dr. Smetak says, “As president, I am an associate member of the executive committee of the German Society of Cardiology and the Deutsche Herzstiftung (Patients Heart Association). Professor Thomas Meintertz, MD (see http://circ.ahajournals.org/content/123/12/i67), of the University Heart Centre, Hamburg, Germany, is president of the Patients Heart Association, which aims to improve cardiovascular patient care. Furthermore, I am vice chair of the cardiology section of the German Society of Internal Medicine Specialists (Berufsverband Deutscher Internisten). Within the organisation, I lead the Commission for Strategy and the Commission for Duty. In all these positions, my role is to represent the BNK in the scientific sphere and in the political arena. This includes lobbying in Berlin at several levels, for example, at the Department of Health or the Board of Health Insurance. As chair of several commissions, I also have to steer the direction of the BNK. In addition, I work closely with our press officer, Heribert Brück, MD, to get sufficient publicity in all forms of the media.”

The BNK is particularly active in Germany, but similar organisations exist in France, Italy, Spain, and Belgium. The Council for Cardiology Practice in the European Society of Cardiology is also a similar group. The main difference is that the BNK in Germany is completely integrated into scientific organisations such as the German Society of Cardiology.

Dr. Smetak has seen the role of the BNK grow in importance and scope since he first joined in 1993, and he believes that its influence is pivotal to the health system in Germany. He says, “Our main achievements are continuous contact with health politicians, close contact with the German Society of Internal Medicine Specialists and health insurers, and getting our message to important groups. The BNK contributes to the German Society of Cardiology to highlight areas that affect the work of German cardiologists in private practice. For example, it is important to integrate the BNK in the transfer of guidelines from paper to the patients. Another example is the role of the BNK in establishing cardiopulmonary units in Germany and the so-called chest-pain ambulances, which were founded to improve the care of patients with subacute thoracic symptoms in an ambulatory setting.”

“Another achievement is the new cardiological journal Aktuelle Kardiologie, which was founded by members of the BNK in cooperation with the German Federation of Leading Cardiological Physicians (Arbeitsgemeinschaft Leitende Kardiologische Krankenhausärzte). The editors are recruited from the BNK, the Arbeitsgemeinschaft Leitende Kardiologische Krankenhausärzte, and universities. The journal mostly represents the interests of cardiologists in private practice as well as in the scientific and educational fields, and it highlights political issues.”

Although Dr. Smetak believes the BNK has successfully established the role of the private practitioner, much still needs to be done. He says, “We need to oversee the integration of several structures in ambulatory cardiology. The medical system in Germany is going to be dominated by the integration of clinical and ambulatory resources to improve patient care and lower costs. The BNK must serve as a platform for constructing cooperation models for clinicians and practitioners. We can rely on the experience of >1200 members, so there is almost no model of cooperation that has not been implemented by us somewhere in Germany.

“In the scientific field, we will campaign for increased research because we acquire a lot of data in our field of ambulatory care. Last but not least, we have to discuss ethical questions arising from an ageing population and the sort of care and interventions we are able to provide.”

Judy Ozkan is a freelance medical journalist.
Spotlight: Norbert Smetak, MD

“It Is My Task to Take Note of the Interests of All Cardiologists in Private Practice in Germany”

Norbert Smetak, MD, consultant cardiologist, Stuttgart, Germany, and president of the German Society of Cardiologists in Private Practice, talks to Judy Ozkan, BA.

Norbert Smetak, MD, consultant cardiologist, Stuttgart, Germany, and president of the German Society of Cardiologists in Private Practice (Bundesverband Niedergelassener Kardiologen, [BNK]) since 2007, says he joined the BNK in 1993 to stay at the forefront of clinical knowledge and keep abreast of policy developments. “It was important for me as a newly established private practitioner because it offered many highly graded and advanced training programmes.” As Dr Smetak’s career progressed, his interest in healthcare policy and its effect on clinical practice increased, and he became chair of the Baden-Württemberg branch of the BNK. He recalls, “It was an interesting and instructive time, and today I regard those years as the skeletal structure for my future political success.” In 2007, he became the first-elected president of the BNK. “As the president of the BNK, I am also a member of the executive board of the German Society of Cardiology. According to this function, it is my task to take note of the interests of all cardiologists in private practice in Germany. A further vital function is the dissemination of recent research results,” says Dr Smetak.

A fundamental interest in biology propelled Dr Smetak towards medicine, which he studied at the University of Tübingen, Tübingen, Germany, because “it was near to my hometown [Stuttgart] and well known for a high standard of medical education as well as being a town with a distinctive student life.” During medical school, he worked at a local hospital, and the hands-on experience of working in the Department of Internal Medicine and in the intensive care unit there sparked his interest in cardiology.

Dr Smetak graduated among the top 10 percent of the medical school in 1985 and began his “practical” year in the Robert-Bosch-Hospital in Stuttgart, where he chose nephrology and cardiology as disciplines of special interest. He then completed 1 year of compulsory military service. He recalls, “It was not the empty 12 months I had feared. Working in a strict hierarchy, similar to that of the German medical system, was good preparation for my career.”

In 1986, Dr Smetak started clinical work at the hospital of Ludwigsburg, an academic teaching hospital of the University of Heidelberg, Heidelberg, Germany. His first position was in the Department of Gastroenterology under Professor Peter Frühmorgen, MD, and he then moved to the Department of Cardiology of Gerhart Liebau, MD. “Professor Liebau inspired me to work as a cardiologist and was the mentor of my career.” says Dr Smetak. “He had a critical attitude towards all areas of medicine and taught basic cardiology in an absolutely inspiring manner. He provided me with the opportunity to train in the whole field of invasive and noninvasive cardiology. I remain grateful to him for the truly fundamental education in his clinic.” As a clinician, Dr Smetak had no opportunities to participate in research at Ludwigsburg. He did, however, gain substantial practical experience in the Emergency Ambulance Department.

In 1993, Dr Smetak, like other German physicians, was faced with a stark choice resulting from the policies of the German Ministry of Health. He explains, “I had to decide between continuing my clinical career or working in my own private practice. For personal reasons, I decided to start my own private practice in Kirchheim-Teck near Stuttgart.”

Although Dr Smetak worked outside the state system, he sought out opportunities for development and innovation. When the German Society of Cardiology started to develop cardiopulmonary units along the lines of the American model, Dr Smetak was appointed a member of the task force to implement these highly efficient units in Germany. “Our cardiopulmonary units in Germany (see http://circ.aha.org/content/120/5/f25) have been as successful as in the United States, but a distinctive feature here is that we implement intensive medical treatment at the ambulatory practitioner stage. I acted as the responsible founder of the so-called ‘chest pain ambulances.’ These units are specialised in treating subacute patients with chest pain who do not need the highly intensive care of a cardiopulmonary unit. They work well at the local level, and I supervise all German certification of these units.” Dr Smetak also sits on the steering committee of a large German implantable cardioverter-defibrillator study to investigate the use of implantable cardioverter-defibrillator remote controls in ambulatory settings throughout Germany.

Outside work, Dr Smetak is a keen and committed runner. He says, “I run 20 to 30 miles a week and participate in marathons and half marathons. My last marathon was in July 2012.”

Judy Ozkan is a freelance medical journalist.
**Funding: Swiss Heart Foundation Research Grants**

David Conen, MD, MPH, assistant professor, University of Basel, Basel, Switzerland, attending physician, University Hospital Basel, and scientific director, Atrial Fibrillation Clinic, University Hospital Basel, and Giuseppina Milano, PhD, project leader, Research Laboratory, Department of Cardiovascular Surgery, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, describe their research funded by Swiss Heart Foundation research grants to Jennifer Taylor, BSc, MSc, MPhil.

An Investigation into the Genetic and Phenotypic Determinants of Blood Pressure and Other Cardiovascular Risk Factors

David Conen, MD, MPH, assistant professor, University of Basel, Basel, Switzerland, attending physician, University Hospital Basel, and scientific director, Atrial Fibrillation Clinic, University Hospital Basel, received research grants from the Swiss Heart Foundation between 2010 and 2012 totalling €175,000 for the Genetic and Phenotypic Determinants of Blood Pressure and Other Cardiovascular Risk Factors (GAPP) study.

GAPP is a large population-based cohort study to assess genetic and phenotypic predictors for the development and progression of cardiovascular risk factors in young and healthy adults. The first aim is to assemble a well-characterised cohort of ≥2000 healthy representative inhabitants of the Principality of Liechtenstein 25 to 41 years of age with extensive phenotypic data, biomarkers, genetic polymorphisms, and a large biobank. The second aim is to follow up a well-characterised cohort prospectively to determine genetic and phenotypic predictors for changes in cardiometabolic risk factors and the development of cardiovascular disease. All inhabitants of the Principality of Liechtenstein 25 to 41 years of age without prevalent cardiovascular disease are invited to participate. Main exclusion criteria are known cardiovascular or renal disease, body mass index >35kg/m², known diabetes mellitus, known obstructive sleep apnoea syndrome, and any other major illness.

Examinations (questionnaire, weight, height, waist circumference, clinical blood pressure, bioelectrical impedance analysis, 12-lead electrocardiogram, 24-hour electrocardiogram, 24-hour blood pressure measurement, lung function testing, night-time pulse oximetry with nasal flow measurement) using standardised methodology are performed for each participant to optimise phenotypic characterisation. Currently, ≈1700 participants have been enrolled. The expected completion of enrolment is mid-2013. Follow-up examinations are scheduled every 3 to 5 years.

Dr Conen expects a variety of outputs from the study. The prevalence of cardiovascular risk factors in a young and healthy general population sample will be quantified, and associations between environmental exposures and cardiometabolic risk factors will be evaluated. The researchers will also investigate the relationships between genetic polymorphisms and cardiometabolic traits in collaboration with other renowned research groups, risk factors for early surrogate markers of future disease events (eg, premature atrial contractions, prehypertension, prediabetes), and the role of sleep and sleep quality in the development and progression of cardiovascular risk factors and disease events.

“Cardiovascular disease remains the leading cause of mortality worldwide,” says Dr Conen. “Discovering genetic and phenotypic determinants that are significantly related to blood pressure and other cardiovascular risk factors may improve our understanding of blood pressure regulation and the pathophysiology of hypertension, dyslipidaemia, and type 2 diabetes mellitus; improve cardiovascular risk stratification for individual patients; and define potential new drug targets.”

He adds, “We will obtain further insights on the role of sleep and sleep quality in the development of cardiovascular disease and the pathogenesis of blood pressure progression, incident hypertension, and the progression of other cardiovascular risk factors in a unique study sample.”

The GAPP study is being conducted in the Principality of Liechtenstein by a local study team. The scientific headquarters is located at the University Hospital in Basel. Extensive local and international collaboration is a crucial aspect of this project for several reasons: collaboration with local authorities to maximise recruitment rates and maintain an up-to-date address list of all participants; and national and international collaboration to maximise power for genetic investigations of arrhythmogenesis.
part of this project for several reasons: collaboration with local authorities to maximise recruitment rates and maintain an up-to-date address list of all participants; and national and international collaboration to maximise power for genetic analyses and to optimise the use of the wide range of phenotypes and samples available. Key collaborators are Guillaume Paré, MD, Population Health Research Institute, Hamilton, Ontario, Canada, who is involved in the genetic projects, and Christine M. Albert, MD, Brigham and Women’s Hospital, Boston, MA, an expert in cohort methodology and epidemiology of arrhythmias in the population.

“Several Risk Factors for Atrial Fibrillation Have Been Identified, Including Blood Pressure, but Much Remains to Be Understood”

Before the GAPP study, Dr Conen and others have shown that elevated blood pressure is a major risk factor for the development of major cardiovascular events, including myocardial infarction, stroke, heart failure, and atrial fibrillation.1,2 Professor Conen says, “Atrial fibrillation is the most common cardiac arrhythmia in the population and is associated with death, stroke, heart failure, and a reduced quality of life.3 Several risk factors for atrial fibrillation have been identified, including blood pressure,3 but much remains to be understood. In this context, premature atrial contractions may be an important surrogate marker that may help to improve our understanding in the early phase of arrhythmogenesis.”

References


Investigating the Role of Nitric Oxide Donors in the Recruitment of Haematopoietic Progenitor Cells in Hypoxia-Induced Pulmonary Hypertension

Giuseppina Milano, PhD, project leader, Research Laboratory, Department of Cardiovascular Surgery, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, received a Swiss Heart Foundation research grant to investigate the role of nitric oxide donors in the recruitment of haematopoietic progenitor cells in hypoxia-induced pulmonary hypertension. She works on the project with Professor Ludwig K. von Segesser, MD, head of the Research Laboratory.
Persistent hypoxia in pulmonary and cardiac diseases results in vascular structural remodelling, which leads to pulmonary hypertension, right ventricular hypertrophy, and right ventricular failure. Several studies have demonstrated that progenitor cells, which can differentiate along multiple cell lineages, may contribute to pulmonary hypertension induced by chronic hypoxia. In fact, progenitor cells accumulate in remodelled pulmonary artery vessels after exposure to hypoxia. In addition, patients with pulmonary hypertension may have decreased numbers of circulating endothelial progenitor cells, which contribute to new vessel formation. Nitric oxide is a potent cofactor in the mobilisation of endothelial progenitor cells, and the decrease in nitric oxide availability in patients with pulmonary hypertension correlates with their decreased numbers of circulating endothelial progenitor cells. Increasing nitric oxide availability to the lung may therefore be beneficial for these patients.

Tolerance to Hypoxic-Reoxygenation Injury Improves in Hearts Exposed to Daily Reoxygenation

Previous work by Dr Milano’s group showed that, contrary to the common belief that chronic hypoxia confers cardioprotection against ischaemia/reperfusion, the reoxygenation after hypoxia is the real factor that confers cardioprotection. They revealed that hearts exposed to chronic hypoxia display impaired tolerance to reoxygenation compared with normoxic hearts. By contrast, in hearts exposed to daily reoxygenation (daily exposure to room air), the tolerance to hypoxic-reoxygenation injury greatly improves. Furthermore, they have published evidence that inhibition of phosphodiesterase 5 by sildenafil during hypoxia likewise induces cardioprotection. This effect is associated with improved nitric oxide metabolism and reduced apoptosis.

“Currently, we are addressing the question of whether pharmacological nitric oxide donors can attenuate hypoxia-induced cardiopulmonary remodelling through a decrease in the mobilisation and homing of bone marrow-derived progenitor cells,” says Dr Milano. “If nitric oxide donors attenuated the accumulation of haematopoietic progenitor cells in remodelled pulmonary artery vessels and increased the numbers of circulating endothelial progenitor cells, then nitric oxide donors could represent a novel approach for pulmonary hypertension.”

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Jennifer Taylor is a freelance medical journalist.
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