Preface

Deborah L. Wolbrette, MD
Editor

This issue of the Medical Clinics of North America provides an update of some of the more common and challenging management problems in cardiology. We are fortunate that our treatment of patients in many areas of cardiovascular medicine is founded on evidence-based guidelines. However, cardiology is a rapidly changing field. It is difficult to keep abreast of the new pharmacologic and interventional therapies as well as the evolving monitoring technologies. In many instances, the art of medicine is still needed to help navigate through the ever-changing guidelines and the sea of new modalities. The authors of this issue have tried to give the reader an expert perspective that the guidelines themselves cannot provide. The contributors have also concentrated on the key areas most needed by physicians outside of the field of cardiology.

This issue of the Medical Clinics of North America covers cardiac diagnoses commonly found in the primary care clinic, in the emergency department, or in the hospital. Atrial fibrillation is frequently seen in our aging population. Drs Moukabary and Gonzalez lay out very concisely the management of these patients. They very clearly outline the issues of anticoagulation risk and decisions of rate versus rhythm control. They also discuss the choice of antiarrhythmic drugs and who should be referred for ablation as well as ablation outcomes. The recent market release of the novel oral anticoagulants has provided a much needed alternative therapy to warfarin. The discussion by Drs Ferns and Naccarelli provides an excellent resource for the physician caring for patients on these drugs.

Heart failure is a frequent hospital admission diagnosis. In this issue, Drs Mather and Bozorgnia review the current recommendations for the acute and chronic management of heart failure. They also discuss when it is appropriate to refer to a heart failure specialist, and the role of hospice care. Chest pain is a common complaint encountered in the emergency department and many times presents a diagnostic challenge. Drs Foy and Fillippone have clarified some common misconceptions. After reading their evidence-based review, many readers will likely make some changes in their management of these patients.
We are most fortunate to have Dr Carabello discuss how to follow patients with mitral and aortic valve disease. He helps us understand the pathology of the lesion and how it relates to symptoms. He also helps clarify the decision-making process regarding the timing of surgery for these patients. Another group of challenging patients is those with syncope due to autonomic dysfunction. Drs Adkisson and Benditt give valuable clinical advice, helping us to avoid unnecessary testing. They also provide an understandable description of the different types of autonomic dysfunction.

Many primary care physicians are following patients with hypercholesterolemia and managing their lipid therapy. Drs Alagona and Ahmad provide an expert perspective on the available data and guidelines regarding cardiovascular risk assessment and prevention. They stress the need to assess and treat patients as individuals. Similarly, Drs Farooq and Ray discuss the latest guidelines for the management of hypertension.

Advances in technology have made a great impact on our diagnosis and management of cardiovascular disease. In interventional cardiology, transcatheter aortic valve replacement (TAVR) has provided an alternative to surgery for many high-risk patients with severe aortic stenosis. Drs Sarkar and Ussia describe the current landscape, the evolution of devices, and what the future holds for TAVR. In electrophysiology, remote monitoring capability allows home monitoring of patients with implanted devices as well as the ability to capture symptomatic arrhythmias. Drs Banchs and Scher discuss the progress that has been made so far in the digital technology field and give us a glimpse of what the future may hold in this area. Dr Samii reviews the current guidelines for implantable devices in a clear and concise manner. Cardiac MRI is a highly specialized imaging modality that continues to evolve. Drs Pfeiffer and Biederman provide information on the uses of cardiac MRI as well as a discussion of its limitations.

It is our hope that internists and cardiologists will find this issue of the *Medical Clinics of North America* useful in the management of patients in their practice. I would like to thank each of the authors for their contribution to the field of cardiology and their willingness to share their expertise with all of us.

Deborah L. Wolbrette, MD
Penn State Milton S. Hershey Center
Penn State Hershey Heart & Vascular Institute
Mail Code H047
500 University Drive
PO Box 850
Hershey, PA 17033-0850, USA

E-mail address: dwolbrette@hmc.psu.edu