MediConf UK.LTD
PROMOTING EXCELLENCE IN HEALTH EDUCATION

Free Webinar for all Primary Care Professionals

In conjunction with MediConf, this webinar has been organised and fully funded by Bayer plc

A Masterclass in Cardiovascular Disease Prevention; a practical guide for health care professionals working in primary care

Saturday 30th January 2021

9.30am - 12.30pm

Webinar

All delegates will receive

- A pdf of the slides available for download for delegates' personal use
- A certifcate for your appraisal portfolio

Course Accredited for 3 hours CPD

Bayer plc medicinal product(s) will be discussed and relevant prescribing information(s) will be available during the webinar

RP-XAR-GB-2745 | Date of Preparation: December 2020 • In conjunction with MediConf, this online event has been organised and fully funded by Bayer plc

MediConf UK.LTD
PROMOTING EXCELLENCE IN HEALTH EDUCATION

BAYER

Education endorsed by the Primary Care Cardiovascular Society

Meet the Speakers ...

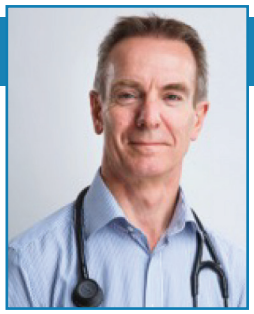
Dr Yassir Javaid MA (Cantab) FRCP FRCGP PGDip Cardiology

GPwSI Cardiology
RCGP Clinical Adviser for Cardiology
Cardiovascular and Diabetes Lead Nene CCG

Dr Javaid qualified from Cambridge University and completed his GP VTS training in Northampton. He has an interest in cardiology and echocardiography and was a clinical lead in the Northamptonshire Community Cardiology service, which had a focus on patients with heart failure and valve disease.

He was named Pulse "GP of the Year" in 2015 for his work in reducing stroke emergency admissions in the East Midlands. He is also a council member of the British Heart Valve Society, accredited member of the British Society of Echocardiography and on the editorial board for the British Journal of Cardiology.

Dr Jim Moore



Dr Moore is a General Practitioner in Gloucestershire with a special interest in Cardiovascular Medicine.

He is president of the Primary Care Cardiovascular Society.

He has maintained an interest in cardiology and cardiovascular disease throughout his medical career, particularly those aspects that are relevant to Primary Care.

He was Clinical Lead for the West of England AHSN "Don't wait to anticoagulate" project.

He was member of the NICE Chronic Heart Failure Guideline Committee 2018 and is currently an Observer on the board of the British Society for Heart Failure.

Bayer plc medicinal product(s) will be discussed and relevant prescribing information(s) will be available during the webinar
RP-XAR-GB-2745 | Date of Preparation: December 2020 • In conjunction with MediConf, this online event has been organised and fully funded by Bayer plc

MediConf UK.LTD
PROMOTING EXCELLENCE IN HEALTH EDUCATION

BAYER

Education endorsed by the Primary Care Cardiovascular Society

Your Learning Agenda ...

A Masterclass in Cardiovascular Disease Prevention; a practical guide for health care professionals working in primary care

Around 7.4 million people in the UK live with the burden of cardiovascular disease (CVD), making it one of the biggest causes of death and disability. It costs our health services billions of pounds each year. After decades of progress in reducing CVD mortality, there has recently been a significant slowdown in improvement.[1]

The COVID-19 pandemic has had a negative impact on cardiovascular disease (CVD) prevention. Targeted CVD prevention initiatives will directly reduce health inequalities and are highly effective at reducing stroke, myocardial infarction (MI) and other adverse cardiovascular events.[2] Many people will have multiple CVD risk factors and taking a holistic approach to detection and management of these risk factors is an effective way of delivering care and an efficient use of time.

At this patient case-based webinar you will have the opportunity to look at practical implementation of relevant guidelines on the detection and management of high-risk cardiovascular conditions, with the goal of improving quality of care for patients at risk of CV events. You will also have the opportunity to explore how to put the Detect, Protect and Perfect National programme into practice, to tackle the issue of AF related Stroke.

[1] British Heart Foundation UK Factsheet. July 2020.
British Heart Foundation.
https://www.bhf.org.uk/-/media/files/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf

[2] https://evessio.s3.amazonaws.com/customer/8603be9c-b8c3-49ef-86d2-e4ccb958c5d1/event/f7f018f1-82a1-4349-ab30-346a2eff9bac/media/General_Content/69f8e6d9-node_CVD_during_the_COVID-19_pandemic_-_guidance_for_primary_care_-_interactive_pdf-October_2020.pdf

This programme will be led by Dr Yassir Javaid and Dr Jim Moore

Your Learning Agenda...

- Enhance your knowledge on how to protect your patients from the risk of cardiovascular events.
- Enhance your knowledge on how to manage patients with chronic arterial disease or symptomatic peripheral arterial disease.
- Increase delegates' understanding on the Detect, Protect and Perfect national programme to tackle the issue of AF related Stroke

Bayer plc medicinal product(s) will be discussed and relevant prescribing information(s) will be available during the webinar

RP-XAR-GB-2745 | Date of Preparation: December 2020 • In conjunction with MediConf, this online event has been organised and fully funded by Bayer plc

MediConf UK.LTD
PROMOTING EXCELLENCE IN HEALTH EDUCATION

BAYER

Education endorsed by the Primary Care Cardiovascular Society

Programme ...

COURSE CODE 1478

9.30 - 11.00am	Understanding Cardiovascular risk; Enhancing vascular protection
11.00 - 11.30am	Break and Q & A
11.30 - 12.00pm	Optimising stroke prevention in NVAF; Detect, Protect and Perfect
12.00 - 12.30pm	Break and Q & A

Book online at **https://www.mediconf.co.uk/Event-Details-Preview.aspx?id=1426**

WE DO NOT TAKE BOOKINGS OVER THE PHONE

Please note that all confirmations will be sent to you via email ONLY acknowledging your place, candidate registration number and other essential information.

MediConf do not release delegate emails to 3rd parties. Occasionally we may use email addresses to inform you of future events or services provided by our supporting organisations. Facilities are available for you to unsubscribe to this at any time.

The personal data provided by you to register for an event is used to process your booking request and for post event follow up information and feedback. For more information, please refer to our privacy policy which can be found at https://www.mediconf.co.uk/Profile.aspx where you may also find further information about processing of personal data and your rights. If you need any further information please contact the Data Processing Manager: Janet Poyner E. janet@mediconf.co.uk

If you register to attend an event, your personal data (name, professional title, work address) will be provided to the meeting sponsor, Bayer plc, who will use your personal data for the purposes of customer relationship management and record-keeping in accordance with compliance requirements. Bayer is an independent data controller of your personal data for these purposes. For more information on how Bayer holds your personal data, please see Bayer's privacy policy at https://dps.bayer.com/ph/gb/en/data_privacy_statement

For a full list of our booking terms and conditions please visit our website: **www.mediconf.co.uk**

IF YOU DO NOT RECEIVE YOUR CONFIRMATION WITHIN 48 HOURS please contact the office

MediConf UK Ltd | 19 Wood Street | Lytham St Annes | Lancashire | FY8 1QR
T. 01253 712894 | W. www.mediconf.co.uk | E. rebecca@mediconf.co.uk

Bayer plc medicinal product(s) will be discussed and relevant prescribing information(s) will be available during the webinar

RP-XAR-GB-2745 | Date of Preparation: December 2020 • In conjunction with MediConf, this online event has been organised and fully funded by Bayer plc

Xarelto® (rivaroxaban) 2.5, 10, 15 and 20 mg film-coated tablets Prescribing Information (Refer to full Summary of Product Characteristics (SmPC) before prescribing)
Presentation: 2.5mg/10mg/15mg/20mg rivaroxaban tablet. **Indication(s):** *2.5mg* Xarelto, co-administered with acetylsalicylic acid (ASA) alone or with ASA plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers. Xarelto, co-administered with acetylsalicylic acid (ASA), is indicated for the prevention of atherothrombotic events in adult patients with coronary artery disease (CAD) or symptomatic peripheral artery disease (PAD) at high risk of ischaemic events. *10mg* Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery. Treatment of deep vein thrombosis (DVT) & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults (see W&P for haemodynamically unstable PE patients). *15mg/20mg* Prevention of stroke & systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors such as congestive heart failure, hypertension, age ≥ 75, diabetes mellitus, prior stroke or transient ischaemic attack (SPAF). Treatment of DVT & PE, & prevention of recurrent DVT & PE in adults (see W&P for haemodynamically unstable PE patients). **Posology & method of administration:** *2.5mg* – Oral *b.i.d.* dose; patients should also take a daily dose of 75 – 100 mg ASA or a daily dose of 75 – 100 mg ASA in addition to either a daily dose of 75 mg clopidogrel or a standard daily dose of ticlopidine. Start Xarelto as soon as possible after stabilisation, including revascularisation for ACS; at the earliest 24 hours after admission & at discontinuation of parenteral anticoagulation. If dose is missed take next dose, do not double the dose. *10mg – hip or knee replacement surgery:* Oral *o.d.* dose; initial dose taken 6 to 10 hours after surgery provided haemostasis established. *DVT & PE:* When extended prevention of recurrent DVT and PE is indicated (following completion of at least 6 months therapy for DVT or PE), the recommended dose is 10 mg *o.d.*. In patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg *o.d.*, a dose of Xarelto 20 mg *o.d.* should be considered. *15mg/20mg* – Take with food *SPAF:* 20 mg orally *o.d. DVT & PE:* 15 mg *b.i.d.* for 3 weeks followed by 20 mg *o.d.* for continued treatment & prevention of recurrent DVT & PE. *All strengths* - Refer to SmPC for full information on duration of therapy & converting to/ from Vitamin K antagonists (VKA) or parenteral anticoagulants. ***Special populations:*** Patients undergoing cardioversion: Xarelto can be initiated or continued in patients who may require cardioversion. Patients with non-valvular atrial fibrillation who undergo PCI (percutaneous coronary intervention) with stent placement: There is limited experience of a reduced dose of 15 mg Xarelto once daily (or 10 mg Xarelto once daily for patients with moderate renal impairment [creatinine clearance 30 – 49 ml/min]) in addition to a P2Y12 inhibitor for a maximum of 12 months in patients with non-valvular atrial fibrillation who require oral anticoagulation & undergo PCI with stent placement. ***Renal impairment:*** mild (creatinine clearance 50-80 ml/min) - no dose adjustment; *2.5mg /10mg* - moderate (creatinine clearance 30-49 ml/min) – no dose adjustment. *15mg/20mg* – moderate (creatinine clearance 30-49 ml/min) & severe (creatinine clearance 15-29ml/min) - *SPAF*: reduce dose to 15mg *o.d.*, *DVT & PE:* 15 mg *b.i.d.* for 3 weeks, thereafter 20mg *o.d.* Consider reduction from 20mg to 15mg *o.d.* if patient's bleeding risk outweighs risk for recurrent DVT & PE; *All strengths* – Severe impairment: limited data indicate rivaroxaban concentrations are significantly increased, use with caution. Creatinine clearance <15 ml/min - not recommended. ***Hepatic impairment:*** Do not use in patients with coagulopathy & clinically relevant bleeding risk including cirrhotic patients with Child Pugh B & C ***Paediatrics:*** Not recommended. **Contra-indications:** Hypersensitivity to active substance or any excipient; active clinically significant bleeding; lesion or condition considered to confer a significant risk for major bleeding (refer to SmPC); concomitant treatment with any other anticoagulants except under specific circumstances of switching anticoagulant therapy or when unfractionated heparin is given at doses necessary to maintain an open central venous or arterial catheter; hepatic disease associated with coagulopathy & clinically relevant bleeding risk including cirrhotic patients with Child Pugh B & C; pregnancy & breast feeding. *2.5mg* - concomitant treatment of ACS with antiplatelet therapy in patients with a prior stroke or transient ischaemic attack; concomitant treatment of CAD/PAD with ASA in patients with previous haemorrhagic or lacunar stroke, or any stroke within a month. **Warnings & precautions (W&P):** Clinical surveillance in line with anticoagulant practice is recommended throughout the treatment period. Discontinue if severe haemorrhage occurs. Increasing age may increase haemorrhagic risk. Xarelto should be discontinued at the first appearance of a severe skin rash, or any other sign of hypersensitivity in conjunction with mucosal lesions. *Not recommended:* in patients with an increased bleeding risk (refer to SmPC); in patients receiving concomitant systemic treatment with strong concurrent CYP3A4- & P-gp-inhibitors, i.e. azole-antimycotics or HIV protease inhibitors; in patients with prosthetic heart valves; for patients with a history of thrombosis diagnosed with antiphospholipid syndrome; Xarelto should not be used for thromboprophylaxis in patients having recently undergone transcatheter aortic valve replacement (TAVR); *2.5mg* treatment in combination with antiplatelet agents other than ASA & clopidogrel/ticlopidine; *10mg/15mg/20mg* in haemodynamically unstable PE patients or patients who require thrombolysis or pulmonary embolectomy. *Use with caution*: in patients treated concomitantly with medicines affecting haemostasis; when neuraxial anaesthesia or spinal/ epidural puncture is employed; in patients at risk of ulcerative gastrointestinal disease (prophylactic treatment may be considered); *2.5mg* in patients ≥75 years of age or with lower body weight (<60kg); in CAD patients with severe symptomatic heart failure. Patients on treatment with Xarelto & ASA or Xarelto & ASA plus clopidogrel/ticlopidine should only receive concomitant treatment with NSAIDs if the benefit outweighs the bleeding risk. *2.5mg/10mg* in patients with moderate renal impairment concomitantly receiving other medicinal products which increase rivaroxaban plasma concentrations; *15mg/20mg* in patients with renal impairment concomitantly receiving other medicinal products which increase rivaroxaban plasma concentrations. *All strengths-* There is no need for monitoring of coagulation parameters during treatment with rivaroxaban in clinical routine, if clinically indicated rivaroxaban levels can be measured by calibrated quantitative anti-Factor Xa tests. Xarelto contains lactose. **Interactions:** Concomitant use with strong inhibitors of both CYP3A4 & P-gp not recommended as clinically relevant increased rivaroxaban plasma concentrations are observed. Avoid co-administration with dronedarone. Use with caution in patients concomitantly receiving NSAIDs, ASA or platelet aggregation inhibitors due to the increased bleeding risk; use with caution in patients concomitantly receiving SSRIs/SNRIs due to a possible increased bleeding risk. Concomitant use of strong CYP3A4 inducers should be avoided unless patient is closely observed for signs & symptoms of thrombosis. **Pregnancy & breast feeding:** Contra-indicated. **Effects on ability to drive & use machines:** syncope (uncommon) & dizziness (common) were reported. Patients experiencing these effects should not drive or use machines. **Undesirable effects:** *Common:* anaemia, dizziness, headache, eye haemorrhage, hypotension, haematoma, epistaxis, haemoptysis, gingival bleeding, GI tract haemorrhage, GI & abdominal pains, dyspepsia, nausea, constipation, diarrhoea, vomiting, increase in transaminases, pruritus, rash, ecchymosis, cutaneous & subcutaneous haemorrhage, pain in extremity, urogenital tract haemorrhage (menorrhagia *very common* in women <55 yrs treated for DVT, PE & prevention of recurrence), renal impairment, fever, peripheral oedema, decreased general strength & energy, post-procedural haemorrhage, contusion, wound secretion. *Serious: cf. CI/Warnings & Precautions – in addition:* thrombocytosis, thrombocytopenia, Stevens-Johnson syndrome/Toxic Epidermal Necrolysis, DRESS syndrome, anaphylactic reactions including shock, angioedema & allergic oedema, occult bleeding/haemorrhage from any tissue (e.g. cerebral & intracranial, haemarthrosis, muscle) which may lead to complications (incl. compartment syndrome, renal failure, fatal outcome), syncope, tachycardia, hepatic impairment, cholestasis & hepatitis (incl. hepatocellular injury), increases in bilirubin, blood alkaline phosphatase & GGT, increased conjugated bilirubin, jaundice, vascular pseudoaneurysm following percutaneous vascular intervention. Prescribers should consult SmPC in relation to full side effect information. **Overdose:** A specific reversal agent is available, refer to the SmPC for andexanet alfa. **Legal Category:** POM. **Package Quantities & Basic NHS Costs:** *2.5mg* - 56 tablets: £50.40. *10mg* - 10 tablets: £18.00, 30 tablets: £54.00 & 100 tablets: £180.00. *15mg* – 14 tablets: £25.20, 28 tablets: £50.40, 42 tablets: £75.60, 100 tablets: £180.00; *20mg* – 28 tablets: £50.40, 100 tablets £180.00; Treatment Initiation pack (42 tablets of 15mg, 7 tablets of 20mg): £88.20 **MA Number(s):** *2.5mg* - EU/1/08/472/025-035, 041, 046-047. *10mg* - EU/1/08/472/001-10, 022, 042-045 *15mg/20mg* - EU/1/08/472/011-21, 023-024, 036-040, 048-049 **Further information available from:** Bayer plc, 400 South Oak Way, Reading, RG2 6AD, U.K. Telephone: 0118 206 3000. **Date of preparation:** November 2019

Xarelto® is a trademark of the Bayer Group.

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in Google Play or Apple App Store. Adverse events should also be reported to Bayer plc. Tel.: 0118 206 3500, Fax.: 0118 206 3703, Email: pvuk@bayer.com

Bayer plc medicinal product(s) will be discussed and relevant prescribing information(s) will be available during the webinar