

Atrium

This issue opens with an interesting historical comment by Fernando A. Navarro on the origin of the abbreviation EKG to designate electrocardiogram.

In the first of the editorials, Fernández-Hidalgo discusses an original article by Calderón Parra et al. aiming to build a predictive risk score for the acquisition of infection associated with cardiac implantable electronic devices. The authors of the nested case-control study identified 33 infections related to 2323 implants in 6 years. The risk of infection was associated with the Charlson index, revision or replacement of a previous device, and the presence of more than 2 leads. Based on these and other variables (anticoagulation and prior infection), a risk score was constructed with adequate discriminatory capacity (OR = 0.79; 95% CI, 0.71-0.88). Fernández-Hidalgo highlights the timeliness of the study, since there is currently huge growth in the number of new implants and, in particular, replacements. This author also highlights certain characteristics of the study that are important for its interpretation, such as the lack of a standard definition of device-related infections, its retrospective nature, and the fact that the characteristics of the center (highly specialized) probably hamper extrapolated of the results to other centers. Fernández-Hidalgo also makes some pertinent points about the use of antibiotic-impregnated mesh in device implants and on the most appropriate antibiotic in cases of infection. Both articles are published as open access articles and the original article is accompanied by an Editor's pick video.

In the next editorial, Jáuregui discusses an article by Murga-Eizagaetxebarria et al. analyzing possible sex-related differences in the approach to patients consulting for chest pain or palpitations. As pointed out by the authors, this subanalysis of the OFRECE study included a representative randomized sample (n = 8400) of the Spanish population. The subanalysis estimated the odds of undergoing certain tests, such as echocardiograms, cardiologist referral, and receiving a definitive diagnosis, associated with female sex. The adjusted analysis showed no significant differences indicating a sex-related bias. In the accompanying editorial, Jáuregui reviews the evidence on the lack of equity between the sexes in health care in general and in cardiovascular medicine in particular and delves into the sociocultural and biological reasons for this phenomenon. The author ends on a note of optimism: although the original article cannot completely exclude the possibility of sex-related differences in patient treatment, in general, it seems that the Spanish health system, at least in the sample analyzed, does not show a widespread sex-related lack of equity between men and women in terms of treatment.

An unanswered question frequently approached in the literature is estimation of the prevalence of distinct electrocardiographic changes in the general population and their association with various clinical conditions. In this issue we also publish another subanalysis of the OFRECE study, this one by Awamleh García et al. Among the 8343 individuals assessed, only 51.2% of the participants had a strictly normal electrocardiogram,

while the remainder showed various changes such as nonspecific repolarization abnormalities, bundle branch blocks, long PR interval, etc., which could be associated with various conditions (eg, pulmonary disease, hypertension). These findings help to demonstrate the value of electrocardiographic examination.

Myocardial injury after noncardiac surgery (MINS) is the most common postoperative cardiovascular complication and has a not inconsiderable prognostic impact. The results of the MANAGE clinical trial have recently been published; this trial aimed to determine whether a direct-acting anticoagulant, dabigatran, reduces the risk of cardiovascular complications in patients with MINS. Consequently, we believe that an editorial by Álvarez-García et al. is timely, since these authors took part in the MANAGE trial and formed part of its scientific committee.

In the next original article, Sánchez Fernández et al. analyze the predictors of long-term mortality and survival in patients with ischemic heart disease in a single-center prospective cohort of 1268 patients recruited between 2000 and 2004 (the CICCOR trial). After a median follow-up of 11 years, 50% of the patients had died; the factors associated with a higher risk of death were age, mean heart rate, atrial fibrillation, electrocardiographic changes, and smoking. In addition, the authors compared total and standardized mortality rates, both all-cause and cardiovascular mortality, with those in the general Spanish population and all rates were appreciably higher in the study sample.

In the last original article in this issue, Barge-Caballero et al. report the results of the ASIS-TC study, which aimed to analyze the results of the use of intra-aortic balloon pump as a bridge to urgent heart transplant. These authors analyzed a retrospective cohort of 281 patients on the urgent transplant waiting list between 2010 and 2015. The authors analyzed waiting list time, support time, survival and complications and concluded that this device can be used as a bridge to urgent heart transplant with acceptable results.

Beta-blockers are the cornerstone of the treatment of several cardiovascular diseases. Although their effects have classically been considered to be due to their antagonistic and competitive action on beta-adrenergic receptors, it is now known that their effect goes beyond merely blocking catecholamine action on these receptors. This issue includes a "Focus" series on the topic of beta-blockers and cardiovascular disease. In the first article in the series, Martínez-Milla et al. review the evidence on the beneficial effects of beta-blockers in various conditions and the recommendations on their use. In the second article, Oliver et al. provide an in-depth discussion of the molecular pathways of the effect of beta-blockers on the cardiovascular system.

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