

Atrium

Fernando A. Navarro opens this issue with his regular contribution “Into the heart of terminology”, which this month deals with common medical malapropisms in English-speaking patients.

Next, the first editorial, by Dégano, discusses an original article by Haeberer et al. aiming to analyze social inequalities in cardiovascular mortality in Spain by considering the combined influence of age, sex, and educational attainment. To do this, the authors analyzed all deaths in Spain occurring in persons ≥ 30 years in 2015. The authors found that cardiovascular mortality is inversely associated with educational attainment, and that this inequality has a stronger effect on mortality due to cardiac causes, especially among women. As discussed by Dégano, this finding is reproduced in virtually all countries in our environment. It is therefore essential to identify the risk factors with the greatest influence on inequalities in mortality and the incidence of cardiovascular disease in order to design specific strategies for their reduction. It is also essential to identify the areas where interventions are most feasible and needed.

In the next editorial, Santos-Beneit and Marrodán Serrano discuss an original article by Aranceta-Bartrina et al. that evaluates the prevalence of excess weight and abdominal obesity based on individual anthropometric measurements in the Spanish population aged 3 to 24 years. The work is a subanalysis of the ENPE study, conducted in 1601 randomly selected persons. The prevalence of excess weight exceeded 30% with all the criteria used, with prevalences of 34.1% for overweight and 10.3% for obesity, which were higher in men than in women. To put these findings into perspective, Santos-Beneit and Marrodán Serrano remind us that the number of obese children and adolescents aged 5 to 19 years has increased 10-fold worldwide in the last 4 decades and that, if this tendency holds steady, in 2022 there will be more children and adolescents who are obese than those who are moderately or severely underweight. The situation is especially important in Spain, since it is estimated to occupy the fifth position for childhood excess weight, behind Greece, Italy, Malta, and Cyprus. This is undoubtedly a problem of enormous magnitude that will require major efforts to combat it by autonomous, national, and international administrations.

In the last editorial in this issue, Richter discusses an original article by El Amrani et al. aiming to assess the safety and effectiveness of the Micra transcatheter pacing system in patients aged ≥ 90 years. The authors performed a prospective observational

study in 129 patients older than 70 years who underwent Micra implantation, of whom 41 were older than 89 years. In general, there were no differences in outcomes or complications between the subgroup older than 89 years and the remaining patients. Consequently, the authors conclude that this device seems to be safe and effective even in the oldest patients. As discussed by the author of the editorial, this study provides important information on the safety and feasibility of the device in an especially frail population. The author draws attention to the low complication rate in the series, especially bleeding complications, which could be related to a possible selection bias.

The next original article, by García-Lledó et al., analyzes the possible relationship between the incidence of acute ST-elevation myocardial infarction and extreme heat, especially during heat wave alert periods. Their ecological study was performed in cases registered in the Madrid Infarction Code between June 2013 and June 2017 ($n = 6465$). The authors found that maximum temperatures were not associated with a higher incidence of infarction. However, an association was found with cold temperatures. As pointed out by the authors, this finding indicates that higher use of health care resources can be expected during cold spells.

Hyperkalemia is a common problem in the treatment of patients with chronic heart failure and reduced ejection fraction, which may limit the use of various drugs. In the last original article in this issue, Crespo-Leiro et al. attempt to estimate the magnitude of this problem, based on data from 28 Spanish hospitals participating in the European heart failure registry. The authors found that hyperkalemia was present in 4.3% of patients with chronic heart failure and in 8.2% of those with acute heart failure, and was responsible for 28.9% of all cases of contraindication to mineralocorticoid receptor antagonists and for 10.8% of all cases of failure to reach the target dose. Moreover, during follow-up, potassium levels increased in 12.5% of the patients. This increase was directly related to age, diabetes mellitus, and a history of stroke, and inversely related to a history of hyperkalemia.

As always, don't forget to take a look at the excellent images in the issue or read the letters. We also encourage you to take part in our monthly ECG Contest.

Ignacio Ferreira-González
Editor-in-chief