Dr. Mauricio Cohen Coauthors Clinical Statements on Interventional Cardiology Practices, Heart Attack Complications and Care for Older Patients

Mauricio G. Cohen, M.D., is helping to guide clinical practices in interventional cardiology, publishing in a number of leading professional journals.

“Our field continues to evolve, improving the quality of cardiovascular care for patients,” said Dr. Cohen, professor
of medicine and director of the Cardiac Catheterization Laboratory at the University of Miami Miller School of Medicine. “However, physicians need to understand individual patient conditions and make appropriate assessments in order to achieve the best possible outcomes.”

A longtime member of the Society for Cardiovascular Angiography and Interventions (SCAI), Dr. Cohen serves as chair of SCAI’s Ischemic Disease Council and chair of the scientific track for the society’s 2022 conference in Atlanta. He was the lead author of a recent paper, “Hot Topics in Interventional Cardiology,” published in the journal Catheter Cardiovascular Interventions. The topics were taken from SCAI’s 2021 Think Tank, a collaborative venture that brought interventional cardiologists, together with administrative partners, and select members of the cardiovascular industry.

One of the key topics discussed by the Think Tank was the recent approval by the Centers for Medicare and Medicaid Services (CMS) to perform percutaneous coronary interventions (PCIs) at ambulatory surgical centers, as an alternative to in-hospital procedures. “This is an advancement of patient-centered care, providing greater access for these low-risk minimally invasive procedures to open blocked coronary arteries,” said Dr. Cohen. “But clinicians need to determine if this is the right procedure for the right patient with the right conditions. Otherwise, a hospital setting may be more appropriate.”

Complications of heart attacks

Over the decades, advances in care have improved outcomes for patients with heart attacks (acute myocardial infarctions).
However, there is a small risk of mechanical complications such as muscle ruptures, valve defects and aneurysms.

“While rare, these complications can be difficult to manage,” said Dr. Cohen, who was a coauthor of “Mechanical Complications of Acute Myocardial Infarction,” a scientific statement from the American Heart Association (AHA) published recently in Circulation with Abdulla A. Damluji, M.D., Ph.D., as lead author.

Because care for patients with mechanical complications is complex, Dr. Cohen said it requires a multidisciplinary collaboration involving experienced physicians, surgeons, nurses, and imaging specialists. “This team approach is essential for prompt recognition, diagnosis, and stabilization, thereby improving outcomes for patients and families.”

**Challenges in caring for older patients**

In recent years, Dr. Cohen and his collaborators have also
shed light on the challenges facing older patients with heart conditions. “Older adults with cardiovascular disease are frequently admitted to cardiac intensive care units (CICUs), where conditions such as frailty, cognitive decline or multiple medications need to be taken into account,” said Dr. Cohen, who served as chair of the AHA’s Acute Care Committee. “Given the many challenges of patient aging, CICU management priorities and decision-making are particularly complex and in need of enhancements.”

While there are effective procedures to address serious cardiovascular problems in older adults, clinicians need to pay close attention to individual issues, said Dr. Cohen, who was co-author of a 2020 scientific statement from the American Heart Association, “Older Adults in the Cardiac Intensive Care Unit: Factoring Geriatric Syndromes in the Management, Prognosis, and Process of Care.” Dr. Damluji, a former trainee in Dr. Cohen’s laboratory now practicing in Virginia, was the lead author of the statement, published in the journal Circulation.

“A young patient with a heart attack might recover quickly after treatment, while an older adult might require a prolonged convalescence,” said Dr. Cohen. “New medications, sensory overload, or sleep interruptions are disruptive to older patients, regardless of having excellent cardiovascular care.”

A thoughtful approach to critical care management will be increasingly important as the older U.S. adult population expands, added Dr. Cohen. “Relevant assessment tools are needed, as well as additional clinical research to advance CICU care for older adults.”