

NZHPA Education Grant Report
74th CSANZ ASM, Sydney, 2026

Thank you to the NZHPA for supporting me to attend the 74th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand (CSANZ) which took place in Sydney from the 6th to the 9th of August this year. This conference was attended by over 3500 delegates – one of the largest in the society's history.

The programme included plenary sessions and concurrent streams presented by internationally renowned experts across many subspecialties of cardiology including heart failure/transplant, interventional cardiology, electrophysiology, cardiac imaging, paediatrics/adult congenital and cardio-oncology. The speakers were also from a diverse range of professions including pharmacy.

The highlight of the event for me and many of the other pharmacists attending was the Cardiology Pharmacist Roundtable. This was attended by 19 cardiology pharmacists from across Australia and 5 that made the journey from New Zealand (see group photo below). A brief summary on the sessions presented:

- A case study on the use of digoxin in myocardial infarction – Presented by Garth Birdsey
- Health Economics, new lens when setting up pharmacist projects or pharmacist led services – Presented by Dr Adam Livori
- Group discussion on Australasia Standards of Practice – Presented by Dr Adam Livori
- Pharmacy practice in Canada including scope, prescribing, establishing pharmacist-led services – Presented by Professor Ross Tsuyuki and Dr Margaret Ackman

Many thanks to the organisers and co-chairs of the roundtable Anthea Gregan and Dr Joshua Bennetts. It was incredibly inspiring and insightful to be able to meet and network with likeminded pharmacists working in cardiology across Australia and New Zealand and to see pharmacists practicing at the top of their scope and championing the profession.



Another interesting and highly relevant session was on the management of heart failure with preserved ejection fraction (HFpEF) presented by Dr Muthiah Vaduganathan. HFpEF has historically been an area with less established evidence for drug therapy compared to heart failure with reduced ejection fraction.

The cornerstone therapies for HFpEF are SGLT2 inhibitors and MRAs with the following add ons depending on the clinical picture of the patient:

- Individuals with fluid retention, NYHA class II-IV → add on loop diuretic
- Individuals with LVEF > 45% + BMI > 30kg/m2 → add on GLP1, GLP1-RA , GIP-RA
- For women (all EF), men with LVEF <55-60 → add ARNI
- For ARNI eligible individuals who cannot take due to cost or intolerance → add ARB

The presenter also highlighted the importance of treating aetiology and both cardiovascular and non-cardiovascular comorbidities.

The 75th CSANZ ASM will be held in Auckland next year from the 5th to the 7th of August which will hopefully see even more pharmacists attending from all around NZ.

Thanks again to the NZHPA for supporting my attendance at this conference. It was an invaluable learning and networking experience.

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