COX-2 Inhibitors: Some Good News

Vioxx, Celebrex and Bextra, three popular COX-2 inhibitor pain killers, have been in the news lately because they may increase the risk of heart attacks and strokes in some patients. This was a setback for the millions of people whose quality of life has been improved through the use of these nonsteroidal anti-inflammatory drugs. For many patients this may feel like déjà vu all over again, since like hormone-replacement therapy before it, COX-2 inhibitors seem to be one more classification of drugs whose risks outweigh the benefits for many people. In light of this new information, each patient should work with his or her doctor to reevaluate the use of these medications.

Surgeons Develop New Methods to Tackle Heart Disease

Atrial Fibrillation (AF) is the most common heart arrhythmia, affecting 2.2 million Americans. Incidence of the condition increases with age, so as many as 10 percent of people over 80 suffer from AF. While the disease is not immediately life threatening, over time the heart can begin to fail because it doesn’t beat as efficiently. Patients also face an increased risk of stroke. Quality of life, too, is affected: as the episodes of shortness of breath increase over time, patients’ activities can become curtailed.

No one knows this better than Gary Richter. A practicing attorney for 40 years, he now spends some of his time pursuing his passion: performing stand-up comedy. One evening, while on his way to perform at a comedy club, he had his first attack. “It felt like my heart went crazy, it was as though adrenaline had been pumped

in. Soon, the episodes became more frequent, and it started to really impact my life. I’ve always been active—I play tennis and I’m a big walker—but eventually, I would feel a tightening in my chest and be out of breath after only six or seven blocks.”

As do most AF patients, Gary began taking blood-thinning medication to reduce the risk of stroke-causing blood clots, but long-term use of drugs to treat AF...
Kathy Andersen is the nurse coordinator of pediatric cardiac surgery at the New York-Presbyterian Hospital/Weill Cornell Medical Center working under the direction of Dr. Jonathan Chen. She’s been a practicing nurse for 30 years. For the last two decades she’s taken a leadership role in preparing patients and their families for the difficult and frightening experience of heart surgery.

“We repair congenital heart problems in children. Our goal is to make our patients as normal as possible, from a cardiac point of view, and hopefully they can go on to live a great life. A big part of my job is to work closely with each family from the time surgery is scheduled through the operation and recovery.

We know that patient education is key to a full recovery. So we’ve created programs that provide families with detailed information about what to expect during and after surgery.

The Internet is a great tool for us. The information on our website helps children understand what to expect on the day of the operation and what will happen to them during the surgery. It’s very detailed, even showing them what the OR looks like. I make an effort to help parents understand what’s happening to their children, how to help them recover, both in the hospital and then when they get home.

Many times children, once they have had heart surgery, benefit from some selective heart medications for a period of time. But a lot of the commercial pharmacies don’t wish to grind up and make medications just for children, because it’s labor intensive. So we’ve identified some pharmacies who will work with us to make the medications. Then we show the parents how to administer the medications and get them to understand the reason we’re giving the drugs.

The satisfaction of my job is having a child come in who has a serious congenital heart problem, and watch the youngster go home and be able to be an active little kid. That’s really what it’s all about.”
The mental health of our patients is just as important to us as their cardiovascular condition. While depression following surgery is not the problem it was 10 years ago, because of improvements in surgery and recovery practices, it is still a concern. To improve patient care, we’ve worked closely over the years with the Center for Complementary and Integrative Medicine, led by Dr. Mary Charlson, to examine the psychological impact of surgery. We spoke with Janey Peterson, RN, MA, who directs clinical research for the department and has led studies on postoperative depression.

“While not experienced by all patients, becoming depressed after surgery is a fairly common event. Depression following hospitalization and cardiac surgery has been linked to the development of new cardiac complications. Based on our research findings, we can offer some common-sense approaches to combat depression.”

1. **Be Aware**
   Left untreated, depression can become a serious health problem. You and your caregivers should be mindful of changes in mood and realize that you may become depressed after the operation.

2. **Don’t Forget Social Support**
   We see many patients who become cut off from their social networks—bridge clubs, book groups, and golfing partners—once they have surgery. It’s important not to close yourself off from people after you go home. These relationships are a valuable way to maintain quality of life.

3. **Confidence is Key**
   Patients who do the best after surgery are those who have a good attitude. You had major surgery for a reason: to improve and extend your life. Patients who become proactive and “seize the moment” resume a high quality of life after their operation.

4. **Get Professional Help**
   We encourage our patients to seek out help for depression. Often, pharmacologic treatment can be provided by your internist or cardiologist. However, treatment can also be provided by a mental health professional.
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But the news is not all bad. Scientists at Weill Cornell tell a more encouraging story about COX-2—in particular, about its uses other than as a painkiller, especially in the treatment of cancer. In fact, recent studies show that COX-2 could play an important role in the treatment of one of the most deadly forms of cancer: non-small-cell lung cancer. In studies now in phase-two clinical trials COX-2 appears to enhance the effects of chemotherapy.

“Our data suggest that COX-2 inhibitors given with chemotherapy before surgery helps shrink the tumors,” according to Dr. Jeffrey Port, assistant professor of thoracic surgery at Weill Cornell and author of a number of published papers on COX-2 and cancer. “These findings hold great promise for patients with specific types of lung cancer, and we hope to expand this research in the future.”

Dr. Jeffrey Port reviews images with Maria Carrera O’Donnell, NP

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