

Atrium

This issue opens with the customary article by Fernando A. Navarro, which this month discusses neologisms coined from English. The author discusses the origin and meaning of flutter, equivalent to *fibriloaleteo* in Spanish.

In the first of the editorials, Dobarro and Ribera-Solé discuss an original article by Manito Lorite et al. consisting of a cost analysis to determine whether the lower rate of hospitalizations for heart failure observed in ambulatory levosimendan-treated patients in the LION-HEART trial could generate cost savings for the Spanish national health system. The authors found that the total saving for each levosimendan-treated patient would amount to –€698.48 in the deterministic analysis, whereas in the probabilistic analysis the saving per patient treated with levosimendan would amount to –€849.94. Thus, the probability of savings with levosimendan vs the no treatment option would be 94.8%. Dobarro and Ribera-Solé stress the economic impact of heart failure and provide a detailed analysis of the study by Manito Lorite et al., which, as recognized by its authors, is a cost analysis based on the results of a small trial and consequently caution should be exercised in its interpretation.

The 2 other editorials in this issue are the traditional commentaries drafted by the working groups of the SEC on the European Society of Cardiology clinical practice guidelines. This issue includes the translation of the guidelines on the treatment of dyslipidemia and the guidelines on diabetes, prediabetes and cardiovascular disease. The authors of the commentaries provide a summary of the structure and content of the guidelines, stress their novel aspects and highlight the points that could be controversial or, in the authors' opinion, could be approached differently. Both the commentaries of the working groups and the 2 translations of the guidelines are published as open access articles.

Although it is widely known that ivabradine has been approved for the treatment of angina and heart failure, there is some evidence of its ability to inhibit atrioventricular node conduction. In the second original article in this issue, Fontenla et al. describe the methodology of a provocative randomized clinical trial, BRAKE-AF, which will assess ivabradine use as a negative chronotropic agent in atrial fibrillation. This randomized, open-label, parallel, noninferiority phase III clinical trial will compare ivabradine vs digoxin in 232 patients with uncontrolled atrial fibrillation under treatment with beta-blockers or calcium channel antagonists. The primary endpoint is a reduction in daytime heart rate quantified by 24-hour Holter monitoring at 3 months. As

acknowledged by the authors, the study has certain limitations inherent to the use of digoxin as a comparator. Nevertheless, its results will be anxiously awaited by the scientific community as they could lead to a paradigm shift.

In the next original article, Milà et al. assess preadmission achievement of the European Society of Cardiology targets for low-density lipoprotein-cholesterol (LDLc) control in patients admitted for acute coronary syndrome. This prospective single-center cohort study analyzed data from 3164 patients admitted between 2010 and 2017. Although most patients had high or very high cardiovascular risk, only 34.2% had LDLc within the recommended target for their estimated risk. Moreover, adequate LDLc control was inversely associated with patient risk. Thus, dyslipidemia, smoking, diabetes mellitus, and body mass index ≥ 25 were independent predictors of inadequate lipid control. The fact that this information is unsurprising does not make it any the less worrisome.

In the next original article, Cid-Menéndez et al. analyze the incidence, predictors and prognostic impact of acute heart failure after transcatheter aortic valve implantation. The authors conducted a single-center study of 399 patients, of whom 119 (29.8%) had heart failure on admission. Patients developing acute heart failure showed much higher mortality during follow-up (52.1% vs 31.4%). The 2 factors most closely associated with worse prognosis in these patients were a low nutritional risk index and chronic obstructive pulmonary disease.

Interleukin-5 is an anti-inflammatory cytokine that is involved in cardiovascular disease, including aortic aneurysm and heart failure. In the last original article in this issue, Ye et al. study its role in coronary artery disease and the possible mechanisms involved. To do this, the authors analyzed interleukin-5 expression in human coronary artery specimens from 17 patients with coronary artery disease compared with healthy controls who had had chest pain but not coronary artery disease. They found that interleukin-5 values were decreased in patients with coronary artery disease and also observed that this cytokine inhibited differentiation of CD4⁺T helper 1 and 17 cells.

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