Atrium

The article by Fernando A. Navarro that opens this issue departs somewhat from his usual commentaries. Specifically, it illustrates how medical language adapts units of measure, among them blood pressure, more due to convenience or custom than to the recommendations of international standards.

In the first editorial, published as an open-access article, Pedro-Botet et al. discuss a topic of supreme practical importance: the lipid report. The editorial comments on the recent publication of a consensus document endorsed by several scientific societies that synthesizes the most up-to-date knowledge on lipid profiles and recommends standardization of the lipid report to facilitate better diagnosis and control of dyslipidemia. The document also includes data on intraindividual biological variability so that clinicians can decide whether differences observed in lipid profile constituents over serial measurements are a result of therapeutic intervention or biological variations.

In the next 2 editorials, Campillo-Artero and Ortún present 2 articles on basic concepts in cost-effectiveness studies. The first article discusses clinical and management decisions and how to prioritize the medical technology chosen for financing, with the ultimate aim of minimizing harm and maximizing safety, efficacy and efficiency. The second article summarizes the practical implications of the available scientific knowledge on incentives, organizations, and institutions. The authors believe that clinicians, as the main allocators of the resources of a country's health service, not only need an adequate regulatory framework but also a professional and organizational milieu that will motivate them to tackle key issues of health systems everywhere, which only they can resolve, namely, appropriateness and the gap between efficacy and effectiveness.

In the first of the original articles, Cañon-Montañez et al. analyze the association between metabolic syndrome and impaired left ventricular global longitudinal strain and the role of each metabolic syndrome criteria in this association. Of a total of 1055 participants, 444 (42%) met the criteria for metabolic syndrome. These patients had worse global longitudinal strain (−18.0% ± 2.5%), and, after adjustment for several risk factors, this variable was independently associated with metabolic syndrome mainly due to elevated waist circumference, which also defines abdominal obesity. The strength of this study lies in its use of a large community-based sample (rather than a sample of patients) with a diagnosis of metabolic syndrome.

In the next original, Gómez-Martínez et al., using data from the National Institute of Statistics, analyze trends in premature mortality due to heart failure by autonomous community in Spain between 1999 and 2013. The authors observed an overall average decrease in premature mortality due to heart failure, both nationally and by autonomous community, which was more marked in women than in men. This positive trend could possibly be explained by the development of specific facilities, such as heart failure units, and better coordination between hospital and primary care.

In the next original article, Flores-Blanco et al. assess the GRACE risk score and the CRUSADE bleeding risk score relative to prescription of newer $P2Y_{12}$ inhibitors at discharge in a retrospective study that included 3515 patients with acute coronary syndrome. Prasugrel or ticagrelor were prescribed in 1021 patients (29%). On multivariable analysis, both the GRACE score (OR per 10 points, 0.89; 95%CI, 0.86-0.92; $P < .001$) and the CRUSADE score (OR per 10 points, 0.96; 95%CI, 0.94-0.98; $P < .001$) were inversely associated with the use of newer $P2Y_{12}$ inhibitors. That is, although the results for the CRUSADE scale could be expected (a lower use of ticagrelor and prasugrel in patients with a higher bleeding risk), those for the GRACE scale are paradoxical (a lower use of ticagrelor and prasugrel in patients with a higher ischemic risk). Perhaps these findings could be explained, at least partially, by the important linear correlation between the 2 scales.

X-linked cardiac valvular dysplasia is a rare male-specific congenital heart defect, mainly characterized by myxomatous degeneration of the atrioventricular valves. In the last original article in this issue, Fernández et al. present a cardiologic, dysmorphologic and genetic evaluation of the available members of a family, complemented with transcriptional and X chromosome inactivation studies.

Antithrombotic therapy in the perioperative and periprocedural periods can be extremely complex. This issue publishes an open-access special article on an excellent initiative of the Cardiovascular Thrombosis Working Group of the Spanish Society of Cardiology, which has been endorsed by 23 scientific societies. This consensus document contains a series of simple and practical recommendations aiming to standardize the use of these drugs in daily clinical practice in specific situations with a higher or lower hemorrhagic risk.

Lastly, this issue includes a review article on interventional therapies in pulmonary hypertension. The author reviews the use of procedures such as atrial septostomy, Potts anastomosis, and pulmonary artery denervation in pulmonary arterial hypertension. Also discussed is percutaneous balloon pulmonary angioplasty, another interventional therapy that has re-emerged in recent years as a clear alternative for the treatment of patients with inoperable, distal, chronic thromboembolic pulmonary hypertension.

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

Ignacio Ferreira-González
Editor-in-Chief

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