

Atrium

This issue opens with the answers to the examples provided by Fernando A. Navarro for the translation of the English term “severe” which, as readers will remember from previous issues, does not always correspond to the Spanish terms *grave* or *severo*. Moreover, there are many and varied situations in Spanish involving the translation of “severe”.

In the first of the editorials, Russell and Pang discuss an original article by Miró et al. validating the MEESI scale in a cohort of patients in order to assess its accuracy in stratifying patients in different settings. The MEESI score stratifies the 30-day mortality risk in patients diagnosed with acute heart failure in the emergency department. The study included 4711 consecutive patients diagnosed with acute heart failure in the emergency departments of 30 university and community hospitals with distinct activity levels. The distribution of patients according to the MEESI risk categories was as follows: 1673 (35.5%) low risk, 2023 (42.9%) intermediate risk, 530 (11.3%) high risk, and 485 (10.3%) very high risk, with 30-day mortality of 2.0%, 7.8%, 17.9%, and 41.4%, respectively. The c-statistic for the full model was 0.810 (95%CI, 0.790-0.830), ranging from 0.731 to 0.785 for the subsequent secondary models. Russell and Pang stress the importance of developing risk scales in this population that would help in the decision to admit patients from the emergency room, and also highlight as a limitation (acknowledged by the authors) the fact that 75% of the patients in the validation cohort were hospitalized, which could have affected the subsequent natural history of the disease. In this regard, they propose that, to assess the true impact of the MEESI scale, it should be validated in a cohort of patients not hospitalized after assessment in the emergency room. Nevertheless, they stress that this study represents a step forward in the correct approach to a problem predicted to increase in the coming years. Both the editorial and the original article are published as open-access articles and the latter is accompanied by an Editor's pick video.

The PARIS score allows combined stratification of ischemic and hemorrhagic risk in patients with ischemic heart disease treated with coronary stenting and dual antiplatelet therapy. This issue contains an original article by Raposeiras-Roubín et al. that analyzes the usefulness of the PARIS score in patients with acute coronary syndrome treated with ticagrelor or prasugrel. The data source was an international registry (11 centers in 6 European countries). A total of 4310 patients were studied. After a mean follow-up of 17.2 ± 8.3 months, there were 80 ischemic events (1.9% per year) and 66 bleeding events (1.6% per year). Although the PARIS_{ischemic} and PARIS_{hemorrhagic} scores were associated with the risk of ischemic and bleeding events, respectively, the discrimination of the two scores was modest and poor (c-statistic 0.64 and 0.56, respectively). The original article is accompanied by an editorial by Sorrentino et al., which stresses that this study is the first worldwide to evaluate the validity of the PARIS score in patients with acute coronary syndrome treated with potent P2Y₁₂ antagonists. The authors point out that, although the study has limitations, such as its retrospective design, follow-up of only 1 year, and absence of patients without acute coronary syndrome treated with clopidogrel, its findings could have high clinical value, since they help to identify patients at high ischemic and low bleeding risk, who could potentially benefit from prolonged dual antiplatelet therapy. This topic will doubtless continue to be debated, especially after the findings of the

GLOBAL-LEADERS study. The aim of future studies may well be to define whether there are subgroups of patients with acute coronary syndrome who could benefit from a shorter course of dual antiplatelet therapy.

The Spanish Society of Cardiology (SEC) working group on Women in Cardiology has recently been created, whose main aims are to promote gender equality in cardiology and improve knowledge of cardiovascular disease among women in Spain. The Executive Committee of the SEC has been responsive to the need for this initiative, which echoes those of other scientific societies. This issue includes an editorial by Sambola et al. outlining the aims of the working group and also discussing the results of a survey carried out in 70 Spanish hospitals, which are reported in a scientific letter also published in this issue. The results of the survey demonstrate that women are poorly represented in the upper echelons of the clinical and academic hierarchy of the specialty.

In recent years, there has been a progressive increase in the number of urgent heart transplants. Most of these patients require mechanical circulatory support. In another original article in this issue, Couto-Mallón et al. analyze the prognostic impact of serum lactate levels in patients under temporary preoperative mechanical circulatory support who underwent urgent heart transplant. The study included 177 patients who received an urgent heart transplant, of whom 90 were supported on venoarterial extracorporeal membrane oxygenation, 51 on temporary left ventricular assist devices, and 36 on temporary biventricular assist devices. One-year survival after transplant was 53.1% (95%CI, 45.3%-60.9%) in patients with preoperative hyperlactatemia and 75.6% (95%CI, 71.8-79.4) in those without preoperative hyperlactatemia (adjusted HR, 1.94; 95%CI, 1.04-3.63; $P = .039$), making preoperative serum lactate values a potential prognostic marker useful for clinical decision-making in this population.

In the next original article, Velázquez et al. analyze the results and complications of the first Spanish national program of balloon pulmonary angioplasty for patients with inoperable chronic thromboembolic pulmonary hypertension. A total of 256 balloon pulmonary angioplasty sessions were analyzed in 46 patients. Pulmonary vascular resistance was decreased by 44% and mean pulmonary arterial pressure by 23.6%. There was also a 17.1% rise in cardiac index and a 74-meter increment in the distance covered in the 6-minute walk test. Complications consisted of 1 periprocedural death and reperfusion pulmonary edema in 9 patients, indicating the safety and effectiveness of angioplasty for the treatment of inoperable chronic thromboembolic pulmonary hypertension.

Currently, there is no doubt that the major benefit of aerobic exercise is the increase in peak VO₂, which is one of the most robust indicators of survival in patients with coronary disease and heart failure. In the last original article in this issue, Ballesta García et al. aimed to elucidate, through a systematic review, the optimal doses of high-interval intensity training carried out in cardiac rehabilitation programs to optimize peak VO₂ in patients with coronary artery disease and heart failure. Significant improvements were found in peak VO₂ after high-intensity interval training in both conditions, with a greater increase in patients with heart failure. However, in these patients, no improvements were found when

the intensity of recovery was $\leq 40\%$ of peak VO_2 or when the frequency of training was ≤ 2 d/wk. In coronary artery disease, better results were obtained when the training program lasted less than 12 weeks.

Last, this issue contains the traditional “Editor’s page”, in which the editorial team discusses the last year of *Revista Española de Cardiología* and future plans.

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

Ignacio Ferreira-González
Editor-in-Chief