

LEARNING OBJECTIVES

2-23-21

PERFORMANCE GAP/ ACTIVITY NEED: Symptoms and signs of heart disease in a patient with COVID-19 may result from an acute disease process, from hemodynamic demands in the setting of chronic (preexisting) heart disease, or may be caused by an acute exacerbation of chronic disease. There is substantial evidence of association between preexisting cardiovascular disease (such as hypertension and coronary artery disease) and the risk and severity of COVID-19 infection. The causes of this association have not been determined. Proposed mechanisms include impaired physiologic reserve (cardiovascular and pulmonary), impaired immune response, augmented inflammatory response, vulnerability to SARS-CoV-2-induced endothelial dysfunction, and effects mediated by the angiotensin-converting enzyme 2 receptor [Source: UpToDate]. An update on COVID-19 and heart disease has been requested by the PSJMC clinical cardiology section.

DESIRED OUTCOMES: At the end of the activity, attendees will be able to:

- discuss the association between preexisting cardiovascular disease and the risk and severity of COVID-19 infection.
- determine treatment of COVID cardiomyopathy.
- change treatment patterns when encountering COVID cardiomyopathy.
- prepare to assess cultural diversity issues in risk, incidence, prevalence, disease burden, or mortality associated with CVD and COVID-19 and/or cultural disparities in access, diagnosis at more advanced stages, or less adherence to treatment regimens.

LEARNERS: cardiologists, intensivists, internists, radiologists, pathologists, pharmacists

DESIRABLE PHYSICIAN ATTRIBUTE: provide patient-centered care, work in multidisciplinary teams