

Mental stress-induced myocardial ischemia, resistant hypertension, cardiovascular risk in metabolic syndrome from the PURE cohort, and more

In this new era of facing the COVID-19 pandemic, there can be no doubt that the global dynamics of medicine are changing rapidly. Though there continue to be many adjustments, both large and small, such as the transformation of almost all of the major cardiology congresses to online conferences, the effort to share knowledge and developments continues. Medical journals have a distinct role and responsibility in this environment, and we hope to publish articles with substantial impact on clinical practice and basic science.

In this issue of the Anatolian Journal of Cardiology, Huan et al. present "Research progress on the diagnosis and treatment of mental stress-induced myocardial ischemia." Mental stress-induced myocardial ischemia (MSIMI) is not uncommon among those with coronary artery disease (CAD), and is associated with a poor prognosis. Interest in this condition is increasing, and there seem to be some differences when compared with conventional stress-induced ischemia. Women have a higher tendency than men to develop MSIMI after myocardial infarction, and the pathogenesis is likely to be related to microvascular dysfunction. This review offers an opportunity to review the research and better understand the mechanisms, diagnosis, prognosis, and latest treatment options, including traditional Chinese methods.

Hypertension is the most prevalent disease and risk factor in cardiovascular (CV) medicine. It affects more than one-third of the global population and requires the use of 2 or more pills in two-thirds of patients. Resistant hypertension is a subgroup of this condition with a poor prognosis. It is more difficult to control despite the use of 3 or more drugs. An extensive work-up is needed to find the underlying conditions in this form of hypertension. Şahinarslan et al., on behalf of Turkish Society of Cardiology, wrote a consensus paper on the evaluation and treatment of resistant hypertension. I believe this report will be useful to our readers around the globe.

Li et al., in an interesting original investigation, compare the results of senior and junior surgeons following new training in performing coronary artery anastomosis. The findings on this important issue, given the increase in the need for coronary bypass graft procedures, are noteworthy.

Zhang et al. examined the national database of China for an original investigation that focuses on the role of 2 dysregulated genes, SOCS3 and HP, in stable CAD and acute coronary syndrome (ACS).

Taşcanov et al. report their study of microbiota-generated metabolites, a potential risk factor for CAD, and analyze the relationship to age in patients with ACS.

Regional differences in CV risk factors are interesting and help us to better understand heart disease and construct preventive policies. In this issue, Polupanov et al. examine the prevalence of major CV risk factors in a rural population of the Chui region of Kyrgyzstan.

Another paper on CV risk is the Oğuz et al. report, "The risk of cardiovascular events in patients with metabolic syndrome: The results of a population-based prospective cohort study (PURE Turkey)." The Prospective Urban Rural Epidemiology (PURE) study is a prospective, multinational, multilevel study assessing the relationship between various clinical and socioeconomic factors and non-communicable diseases. Oğuz et al. examined the CV risk in Turkish patients with metabolic syndrome and assessed the contribution of individual components of this syndrome.

As always, we also offer you thought-provoking case reports, letters, and e-page originals.

I hope our readers will enjoy this issue of our journal and find it of interest and value.

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