

## Atrium

In this issue, Fernando A. Navarro sheds light on the confusion generated in Spanish by English terms beginning with a capital letter that describe diseases or syndromes. In these cases, it is not always easy to tell the difference between eponyms and common nouns, as shown by the examples provided by the author.

In the first editorial, Grupper and Pereira discuss an original article by Suárez-Fuentetaja et al. aiming to describe the longitudinal trend and prognostic value of galectin-3 after heart transplant. The biomarker was analyzed in 122 heart transplant recipients and its concentrations steadily decreased in the first year following the intervention. The highest values were associated with a greater risk of death or graft failure, with moderate predictive accuracy. Grupper and Pereira review the usefulness of galectin-3 in distinct contexts and discuss discrepancies between the study by Suárez-Fuentetaja et al. and previous work, possibly related to the timing of biomarker determination. They also highlight the need for joint use of clinical, biochemical and imaging parameters to develop prognostic scales instead of relying on determination of a single laboratory parameter for risk assessment. Both the original article and the editorial are published as open access articles and the former is accompanied by an Editor's pick video.

This issue includes another editorial and original article on the topic of galectin-3. Wernly and Lichtenauer discuss a study by Rheude et al. aiming to establish the association of the biomarkers galectin-3 and carbohydrate antigen 125 (CA125) with prognosis in patients undergoing TAVI. The authors analyzed both biomarkers in 493 patients and found that galectin-3 values were associated with a higher risk of all-cause mortality and readmission for heart failure, but only when CA125 was elevated. Wernly and Lichtenauer highlight the need for tools to identify patients who will not benefit from TAVI and whose use could lead to unnecessary complications, admissions, and increased health care costs. The authors review the various initiatives to design risk scores in this context and then focus on the role of galectin-3, CA125, and other biomarkers. Of particular interest is the discussion on future research lines, with the development of new biomarkers through the use of proteomics, mass spectrometry, and next-generation sequencing techniques.

After hospital discharge, patients have an elevated risk for adverse events, including hospital readmission and death. This transient period has been termed "posthospital syndrome". In the last editorial in this issue, Caraballo, Dharmarajan and Krumholz provide a commendable review of the various hypotheses on the factors causing this condition, its consequences, and the possible strategies for its minimization.

A current health threat in western societies, among others, is excess weight, with a steady increase in prevalence worldwide. In

an original article in this issue, Hernáez et al. estimate the trend in excess weight between 1987 and 2014 in the Spanish adult population and, based on these estimates, project its tendency to 2030. The study is a systematic review of 47 articles. The figures are devastating: with annual increments in excess weight of around 0.28% in men and 0.10% in women, the authors estimate that there will be 23 500 000 cases of excess weight in 2016 and excess health care costs of €1.95 billion per year. If this tendency continues, between 2016 and 2030, there will be 3 100 000 new cases of excess weight, resulting in €3.0 billion per year.

Closely related with this, the present issue publishes a substudy of the large PREDIMED-Plus trial in which Álvarez-Álvarez et al. analyze the association between adherence to an energy-restricted Mediterranean diet and the prevalence of cardiovascular risk factors. The study consists of a cross-sectional analysis of the baseline cohort of PREDIMED-Plus, composed of 6874 older adults with overweight or obesity and metabolic syndrome. The authors found that better adherence to the Mediterranean diet was associated with lower values of triglycerides, body mass index, and waist circumference. Moreover, compared with poor adherence, better adherence showed inverse associations with hypertension and obesity but also, paradoxically, positive associations with diabetes. The results should be interpreted with caution because of the study's cross-sectional design, which is especially vulnerable to reverse causation bias.

In the last original article in this issue, Caro Martínez et al. analyze the prevalence of valvular heart disease and its influence on adverse events in patients with atrial fibrillation classified as "nonvalvular". Their cohort study included 2297 patients who initiated treatment with direct oral anticoagulants between 2013 and 2016. A total of 499 patients (21.7%) had moderate or severe valvular heart disease, and the most common form was mitral regurgitation. Multivariable analysis with a competing risks model showed that valvular disease was associated with the composite endpoint of death, stroke or major bleeding, but not with thromboembolic events.

This issue includes 2 special articles, consisting of annual official reports of the national registries on pacemaker and heart transplant activity, which update the most significant data on clinical activity in these specialties.

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 challenge.

**Ignacio Ferreira-González**  
*Editor-in-chief*