

Letter to the Editor

The Heart of *Revista Clínica Española*, 2012El corazón de *Revista Clínica Española*, 2012

To the Editor,

The management of cardiovascular disease neither can nor should be limited to cardiologists. The diagnosis, treatment, and prevention of cardiovascular diseases require a multidisciplinary approach that should involve not only cardiologists, but also primary care physicians and professionals from other specialties. Among these specialties, those of internal medicine, nephrology, endocrinology, and neurology are of special importance.

Revista Clínica Española makes every effort to constantly update information on these diseases, including information on the prevention, diagnosis, and treatment of the entire cardiovascular continuum, including risk factors, subclinical lesions, and the clinical stages of cardiovascular disease (ischemic heart disease, heart failure, stroke, renal failure, etc.). Several types of articles on cardiovascular disease have been published in *Revista Clínica Española*: clinical updates, special articles, editorials, original articles, and brief reports.

Here, we summarize some of the most interesting articles published in 2012.¹⁻¹⁰ Specifically, we highlight 2 clinical updates, 2 special articles, 6 original articles, and 3 editorials. The clinical updates focus on 2 highly interesting topics: the association of osteoporosis and cardiovascular disease¹ and the management of hyperglycemia in hospitalized patients.¹ In the first of the two clinical updates, based on the case report of a patient with a history of myocardial infarction and a fragility fracture, the authors analyze the possible relationship between cardiovascular disease and osteoporosis and the effect of different cardiovascular drugs on bone metabolism, although firm clinical recommendations are lacking.¹ The second update focuses on the management of hyperglycemia in the noncritical hospitalized patient able to take food orally, and analyzes the clinical problem in the hospitalized patient, examines the different therapeutic alternatives, assesses the target blood glucose level in the noncritical hospitalized patient, and considers the treatment at hospital discharge.²

No less interesting are the special articles. The first deals with focused cardiac ultrasound in internal medicine. Although focused cardiac ultrasound carried out by internists neither aims—not should aim—to substitute for a standard echocardiogram, it speeds up the diagnosis of patients with cardiovascular disease and enables earlier treatment. With proper training, internists could perform an initial assessment of the size and contractility of the ventricles, diagnose the presence of significant pericardial effusion, and make a tentative diagnosis of severe valve disease, among other diagnoses.³ The other special article focuses on the use of embryonic stem cells, and stresses the current lack of data on this subject and the various studies presently underway.⁴

The majority of the original studies deal mainly with hypertension. Thus, for example, the authors of a cross-sectional study analyzed the medical records of hypertensive patients; among these, they selected those patients who were receiving antihypertensive therapy and who visited the 25 primary care centers of health district no. 6 in Madrid, Spain. Of a total of

92 079 medical records, nearly 20 000 corresponded to hypertensive individuals with a prior diagnosis of cardiovascular disease. Appreciable differences by sex were found in the prevalence and treatment of the various cardiovascular diseases and in the attainment of therapeutic targets.⁵ In another study carried out in nearly 600 individuals with hypertension, approximately half of the patients had the metabolic syndrome and 1 out of every 4 had hyperuricemia.⁶ The results of 2 studies are worrying. One analyzed nearly 5000 patients with hypertension in the primary care setting and found that only 1 out of every 4 had undergone correct determination of urinary albumin excretion.⁷ The other was carried out in 545 college students (mean age, 20.4 years) and observed that 1 out of every 4 had prehypertension.⁸

The original reports not only dealt with hypertension, but also with the control of other risk factors such as cholesterol. In 1 study performed in approximately 7000 patients, 37% of the participants had coronary heart disease, 38% had type 2 diabetes mellitus, and 25% had both conditions; the authors found that the proportion of participants with low-density lipoprotein cholesterol levels above 70 mg/dL was similar among patients with ischemic heart disease (88.4%) and those with type 2 diabetes mellitus (87.0%).⁹

In short, just as we apply a multidisciplinary approach to the patient with cardiovascular disease—not only from the clinical but also from the scientific point of view—it only remains for us to stress the need to establish greater links for collaboration among the various scientific societies and their journals. We feel that this letter, in which we share scientific information from our journal that could be relevant for the readers of *Revista Española de Cardiología*, could be a valuable first step in that direction.

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