Atrium

In this issue, our *Into the heart of terminology* section discusses the problem of false friends, already introduced by Fernando A. Navarro in the previous issue. The terms discussed this month are *valve* and *valvule*.

Among the editorials, Anguita Sánchez and Castillo Domínguez discuss the original article by Pacho et al., who assessed the effect of a specific post-discharge consultation in old and frail patients with heart failure. Specifically, the authors conducted a prospective study of 518 patients discharged from internal medicine or geriatrics departments after admission for heart failure. The intervention consisted of an early face-to-face visit, nurse education, treatment titration, and intravenous medication, if needed. The authors report that the relative risk of all-cause 30-day readmission estimated by the CORE-HF risk score was reduced by 47.5% (from 26.0% to 13.9%). Anguita Sánchez and Castillo Domínguez stress that the characteristics of the population were highly unfavorable, with a mean age of 82 years, Barthel Index of 70, and more than 50% of patients showing heart failure with preserved ejection fraction, that is, a real-world population. Although the study is not a clinical trial, we believe that it has demonstrated the feasibility of the intervention and possibly its effectiveness, because the authors have documented not only a reduction in the readmission rate but also that this rate was lower than that in patients with heart failure in the same environment who had not undergone the intervention. As pointed out by the authors of the editorial, the European Society of Cardiology and the Spanish Society of Cardiology promote this type of intervention within the SEC-Excellence program, and consequently we should congratulate the authors. Perhaps the next step should be a cost-effectiveness analysis identifying resource consumption in patients undergoing this intervention vs those receiving routine care. Both the original article and the editorial are free access.

In the next editorial, Carro Hevia et al. discuss the original article by Barge-Caballero et al., which analyzed the impact of preoperative nutritional status, evaluated by the nutritional risk index, on the prognosis of heart transplant recipients. To do this, Barge-Caballero et al. analyzed the association between nutritional status and postoperative outcomes in 574 heart transplant recipients and found that adequate nutritional status was independently associated with a lower risk of postoperative infection, intubation time, and mortality at 1-year post-transplant. In their excellent article, Carro Hevia et el. discuss 2 important points. First, that more than 50% of transplant recipients are malnourished, which could theoretically be reversed by appropriate intervention. Second, assessment of nutritional status in patients with heart failure is suboptimal through body max index or prealbumin separately, while the use of the nutritional risk index, which combines albumin, real body weight and ideal body weight, is much more accurate. A limitation of the study is that is it a *post-hoc* analysis that did not include important analytic values or the medication administered, although it is unlikely that medication differed sufficiently among the study subgroups to have significantly impacted outcomes.

Last, this issue contains 2 original articles and 1 editorial on a factor closely associated with cardiovascular morbidity and mortality: childhood obesity. The 2 original articles are discussed by Olmedillas and Vicente-Rodríguez. In the first, Ruiter et al. analyze the tendency in the prevalence of overweight and obesity in the Spanish pediatric population by using data from the National Institute of Statistics from 1990 to 2010, and report that the prevalence of overweight in boys aged 10 to 14 years increased from 13.9% to 22.2% and the prevalence of underweight in girls aged 2 to 5 years increased from 13.7 to 22.6%. Along these lines, Ramiro-González et al. used data from the national health surveys for 2006 to 2007 and 2011 to 2012 to analyze the trend in the prevalence of overweight and obesity in the child population, together with dietary habits, sleep patterns and sedentariness, and parental perceptions of childhood excess weight. Like the previous study, this analysis found a stabilization of the high prevalence of childhood overweight and obesity and an increase in parental misperceptions of excess weight. Specifically, two-thirds of parents overestimated their children's ideal weight. The authors of the editorial note that, although there are slight discrepancies in the absolute values of the 2 studies due to methodological differences, the stabilization of the prevalence rates for overweight and obesity in the last decade also reported in other international studies are a cause for optimism, but should be confirmed in longitudinal studies with direct measurement of body composition variables.

As always, don't forget to take a look at the excellent images in this issue and read the Letters, which will undoubtedly stimulate an enriching debate or to take part in our monthly ECG Contest.

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1885-5857/$ - see front matter