

Atrium

Should *cardiaco* be written with an acute accent in Spanish or without one? *Revista Española de Cardiología* has traditionally dispensed with the accent but this month's "Into the heart of terminology" discusses the topic, with Fernando A. Navarro providing the etymological arguments for and against this option.

This issue contains 2 editorial comments on 2 original articles. In the first original article, Rojas et al. present the 2-year follow-up of a cohort of 46 patients who underwent implantation of a left ventricular assist device for destination therapy with a minimally invasive surgical technique (n = 20) or with the conventional surgical technique with median sternotomy (n = 26). Despite the small sample size, the study demonstrated a lower bleeding rate and use of inotropic support with the minimally invasive approach. In their editorial, Schumer and Slaughter highlight the importance of studies such as this one to increase the amount of information on the safety and feasibility of the minimally invasive approach, although, as they pertinently state, there is still no definitive evidence of the superiority of this approach over the conventional technique. The authors also stress the need to individualize the choice of technique in each patient.

In previous issues, we have published articles on various analyses performed in the prospective longitudinal Aragon Workers' Health Study. This is a cohort of 5400 adults of working age who undergo structured clinical follow-up with various complementary tests. We should congratulate the instigators and researchers of this study, which has undoubtedly provided valuable information and will continue to do so. In this issue, Malo et al. investigate persistence with statin therapy for primary prevention in 725 new male users in this cohort. Of the total, less than one third persisted after 1 year of follow-up and 70.5% had at least 1 major gap in statin refills; the factors related to persistence were age, cotreatment with antihypertensive medication and the type of first statin prescribed. In the accompanying editorial, Ye and Kronish discuss in greater depth the concept of nonadherence and its causes (often the "nocebo" effect), as well as its consequences. A recent review estimated that nonadherence could cause up to 125 000 deaths in the United States, with annual economic losses of between 100 000 and 289 000 millions of dollars.

Another editorial published in this issue is the commentary on the ESC guidelines on dual antiplatelet therapy in coronary artery disease, in which the SEC working group highlights the most important and novel elements of the document and discusses the most controversial issues for which there is still no solid evidence. The Spanish translation of the guideline is published as a special article in this issue. Both the

commentary on the guideline and the Spanish translation of the guideline are published as open-access articles.

This issue also includes an observational, retrospective, multicenter study of heart transplant recipients by González-Vilchez et al., who compare the safety and efficacy of extended-release tacrolimus (n = 94), allowing once-daily dosage, vs standard-release tacrolimus (n = 42). Specifically, the authors analyzed the incidence rates of acute rejection and infection and various safety parameters at 1 year after treatment initiation but found no significant differences between the 2 groups. This study undoubtedly contributes important information, especially considering that the population was highly specific; however, when interpreting the results, it is important to bear in mind that, demonstration of the absence of difference requires statistical power, which in this study was low. Nevertheless, as mentioned, the study provides useful information that will need to be confirmed in future studies, preferably meta-analyses.

In the last original article, Párraga-Martínez et al. report a randomized clinical trial aiming to assess the efficacy of a combined strategy to improve low-density lipoprotein cholesterol (LDLc) in patients with hypercholesterolemia, as well as treatment adherence (pharmacological, diet, and exercise). Specifically, 178 participants receiving the combined strategy with written material, self-completed registration cards, and messages to mobile telephones were compared with 178 controls; at 2 years, the combined strategy achieved a > 13% reduction in LDLc compared with the control group. Although this clinical trial had a limited number of patients and certain limitations, such as the impossibility of blinding the strategy, statin modification during follow-up and possibly limited external validity, it is conceptually attractive to consider the usefulness of multifactorial strategies in the primary care setting.

As always, don't forget to take a look at the excellent images in this issue or read the Letters, some of which contain information on the most important advances in clinical cardiology. All this will undoubtedly stimulate an enriching debate. We also encourage you to take part in our monthly ECG contest.

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Editor-in-Chief