Letter to the Editor

Ischemic heart disease and acute cardiac care: an indisoluble binomial

Cardiopatía isquémica y cuidados críticos cardiológicos: un binomio indisoluble

To the Editor,

In recent years, coronary care units have transitioned into true acute cardiac care units (ACCU),[1] with progressive increases in patient complexity, comorbidity burden, and the therapeutic arsenal available. This has required increased specialization among the cardiologists running these units; moreover, ensuring that patients receive integrated multidisciplinary treatment requires a high level of interaction with other professionals, including advanced heart-failure specialists, electrophysiologists, interventional cardiologists, cardiac surgeons, and physicians from other medical specialties, such as pulmonologists, infectious disease specialists, and nutritionists. The management of these patients thus requires ever increasing specialization and training of the medical and nursing teams charged with their care. For complex clinical situations such as cardiogenic shock, improved prognosis has been reported at centers with a high patient volume[2] and in units run by cardiologists trained in critical care[3] or the extrahospital treatment of cardiac arrest.

Despite this increased complexity, more than half of ACCU admissions are still for acute ischemic heart disease or one of its complications. ACCUs thus remain focused on the various manifestations of acute coronary syndrome, cardiogenic shock, electrical storm, and sometimes sudden cardiac death. Leadership by critical-care cardiologists also has a fundamental role to play in ensuring continuity of care throughout the different phases of the treatment process and the coordination between the various professionals involved. This is evident, for example, in the occurrence of most thrombotic and bleeding complications during the first days or weeks after an acute coronary syndrome.[4] Moreover, there is widespread recognition that heart failure patients require early intervention to control risk factors, guidance on cardiac rehabilitation programs, and adjustment of neurohormonal drug doses.

These observations prompt us, as members of the Executive Committee of the Ischemic Heart Disease and Acute Cardiovascular Care Association of the Spanish Society of Cardiology, to reaffirm our dedication to leading the care of patients with acute ischemic heart disease in its various clinical manifestations and complications. We also take this opportunity to emphasize our commitment to multidisciplinary effort and fluid communication with our colleagues in other fields, such as arrhythmia, interventional cardiology, cardiac surgery, and advanced heart failure. An ACCU-led constructive and multidisciplinary approach of this sort is the only way to ensure continuing improvement of care for patients with this complex and fascinating profile. We therefore conclude by stressing the first part of our association's name—ischemic heart disease—as a way to promote the understanding of our subspecialty.

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CONFLICTS OF INTEREST

None.

APPENDIX: EXECUTIVE COMMITTEE OF THE ASSOCIATION FOR ISCHEMIC HEART DISEASE AND ACUTE CARDIOVASCULAR CARE OF THE SPANISH SOCIETY OF CARDIOLOGY

Albert Ariza Solé, President; Pablo Jorge Pérez, President elect; Ana Viana Tejedor, committee member; Aitor Uribarri González, committee member; and Miriam Juárez Fernández, committee member.

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◇APPENDIX. Executive Committee of the Association for Ischemic Heart Disease and Acute Cardiovascular Care of the Spanish Society of Cardiology.

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