Select antibiotic treatment for a patient with pneumonia and watch him get better, or not. Initiate anti-inflammatory medication for a patient with a swollen great toe, and you will know straight away if he has gout. Begin prophylactic migraine medication for a patient with recurrent headaches, and if she responds, you can surmise that you have done her some good. Primary care practice is filled with such examples, where physicians can initiate an intervention and determine, often very quickly, whether the intervention is worthwhile.

But what about when we set out not to treat a disease that we know the patient has, but, rather, to prevent a disease that the patient may or may not develop? That, dear colleagues, is why prevention is so challenging. We just cannot be sure if we are doing the patient any good. Yes, of course, we can observe the LDL-cholesterol go down, or the blood pressure reach a target range. But lipids and blood pressure readings are intermediate outcomes, not necessarily clinical outcomes.

Yet what can be more important in the practice of medicine than preventing a myocardial infarction or stroke, or forestalling heart failure or peripheral arterial disease? Are not health promotion and disease prevention among our field’s most important goals?

In the end, therefore, in developing strategies for preventing morbidity and decreasing rates of mortality, clinicians must base their decisions upon the best-quality evidence. This is no more essential than in preventive cardiology. When we recommend that our patients modify their diet, exercise, take medications, and undergo screening procedures, we owe it to them to base these recommendations on high-quality evidence that supports important clinical outcomes. No practitioner can amass this evidence from his or her own practice. Rather, we must rely on published data and bias-free guidance, assembled by experts. That is what readers of this issue of Medical Clinics of North America will find in “Update in Preventive Cardiology.” Guest Editor, Douglas S. Jacoby, has, first, identified the most important topics relevant to clinical
practice; then he has assembled teams of experts to deliver evidence-based guidance that clinicians can deploy on behalf of their patient. We can trust this guidance, just as we trust our clinical observations.

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